Coaches’ Handbook

District Athletic Program

MCCracken County Schools
Public Schools
As required by law, the Board of Education does not discriminate on the basis of race, color, national or ethnic origin, age, religion, sex, genetic information, disability, or limitations related to pregnancy, childbirth, or related medical conditions in its programs and activities and provides equal access to its facilities to the Boy Scouts and other designated youth groups.
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Introduction

Handbook Purpose

The purpose of the handbook is to acquaint you with general policies and procedures of the McCracken County Public Schools that govern and affect your responsibilities as a coach.

Because this handbook is a general source of information, it is not intended to be, and should not be interpreted as, a contract. It is not an all-encompassing document and may not cover every possible situation or unusual circumstance. If a conflict exists between information in this handbook and Board policy or administrative procedures, the policies and procedures govern.

Some policies refer to specific forms that are available as part of the District’s administrative procedures. It is the employee’s responsibility to refer to the actual policies and/or administrative procedures for further information. Complete copies of those documents are available at the Central Office and in the Principal's office. Policies and procedures also are available on line via the District's web site or through this Internet address: http://policy.ksha.org/m09/.

. Any employee is free to review official policies and procedures and is expected to be familiar with those related to his/her job responsibilities. Employees and students who fail to comply with Board policies may be subject to disciplinary action. 01.5

School council policies, which are also available from the Principal, may also apply in some instances. 02.4241

In this handbook, bolded policy codes indicate related Board of Education policies. If an employee has questions, s/he should contact his/her immediate supervisor or any Central Office administrator.

This handbook is intended to be a tool to help implement local policies and procedures and guidelines established by the Kentucky High School Athletic Association (KHSAA) and other sport-specific governing bodies in the administration of student-athletics. For more detailed information about the KHSAA and the bylaws referenced in this handbook, please visit the following website:

www.khsaa.org

District Mission

The mission of the McCracken County Public Schools is “Focusing on success for the whole child…every child.”
Athletic Program Philosophy

To promote safety, fairness and good sportsmanship at all levels of the District athletic program, coaches shall implement relevant policies and procedures of the McCracken County Board of Education, the SBDM council and the Kentucky High School Athletic Association (KHSAA).

It is the intent of the Board of Education that students participate in as many athletic activities for which they are eligible and their parents wish. To this end, coaches shall strongly encourage students to participate in all sanctioned sports programs offered by the school. It shall be the responsibility of all coaches to follow these guidelines:

- If student-athletes quit when faced with a possible suspension from eligibility or are removed from an activity for disciplinary reasons, they shall be ineligible to compete in another sport for the period of the disciplinary sanction imposed or for the period the sanction would have been imposed had s/he not quit.

- Student-athletes may participate in more than one (1) sport during or sport activity the same season, if both coaches are able to coordinate a student’s schedule.

Cutting of Participants

The coaching staff of each individual sport shall establish the process for deciding whether athletes will be “cut” during a tryout period during which the final composition of a team will be determined. If a coaching staff determines that “cuts” are necessary, they shall discuss with all athletes attending the tryouts the criteria to be used to evaluate the athletes during the tryout period. This procedure shall also describe the notification process that will be used to inform all athletes of their status following the tryout period. The coaching staff must make every effort to ensure that all athletes attending the tryouts clearly understand the criteria to be used to evaluate them. The procedure adopted by the coaching staff to determine the cutting of participants shall be shared with the school administration prior to try-outs.

The notification procedures used by the coaching staff should, if feasible, include individual conferences with each athlete that does not make the final team. These conferences shall include feedback to the athletes on the areas where they might improve athletically and always ensure the dignity and growth of the individual student.

Conduct of Program

All interscholastic and intramural athletic competition shall be in compliance with the constitution, bylaws, and competition rules of the Kentucky High School Athletic Association (KHSAA) and Title IX requirements. As a condition to KHSAA membership, each member school and Superintendent shall annually submit a written certification of compliance with 20 USC Section 1681 (Title IX).
Coaches shall abide by:

- Policies adopted by the school council relating to evaluation of the athletic program that address program equity for both male and female athletics.

- Program implementation requirements developed by Superintendent/designee to promote compliance with Title IX requirements.

- Rules and limitations established by 702 KAR 7:065 and the local Board for students participating in middle school sports and sport activities. 09.31

Kentucky High School Athletic Association (KHSAA) - www.khsaa.org
National Federation of State High School Associations (NFHS) - www.nfhs.org

**STUDENTS FIRST, ATHLETES SECOND**

**KHSAA Imposition of Penalties**

If KHSAA rules and regulations are violated, penalties may be imposed on the school or individual within the defined parameters of Bylaw 27, the KHSAA Due Process Procedures. The Principal shall be responsible for oversight of the school’s athletic program to see that it remains compliant with KHSAA rules.

Please refer to KHSAA Bylaw 27.

**Middle School Applicability**

Per 702 KAR 7:065, the KHSAA has responsibility for the regulation of athletics at the Middle School level. An Advisory Committee will set any statewide regulations, with approval from the Kentucky Board of Education and the Kentucky General Assembly through 702 KAR 7:065. This regulation sets very few statewide rules, but requires the establishment of many rules at the local level. Though there is not "membership" for middle schools in KHSAA at this time, the governance model requires local Boards of Education to ensure enforcement of a variety of restrictions, most of which are related solely to the health and safety of the student-athlete and to maintain the proper perspective for interscholastic athletics within the education model.

The Board has established Athletic Program Procedures - Middle School Athletics. 09.31 AP.1

**Future Changes**

Although every effort will be made to update the handbook on a timely basis, the McCracken County Public Schools reserve the right, and have the sole discretion, to change any policies, procedures, benefits, and terms of employment without notice, consultation, or publication, except as may be required by contractual agreements and law. The District reserves the right, and has the sole discretion, to modify or change any portion of this handbook at any time.
### Central Office Personnel and School Administrators

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<th>Person/Address</th>
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Program Guidelines

Equal Educational and Employment Opportunities

Employment

As required by Title IX, the District does not discriminate on the basis of sex regarding admission to the District or in the educational programs or activities operated by the District. Inquiries regarding Title IX Sexual Harassment may be referred to the District Title IX Coordinator (TiXC), the Assistant Secretary for Civil Rights, or both.

McCracken County Schools is an Equal Opportunity Employer. The District does not discriminate on the basis of race, color, religion, sex, genetic information, national or ethnic origin, political affiliation, age, disabling condition, or limitations related to pregnancy, childbirth, or related medical conditions.

Reasonable accommodation for individuals with disabilities or limitations related to pregnancy, childbirth, or related medical conditions will be provided as required by law.

If considerations of sex, age or disability have a bona fide relationship to the unique requirements of a particular job or if there are federal or state legal requirements that apply, then sex, age or disability may be taken into account as a bona fide occupational qualification, provided such consideration is consistent with governing law. 03.113/03.212

Education

No pupil shall be discriminated against because of age, color, disability, race, national origin, religion, sex, or veteran status.

Parents of students who have a temporary or permanent disability may request that the Principal or other District administrator to provide appropriate accommodations necessary for them to have an equal opportunity to participate in instructional and extracurricular activities, as required by law. Students who are at least eighteen (18) years of age may submit their own requests. 09.13

If you have questions concerning District compliance with state and federal equal educational and employment opportunity laws, contact Johnna DeJarnett at the Central Office.
Harassment/Discrimination/Title IX Sexual Harassment

McCracken County Schools intend that employees and students have a safe and orderly work and learning environment. Therefore, the Board does not condone and will not tolerate harassment of or discrimination against employees, students, or visitors to the school or District, or any act prohibited by Board policy that disrupts the work place or the educational process and/or interferes with an employee’s job responsibilities or student learning.

Employees or students who believe that they, or any other employee, student, or a visitor to the school or District is being or has been subjected to harassment or discrimination shall bring the matter to the attention of the Principal/immediate supervisor or Johnna DeJarnett in the Central Office as required by Board policy. The District will investigate any such concerns promptly and confidentially.

No employee or student will be subject to any form of reprisal or retaliation for having made a good-faith complaint under Board policy. For complete information concerning the District’s position prohibiting harassment/discrimination, assistance in reporting and responding to alleged incidents, and examples of prohibited behaviors, employees should refer to the District’s policies and related procedures. Complaints of harassment/discrimination, whether verbal or written, shall lead to a documented investigation and a written report. 03.162/03.262/09.42811

The following have been designated to handle inquiries regarding nondiscrimination under Title IX and Section 504 of the Rehabilitation Act of 1973 and Title IX Sexual Harassment/Discrimination:

**Title IX Coordinator (TIXC): Brian Bowland**
Office Address: 5347 Benton Road Paducah, KY 42003
Office Email: brian.bowland@mccracken.kyschools.us
Office Phone: 270-538-4000

**504 Coordinator: Kevin Stephens**
Office Address: 5347 Benton Road Paducah, KY 42003
Office Email: kevin.stephens@mccracken.kyschools.us
Office Phone: 270-538-4000

Any person may report sex discrimination, including sexual harassment (whether or not the person reporting is the person alleged to be the victim of conduct that could constitute sex discrimination or sexual harassment), in person, by mail, by telephone, or by electronic mail, using the contact information listed for the TIXC, or by any other means that results in the TIXC receiving the person’s verbal or written report. Such a report may be made at any time (including during non-business hours) by using the telephone number or electronic mail address, or by mail to the office address, listed for the TIXC. 09.42811

Title IX Sexual Harassment Grievance Procedures are located on the District Website.
Employees wishing to initiate a complaint concerning discrimination in the delivery of benefits or services in the District’s school nutrition program should go to the link below or mail a written complaint to the U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington D.C. 20250-9410, or email, program.intake@usda.gov.

http://www.ascr.usda.gov/complaint_filing_cust.html

07.1

Confidentiality

In certain circumstances employees will receive confidential information regarding students’ or employees’ medical, educational or court records. Employees are required to keep student and personnel information in the strictest confidence and are legally prohibited from passing confidential information along to any unauthorized individual. Employees with whom juvenile court information is shared as permitted by law shall be asked to sign a statement indicating they understand the information is to be held in strictest confidence.

Access to be Limited

Employees may only access student record information in which they have a legitimate educational interest. 03.111/03.211/09.14/09.213/09.43

Both federal law and Board policy prohibit employees from making unauthorized disclosure, use or dissemination of personal information regarding minors over the Internet.

Coaches wishing to utilize a social networking site for instructional, administrative or other work-related communication purposes shall comply with the District’s acceptable use policy, procedures and other applicable guidelines. 08.2323

Information Security Breach

Information security breaches shall be handled in accordance with KRS 61.931, KRS 61.932, and KRS 61.933 including, but not limited to, investigations and notifications.

Within seventy-two (72) hours of the discovery or notification of a security breach, the District shall notify the Commissioner of the Kentucky State Police, the Auditor of Public Accounts, the Attorney General, and the Education Commissioner. 01.61

Compensation

For employees who are assigned coaching responsibilities, compensation shall be made according to a schedule approved annually by the Board. Compensation for all services rendered as an employee of the District shall be processed through standard payroll procedures. 03.121/03.221

No coach shall receive from any other source a salary supplement for coaching school-sponsored athletics. All coach compensation must be made through standard payroll, including applicable taxable benefits, to ensure compliance with state and federal law.
Reduction in Salary and Responsibilities

Salaries for certified personnel shall not be less than the preceding year unless such reduction is part of a uniform plan affecting all teachers in the entire District or unless there is a reduction of responsibilities. Reduction of coaching responsibilities for teachers may be accompanied by a corresponding reduction in salary. Written notice that states the specific reason(s) for the reduction shall be furnished to teachers no later than ninety (90) days before the first student attendance day of the school year, or May 15, whichever is earlier. 03.1212

Assignment of supplemental coaching duty to a certified employee is on a year-by-year basis only and does not give rise to any expectation of a continued right to hold and receive compensation for such duties.

All employees shall immediately notify the District of changes in address. 03.11
Staff Responsibilities

Supervision of Coaches

Every employee is assigned an immediate supervisor. All employees receive a copy of their job description and responsibilities for review. Immediate supervisors may assign other duties as needed. Employees should ask their supervisor if they have questions regarding their assigned duties and/or responsibilities. **03.11/03.21, 03.132/03.232**

Please refer to KHSAA Bylaw 1.

All employees are expected to use sound judgment in the performance of their duties and take reasonable and commonly accepted measures to protect the health, safety, and well-being of others, as well as District property. In addition, employees shall cooperate fully with all investigations conducted by the District as authorized by policy or law. **03.133/03.233**

**Certified Employees:** All coaches in the District shall review records of assigned students to determine whether an IEP or 504 plan is in place.

Professional Development

All coaches shall abide by the requirements of KHSAA Bylaw 25: **Requirement for Coaches and Others Working with High School Teams** regarding qualifications and continuous improvement training. This continuous improvement shall include, but not be limited to, C.P.R. and AED training along with participation in the Coaches Education Program, Sports Safety Training course, Medical Symposium Updates, and KHSAA Rules clinics.

All coaches are encouraged to grow professionally in their knowledge and understanding of their respective sport through participation in voluntary and required continuous improvement and membership in local, state, and national organizations.

Athletic Program Volunteers

Athletic program volunteers are persons who do not receive compensation for assisting in program activities. All volunteers shall work only under the direction and supervision of the coach, Principal or other designated member of the professional administrative and teaching staff. **03.6**
Age Restriction/Criminal Background Check and Testing

All coaches, assistant coaches, non-faculty coaches, non-faculty assistant coaches, and athletic program volunteers shall be at least twenty-one (21) years of age and must undergo a criminal history background check(s) as required by Board policy and by KRS 160.380 and KRS 161.185. 03.11/03.21

As employees, newly hired coaches, non-faculty coaches, non-faculty assistant coaches, and assistant coaches must have both a state and a federal criminal history background check and a letter (CA/N check) from the Cabinet for Health and Family Services documenting the individual does not have an administrative finding of child abuse or neglect in records maintained by the Cabinet. 03.11/03.21

The District shall conduct, at District expense, a Kentucky State Police criminal records check on all athletic program volunteers who have contact with students on a regularly scheduled and/or continuing basis, or who have supervisory responsibility for children at a school site or on school-sponsored trips. The Superintendent may also require such a volunteer to provide a clear CA/N check.

Pursuant to KRS 160.380, the Superintendent/designee also may require any other athletic program volunteers to submit to a state and national criminal history background check and have a clear CA/N check. With prior approval of the Superintendent/designee, the background checks will be conducted at District expense. Otherwise, except as stated previously, the volunteer must pay for the background checks.

No athletic program volunteer shall be utilized to supervise students, or deemed to have the authority to supervise students, unless the volunteer has been designated to supervise students by the Principal and approved by the Superintendent/designee, and the volunteer has undergone the required records check. 03.6

Link to DPP-156 Central Registry check and more information on the required CA/N check: http://manuals.sp.chfs.ky.gov/chapter30/33/Pages/3013RequestfromthePublicforCANChecksandCentralRegistryChecks.aspx

Physical Examinations

Coaches

All newly employed personnel, including coaches, shall present documentation of a medical examination performed by a licensed physician, physician assistant (PA), or advanced practice registered nurse (APRN) or by a licensed medical practitioner of the employee’s choice. 03.111/03.211
Students

Each student seeking eligibility to participate in any school athletic or sport activity at the middle or high school level must pass an annual medical examination performed and signed by a medical practitioner as required by law. Consistent with guidelines issued by KHSAA or the Kentucky Board of Education (KBE), the required physical examination and parental authorization shall include acknowledgement of receipt of information on the nature and risk of concussion and head injury, including the continuance of playing after concussion or head injury. 09.311

Please refer to KHSAA Bylaw 12.

Fund-Raising Activities

All athletic booster group fund-raising activities shall be approved in advance by the Principal.

No student shall be compelled to participate in or meet any kind of quota in a fund-raising activity, nor be required to do door-to-door selling as part of a fund-raising event.

All booster groups wishing to be recognized by and/or affiliated with the District shall adhere to applicable state and federal laws, including taxable income reporting requirements, when conducting fund-raising activities to benefit the school or District.

All funds raised for a specific purpose by athletic program booster clubs shall comply with the requirements established by the Board and shall be used for that purpose. 04.312, 09.33

Coaches and other athletic staff and volunteers shall not collect money from students for any non-school sponsored activity.

Safe Working Environment

It is the intent of the Board to provide a safe and healthful working and learning environment for all employees and students. Employees should report any security hazard or conditions they believe to be unsafe to their immediate supervisor.

In addition, employees are required to notify their supervisor immediately after sustaining a work-related injury or accident. A report should be made within 24-48 hours of the occurrence and prior to leaving the work premises, UNLESS the injury is a medical emergency, in which case the report can be filed following receipt of emergency medical care.

In order to eliminate or minimize occupational exposure to bloodborne pathogens, employees must comply with the District’s Bloodborne Pathogen Control Plan. When bodily fluid spills occur, employees shall follow procedures posted in each school building or worksite. Disposable gloves and plastic bags are available in elementary classrooms and, in each school, the Principal's office, food service office, or the custodian's storage area.

For information on the District’s plans for Hazard Communication, Bloodborne Pathogen Control, Lockout/Tagout, and Personal Protective Equipment (PPE) or Asbestos Management, contact the Principal or see the District’s Policy Manual and related procedures.
Employees should use their school/worksite two-way communication system to notify the Principal, supervisor or other administrator of an existing emergency. 03.14/03.24, 05.4

**Disrupting the Educational Process**

Any employee who participates in or encourages activities that disrupt the educational process may be subject to disciplinary action, including termination.

Behavior that disrupts the educational process includes, but is not limited to:

- conduct that threatens the health, safety or welfare of others;
- conduct that may damage public or private property (including the property of students or staff);
- illegal activity;
- conduct that interferes with a student’s access to educational opportunities or programs, including ability to attend, participate in, and benefit from instructional and extracurricular activities; or
- conduct that disrupts delivery of instructional services or interferes with the orderly administration of the school and school-related activities or District operations. 03.1325/03.2325

**Drug-Free/Alcohol-Free Schools**

Employees must not manufacture, distribute, dispense, be under the influence of, purchase, possess, use, or attempt to obtain, sell or transfer any of the following in the workplace or in the performance of duties:

1. Alcoholic beverages;

2. Controlled substances, prohibited drugs and substances, and drug paraphernalia; and or any narcotic drug, hallucinogenic drug, amphetamine, barbiturate, marijuana or any other controlled substance as defined by federal regulation.

3. Substances that "look like" a controlled substance. In instances involving look-alike substances, there must be evidence of the employee’s intent to pass off the item as a controlled substance.

In addition, employees shall not possess prescription drugs for the purpose of sale or distribution.

Any employee who violates the terms of the District’s drug-free/alcohol-free policies may be suspended, nonrenewed or terminated. Violations may result in notification of appropriate legal officials.
Any employee convicted of any criminal drug statute involving use of alcohol, illicit drugs, prescription drugs, or over-the-counter drugs shall, within five (5) working days after receiving notice of a conviction, provide notification of the conviction to the Superintendent.

Employees who know or believe that students or other employees have violated the District’s alcohol-free/drug-free policies have been violated must promptly make a report to school District law enforcement officials, the local police department, sheriff, or Kentucky State Police. 03.13251/03.23251/09.423

**Federal Motor Carrier Safety Administration (FMCSA)**

**Drug and Alcohol Clearinghouse for CDL/CLP Operators**

Reporting of the following information on individual drivers to the federal Clearinghouse is required, verified positive, adulterated, or substituted test results, confirmed alcohol tests at .04 or higher; refusal to submit to required tests, the reporting of actual knowledge (as defined by federal regulation) or Department of Transportation (DOT) regulatory violations, including violations based on prohibited on duty, pre-duty, or post-accident alcohol use and controlled substance use, and regulatory return to duty and follow-up testing information as applicable.

The District shall not allow a driver to perform any safety-sensitive function if the results of a Clearinghouse query on the driver demonstrate a disqualification as provided by regulation and such driver may be subject to personnel action up to and including termination. 06.221

**Weapons**

Except where expressly and specifically permitted by Kentucky Revised Statute, carrying, bringing, using or possessing any weapon or dangerous instrument in any school building, on school grounds, in any school vehicle, or at any school-sponsored activity is prohibited. Except for School Resource Officers (SROs) as provided in KRS 158.4414, and authorized law enforcement officials, including peace officers and police as provided in KRS 527.070 and KRS 527.020, the Board prohibits carrying concealed weapons on school property. Staff members who violate this policy are subject to disciplinary action, including termination.

Employees who know or believe that this policy has been violated must promptly make a report to the local police department, sheriff, or Kentucky State Police. 05.48

**Assaults and Threats of Violence**

Employees should immediately report any threats they receive (oral, written or electronic) to their immediate supervisor. A “threat” shall refer to a communication made by any means, including, but not limited to, electronic and/or online methods. 09.425
Tobacco, Alternative Nicotine Product, or Vapor Products

The use of any tobacco product, alternative nicotine product, or vapor product as defined in KRS 438.305 is prohibited for all persons and at all times on or in all property, including any vehicle, that is owned, operated, leased, or contracted for use by the Board and while attending or participating in any school-related student trip or student activity and is in the presence of a student or students.

School employees shall enforce the policy. A person in violation of this policy shall be subject to discipline or penalties as set forth by Board. **03.1327/03.2327**

Students shall not be permitted to use or possess any tobacco product, alternative nicotine product, or vapor product as defined in KRS 438.305 on or in all Board property at all times, including any vehicle owned, operated, leased, or contracted for use by the Board and while participating in any school-related trip or student activity.

Signage shall be posted on or in all property, including any vehicle that is owned, operated, leased, or contracted for use by the Board, clearly stating that the use of all such products is prohibited at all times and by all persons on or in the property. **09.4232**

Use of School Property

Employees are responsible for school equipment, supplies, books, furniture, and apparatus under their care and use. Employees shall immediately report to their immediate supervisor any property that is damaged, lost, stolen, or vandalized.

No employee shall perform personal services for themselves or for others for pay or profit during work time and/or using District property or facilities.

An employee shall not use any District facility, vehicle, electronic communication system, equipment or materials for personal or private use or gain. These items (including security codes and electronic records such as e-mail) are District property.

Employees may not use a code, access a file, or retrieve any stored communication unless they have been given authorization to do so. Employees cannot expect confidentiality or privacy of the information in their e-mail accounts. Authorized District personnel may monitor the use of electronic equipment from time to time.

District-owned telecommunication devices shall be used primarily for authorized District business purposes. However, occasional personal use of such equipment is permitted. **03.1321/03.2321**

Coaches shall advise individuals with disabilities who request accommodations at District athletic activities to contact the District ADA/504 Coordinator for assistance and guidance. **10.5**
Use of Personal Cell Phones/Telecommunication Devices

Due to privacy concerns, and except for emergency situations, personally owned recording devices are not to be used to create video or audio recordings or to take pictures while on duty or working with students except with prior permission from the Principal/designee or immediate supervisor. Such devices include, but are not limited to, personal cell phones and tablets.

For exceptions, see Board Policies 03.13214/03.23214.

Athletic Camps and Competitions

Coaches in all sports may organize and operate youth sports camps in their respective sports if approved by their immediate supervisor. All camps must be operated as a school-sponsored activity and comply with all relevant policies and procedures as described in other sections of this handbook or in District policy and procedures. All personnel serving as camp instructors shall be:

1. Currently employed coaches of the school,
2. Volunteers as described in previous handbook sections, or
3. Student-athlete members of the respective athletic team offering the camps.

All revenues and expenditures for athletic camps shall comply with school and District financial policies as described in this handbook or in the complete District policy and procedure manual.

Interscholastic athletic contests involving more than half of a normal team (i.e. six [6] or more football players, three [3] or more basketball players) may not be held in school-owned facilities outside the determined limitation of seasons.

All athletic camps should be scheduled so they do not conflict with the regular academic calendar of the McCracken County Schools nor the District’s regular academic programming. No athletic camp will be permitted to be scheduled during the KHSAA-designated “Dead Period,” June 25 to July 9.

Please refer to KHSAA Bylaws 23 and 24.

Inventory of Athletic Equipment

Athletic equipment shall be subject to policies and procedures concerning the District’s inventory process and related reporting requirements. 04.7

Solicitations

Unless authorized by the Superintendent, sales representatives, agents, or other solicitors shall not solicit or contact pupils, teachers, or other employees during the school day.
Unless required or allowed by the Open Records Law or other laws and regulations, no school employee shall provide to any outside group or individual a list of parents, students, teachers or other employees for solicitation or other purposes without the prior approval of the Board or the Superintendent. 03.1323/03.2323

**Alteration of School Property**

Any change or modification to be made in the landscape of school grounds, construction of driveways or roads across such grounds; renovation of the school buildings or the alteration of any part thereof; or the construction of buildings, playing fields, tennis courts, or the erection of lighting systems for such fields or courts shall be done only after the approval of the project by the Board and appropriate state agencies. 05.11

**Advertising**

No commercial advertising shall be allowed in the facilities or on the grounds of school property, except as expressly approved by the Superintendent. However, this requirement does not prevent advertising in publications which are published by booster clubs. 10.4

**District Representation**

Use of the school mascot, school logos, and/or school and District imagery is restricted and, as such, cannot be altered. No one shall use these logos or images without the expressed permission of the school or District administration. All logos and images that are to be used shall be approved by the Superintendent or designee and shall comply with the style guide adopted by the District.

**Political Activities**

Employees shall not promote, organize, or engage in political activities while performing their duties or during the work day. Promoting or engaging in political activities shall include, but not be limited to, the following:

- Encouraging students to adopt or support a particular political position, party, or candidate; or
- Using school property or materials to advance the support of a particular political position, party, or candidate. 03.1324/03.2324

In addition, KRS 161.164 prohibits employees from taking part in the management of any political campaign for school board.
Copyrighted Materials

The use and duplication of copyrighted material for educational purposes shall be within the generally accepted uses delineated by applicable law and procedures developed by the Superintendent. In reference to copyrighted electronic materials, employees shall use such materials only in accordance with the license agreement under which the materials were purchased or otherwise procured. 08.2321

Search and Seizure

All searches of students must be conducted in compliance with Board Policy 09.436.

Searches of a pupil's person or his or her personal effects shall only be conducted by a certified person directly responsible for the conduct of the pupil or the Principal/designee of the school which the student attends, or a McCracken County School Resource Officer.

Before a student's outer clothing, pockets, or personal effects (e.g., handbags, backpacks, etc.) are searched, there must be reasonable grounds to believe the search will reveal evidence that the student has violated or is violating either a school rule or the law or possesses an item harmful to the school and its students. Search of a pupil's person shall be conducted only with the express authority of the Principal.

However, when an immediate threat to the health or safety of others occurs off site with no certified employee reasonably available, coaches that are responsible for the student are authorized to conduct the search of a student or his/her personal effects. Examples of immediate threats would include reasonable suspicion of the presence of illegal drugs or a weapon.

No search of a pupil shall be conducted in the presence of other students, except for situations involving an imminent threat to students or staff where immediate action is required to prevent harm to health and safety. No strip searches of students shall be permitted. 09.436

Child Abuse

Per KRS 620.030, any school personnel who knows or has reasonable cause to believe that a child under eighteen (18) is dependent, abused or neglected, or a victim of human trafficking, or is a victim of female genital mutilation, shall immediately make a report to a local law enforcement agency, the Cabinet for Health and Family Services or its designated representative, the Commonwealth’s Attorney or the County Attorney.

Coaches shall complete Board selected training on child abuse and neglect prevention, recognition and reporting by January 31, 2017, and every two (2) years thereafter. Coaches hired after January 31, 2017, shall complete the training within ninety (90) days of being hired, and every two (2) years thereafter. 09.227
Staff Responsibilities

Reporting telephone numbers:

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<table>
<thead>
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<th></th>
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</thead>
<tbody>
<tr>
<td>Cabinet for Family Services- Central Intake</td>
<td>270-388-4818</td>
</tr>
<tr>
<td>McCracken County Sheriff</td>
<td>270-444-4719</td>
</tr>
<tr>
<td>Paducah Police</td>
<td>270-444-8550</td>
</tr>
<tr>
<td>Kentucky State Police</td>
<td>270-856-3721</td>
</tr>
<tr>
<td>County Attorney</td>
<td>270-444-4709</td>
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Corporal Punishment

Coaches shall not utilize corporal punishment as a penalty or punishment for student misbehavior. Corporal punishment shall refer to the deliberate infliction of physical pain on a student by any means. This shall not refer to normal conditioning and training activities. 09.433

Use of Physical Restraint and Seclusion

Use of physical restraint and seclusion shall be in accordance with Board policy and procedure. 09.2212

Civility

Employees should be polite and helpful while interacting with parents, visitors and members of the public. Individuals who come onto District property or contact employees on school business are expected to behave accordingly. Employees who fail to observe appropriate standards of behavior are subject to disciplinary measures, including dismissal.

In cases involving physical attack of an employee or immediate threat of harm, employees should take immediate action to protect themselves and others. In the absence of an immediate threat, employees should attempt to calmly and politely inform the individual of the provisions of Policy 10.21 or provide him/her with a copy. If the individual continues to be discourteous, the employee may respond as needed, including, but not limited to: hanging up on the caller; ending a meeting; asking the individual to leave the school; calling the site administrator/designee for assistance; and/or calling the police.

As soon as possible after any such incident, employees should submit a written incident report to their immediate supervisor. 10.21
Required Reports

Although you may be directed to make additional reports, the following reports are required by law and/or Board policy:

- Within seventy-two (72) hours of the discovery or notification of a security breach, the District shall notify the Commissioner of the Kentucky State Police, the Auditor of Public Accounts, the Attorney General, and the Education Commissioner. 01.61

- An employee shall report to the Superintendent if the employee has been found by the Cabinet for Health and Family Services to have abused or neglected a child, and if the employee has waived the right to appeal such a substantiated finding or the finding has been upheld upon appeal. 03.11

- Report to the immediate supervisor damaged, lost, stolen, or vandalized school property or if District property has been used for unauthorized purposes. 03.1321/03.2321

- Notify the Principal as soon as possible when you use seclusion or physical restraint with a student, but no later than the end of the school day on which it occurs, and document in writing the incident by the end of the next school day. 09.2212

- If you know or believe that the District’s alcohol-free/drug-free policies have been violated, promptly make a report to the local police department, sheriff, or Kentucky State Police. This is required if you know or have reasonable cause to believe that conduct has occurred which constitutes the use, possession, or sale of controlled substances on the school premises or within one thousand (1,000) feet of school premises, on a school bus, or at a school sponsored or sanctioned event. 03.13251/03.23251/09.423

- Upon the request of a victim, school personnel shall report an act of domestic violence and abuse or dating violence and abuse to a law enforcement officer. School personnel shall discuss the report with the victim prior to contacting a law enforcement officer. School personnel shall report to a law enforcement officer when s/he has a belief that the death of a victim with whom s/he has had a professional interaction is related to domestic violence and abuse or dating violence and abuse. 03.13253/03.23253/09.425

- Report potential safety or security hazards to the Principal and notify your supervisor immediately after sustaining a work-related injury or accident. 03.14/03.24/05.4

- Report to the Principal/immediate supervisor or the District’s Title IX Coordinator if you, another employee, a student, or a visitor to the school or District is being or has been subjected to harassment or discrimination. 03.162/03.262/09.42811
Employees who believe or have been made aware that they or any other employee, student, or visitor has been subject to Title IX Sexual Harassment shall report it to the Title IX Coordinator (TIXC). Failure to make such a report shall be grounds for discipline up to and including termination. If the knowledge of the reporting party gives rise to reasonable cause to believe that the reported conduct constitutes child abuse (Policy 09.227) or a reportable criminal offense (Policy 09.221), notification of state officials shall be made as required by law. 03.1621/03.2621/09.428111

If you suspect that financial fraud, impropriety or irregularity has occurred, immediately report those suspicions to Principal or the Superintendent. If the Superintendent is the alleged party, employees should address the complaint to the Board chairperson. 04.41

Report to the Principal any student who is missing during or after a fire/tornado/bomb threat drill or evacuation. 05.41 AP.1/05.42 AP.1/05.43 AP.1

When notified of a bomb threat, scan the area noting any items that appear to be out of place, and report same to Principal/designee. 05.43 AP.1

If you know or believe that the District’s weapon policy has been violated, promptly make a report to the local police department, sheriff, or Kentucky State Police. This is required when you know or have reasonable cause to believe that conduct has occurred which constitutes the carrying, possession, or use of a deadly weapon on the school premises or within one thousand (1,000) feet of school premises, on a school bus, or at a school sponsored or sanctioned event. 05.48

District bus drivers taking medication either by prescription or without prescription shall report to their immediate supervisor and shall not drive if that medication may affect the driver’s ability to safely drive a school bus or perform other driver responsibilities. 06.221

District employees who know or have reasonable cause to believe that a student has been the victim of a violation of any felony offense specified in KRS Chapter 508 (assault and related offenses) committed by another student while on school premises, on school-sponsored transportation, or at a school-sponsored event shall immediately cause an oral or written report to be made to the Principal of the school attended by the victim. The Principal shall notify the parents, legal guardians, or other persons exercising custodial control or supervision of the student when the student is involved in such an incident.

Within forty-eight (48) hours of the original report of the incident, the Principal also shall file with the Board and the local law enforcement agency or the Department of Kentucky State Police or the County Attorney a written report containing the statutorily required information. 09.2211
• If you know or have reasonable cause to believe that a child under eighteen (18) is dependent, abused or neglected, or a victim of human trafficking, or is a victim of female genital mutilation, immediately make a report to a local law enforcement agency, the Cabinet for Health and Family Services or its designated representative, the Commonwealth’s Attorney or the County Attorney, and to the Principal (who shall also make a report to the proper authorities) and Superintendent. (See Child Abuse section.) 09.227

• District employees shall report to the Principal or to their immediate supervisor those situations that threaten, harass, or endanger the safety of students, other staff members, or visitors to the school or District. Such instances shall include, but are not limited to, bullying or hazing of students and harassment/discrimination of staff, students or visitors by any party. In serious instances of peer-to-peer bullying/hazing/harassment, employees must report to the alleged victims’ Principal as directed by Board Policy 09.42811.

In certain cases, employees must do the following:

1. Report bullying and hazing to appropriate law enforcement authorities as required by Policy 09.2211; and

2. Investigate and complete documentation as required by Policy 09.42811 covering federally protected areas. 09.422

• Report to the Principal any threats you receive (oral, written or electronic). 09.425

Please refer to KHSAA Bylaw 18.
Pre-Season Planning

Notifications to Students/Parents

Each coach of an athletic or sport activity is responsible for distributing the forms required by KHSAA to each prospective student athlete, as well as forms required by the Board of Education.

Coach-Parent Communications

To demonstrate the District’s commitment to productive school-home communications, coaches are expected to respond to requests from parents via phone calls, e-mail messages, and written requests as soon as practical.

Scheduling

Coaches shall adhere to the following scheduling guidelines, unless circumstances dictate otherwise, in which case they shall confer with the Principal.

Scheduling of athletic competitions and sport activities shall be approved in advance by the Principal and meet all applicable conference, district or regional requirements in keeping with KHSAA rules and regulations. 09.31

Please refer to KHSAA Bylaws19-24.

To the extent possible, athletic competitions and sport activities shall be scheduled:

1. To minimize travel distances and compete with schools of comparable size and classification.

2. To avoid overlap with other school athletic activities already scheduled on the same date.

3. To assure that scheduling of District facilities, practice times and competition times for both male and female sports are consistent with Title IX requirements.

4. To avoid scheduling regular season athletic games and sport activities on a date that will require loss of instructional time for travel or competition in compliance with KDE regulations and local Board policy.
Examples of scheduling of athletic practices and sport activities which should be avoided include the following:

a. Conflict with end of semester exams.
b. Occur during professional development activities
c. Coincide with religious observances and/or times of worship.
d. Conflict with school open house events

**Cancellation of Athletic or Sport Activities**

The decision to cancel athletic or sport activities is made by the Superintendent or designee in consultation with the building administration and the Athletic Department. If conditions warrant the cancellation of activities, Head Coaches will be notified by the Athletic Department. The District will also advertise all cancellations via the District website, automated calling system, and local media as conditions warrant.

If coaches are notified regarding the cancellation of an away contest, they should notify the Athletic Department immediately so the public can be notified by any and all of the methods mentioned above.

In the event of a cancellation, the activity should be re-scheduled for the earliest convenient date as long as all KHSAA and District requirements regarding scheduling are met.

Forfeits are addressed by KHSAA guidelines.

| Please refer to KHSAA Bylaw 22. |

**Athletic Trips**

Parents are to be informed of the nature of all trips, the approximate departure and return times, means of transportation, and any other relevant information. Parents must give written approval for students to participate in athletic trips. **09.36**

| Please refer to KHSAA Bylaw 22. |

**Game Officials**

Please refer to KHSAA Bylaw 20.
**Student Discipline**

All students participating in the District’s athletic program shall abide by school/District rules and regulations, including provisions of the code of acceptable behavior and discipline. In addition, coaches may set additional reasonable team rules, provided those rules are given to students prior to the beginning of the season and students are required to return to the coach a form signed by both the student and the parent/guardian signifying their receipt of, and agreement to abide by, the rules. Coaches shall keep these forms on file for the duration of the sports season. 09.438

In keeping with Board policy, disciplinary measures should not be administered in a manner that is humiliating, degrading, or unduly severe or in a manner that would cause the student athlete to lose status before his/her peer group. Coaches should guard against making remarks to other student participants concerning a student's shortcomings.

Serious disciplinary problems shall be promptly reported to the Principal and to the parent(s) of the student. 09.43

The Principal may suspend a student’s eligibility to participate in an athletic activity, pending investigation of any allegation that the student has violated either the District behavior standards or the school council’s criteria for participation. 09.3

**Crowd Control**

Coaches shall coordinate with the Principal to promote the orderly conduct and safety of students and other spectators who attend athletic events.

Crowd control procedures shall include supervision by appropriate school officials in all cases. In case of events where it is anticipated that the nature of the crowd may pose conduct or safety problems (e.g. large or emotional crowds), procedures shall call for the posting of adequate police or security personnel. 05.45

**Athletic Program Purchasing**

Employees are required to follow applicable state law and regulations and local policies and administrative procedures when making purchases on behalf of the athletic program, including equipment and uniforms. All purchases using District funds shall require the prior approval of the Superintendent or the Superintendent's designee. 04.31

Internal school account purchases must be supported by a properly executed purchase request and authorization for payment by the Principal. 04.312

Bidding procedures shall conform to the Model Procurement Code, KRS 45A.345 – KRS 45A.460. District small purchase procedures may be used for any contract in which the aggregate amount does not exceed $30,000. For additional assistance, coaches should contact the District Treasurer in the Central Office. 04.32
Expense Reimbursement

Provided the Superintendent/designee has given prior approval to incur necessary and appropriate expenses, school personnel are reimbursed for travel that is required as part of their duties or for school-related activities approved by the Superintendent/designee. Allowable expenses include mileage, gasoline used for Board vehicles, tolls and parking fees, car rental, fares charged for travel on common carriers (plane, bus, etc.), food (when District business requires an overnight stay), and lodging. Itemized receipts must accompany requests for reimbursement.

Employees must submit travel vouchers within one (1) week of travel and will not be reimbursed without proper documentation. Should employees receive reimbursement based on incomplete or improper documentation, they may be required to reimburse the District. 03.125/03.225
Student Oversight

Eligibility

Determination of athletic eligibility for students shall be made in compliance with applicable administrative regulations and Kentucky High School Athletic Association requirements.

District standards for playing up from middle school (grades seven and eight [7 & 8]) to high school in sports other than football and soccer may include, but are not limited to, considerations related to safety, physical readiness, use of school space after the school day, transportation, funding, the student’s disciplinary status and record, any substance testing restrictions, equitable opportunities for participation, and harmonizing any conflicting school-based decision making (“SBDM”) requirements. SBDM Council policies apply to the selection of sports activities, and student participation based on academic qualifications and attendance requirements, program evaluation, and supervision.

To be eligible to try out and participate at the high school level, middle school students must meet all applicable KHSAA, District, and SBDM requirements. The Superintendent/Designee in cooperation with principals, SBDM councils, coaches, and athletic directors, as deemed appropriate, may develop guidelines for Board approval addressing playing up standards. 09.313

A student enrolled in a public charter school that offers any interscholastic athletic activity shall be ineligible to participate in interscholastic activities at any other school. Subject to applicable law, regulations, and bylaws (e.g. KHSAA, Title IX) and the terms of the charter contract, students who are enrolled in a charter school that does not offer any interscholastic athletic activities shall be eligible to participate in such activities at the District school of that student’s residence. 09.313

Please refer to KHSAA Bylaws.

Pupils whose parent or guardian resides in the District and has custody of the student, or pupils who are legal residents of the school district, or as otherwise provided by state or federal law, shall be considered residents and entitled to the privilege of participating in the school athletic program, unless such is in conflict with KHSAA Bylaws. All other pupils shall be classified as nonresidents for school purposes. 09.12
In accordance with individual school council policy, student athletes may be required to attend school for at least a half-day the day of an athletic activity to be eligible to try out, practice or participate in an athletic activity. Coaches should be familiar with their school council policies regarding student eligibility.

**Student Transfers**

Any domestic student who has been enrolled in grades nine (9) through twelve (12) and has participated in any varsity contest in any sport at any school, while maintaining permanent residence in the United States or a United States territory following enrollment in grade nine (9) and who then transfers schools, shall be ineligible for interscholastic athletics at the varsity level in any sport in which the student has participated at the varsity level since enrolling in grade nine (9) for a period of one (1) year from the date of last participation in varsity interscholastic athletics.

Any domestic student who has been enrolled in grades nine (9) through twelve (12) and has participated in any varsity contest in any sport at any school following enrollment in grade nine (9) and who has been previously granted eligibility under Bylaw 7 or 8 and who then transfers schools, shall be ineligible for interscholastic athletics at the varsity level in any sport in which the student has participated at the varsity level since enrolling in grade nine (9) for a period of one (1) year from the date of last participation in varsity interscholastic athletics.

The period of ineligibility may be waived in the event that the transferring student did not participate in an interscholastic contest at any level in any sport while enrolled in grades nine (9) through twelve (12) during the previous calendar year.

The period of ineligibility may be waived for a student when it is documented, at the time of the original transfer eligibility submission, that a student is a victim of bullying as defined in KRS 158.148 and in which bullying has been documented to the school district in accordance with statutes, local board policies and procedures, and as a result of this documented harassment, intimidation, or bullying, the student is compelled to transfer. KHSAA Bylaw 6 contains other specific provisions for waivers related to the anti-bullying exception.

Foreign students (non-domestic) attending high school in Kentucky shall be considered ineligible for the first calendar year following enrollment. Foreign students who have been ineligible for an entire calendar year after being enrolled in a high school in Kentucky become eligible to represent that school immediately following the conclusion of the one (1)-year period. The period of ineligibility may be waived if the entire family unit is relocating from a foreign country or if the members of a family from a foreign country are relocating due to a declaration of asylum or seeking refuge due to acknowledged conflict.
Foreign exchange students attending school in Kentucky shall be considered ineligible for the first calendar year following enrollment. The period of ineligibility may be waived if the student is placed in a KHSAA member school under the auspices of approved J-1 or F-1 student exchange program that is on the approved listing of Council on Standards for International Exchange Travel (CSIET). In addition, a waiver may be made in other circumstances approved by the Board of Control within the KHSAA Due Process Procedure.

KHSAA Bylaws 6, 7, and 8 contain other specifics and questions should be referred to your Principal or Athletic Director.

Please refer to KHSAA Bylaws 6, 7, and 8.

Recruitment Violations

A student at any grade level shall not be recruited to a member school of the KHSAA for the purpose of participating in athletics, including recruitment under the guise of academics. A student enrolled at any grade level shall not be given improper benefits not available to all members of the student body to remain at a member school.

Recruiting is defined as an act on behalf of or for the benefit of a school, which attempts to influence a student to transfer to a member school for the purpose of participating in athletics. It also shall be defined as recruiting to provide improper benefits to an already enrolled student to influence that student to remain at a member school for the purpose of participating in athletics. A school official utilizing an intermediary including a peer, another school employee, a student, parent, or a citizen, for the purpose of recruiting a student athlete shall be in noncompliance.

Please refer to KHSAA Bylaws 11 and 16.

Supervision Responsibilities

While at school or during school-related or school-sponsored activities, students must be under the supervision of a qualified adult at all times. All District employees are required to assist in providing appropriate supervision and correction of students. 09.221

All athletic practices and events shall be under the direct supervision of a qualified employee of the Board. All persons employed by the District as a coach for any interscholastic athletic activity or sport shall meet statutory training requirements. In addition, at least one (1) person who has completed the required course shall be present at every interscholastic athletic practice and competition.

Prior to assuming their duties, nonfaculty coaches/coaching assistants shall successfully complete training provided by the District as required by KRS 161.185 and a sports safety course as required by KRS 160.445, including training on how to recognize the symptoms of a concussion and how to seek proper medical treatment for a person suspected of having a concussion. Follow-up training shall be provided annually. 03.1161/03.2141/09.311
Employees are expected to take reasonable and prudent action in situations involving student welfare and safety, including following District policy requirements for intervening and reporting to the Principal or to their immediate supervisor those situations that threaten, harass, or endanger the safety of students, other staff members, or visitors to the school or District. Such instances shall include, but are not limited to, bullying or hazing of students and harassment/discrimination of staff, students or visitors by any party.

The Student Discipline Code shall specify to whom reports of alleged instances of bullying or hazing shall be made. 03.162/03.262/09.422/09.42811

In fulfilling their supervision responsibilities, teachers are required to enforce the Student Discipline Code adopted by the Board of Education and discipline policies adopted by the school council. 09.43/09.438

Board policy allows for a nonfaculty coach or nonfaculty assistant to accompany students on athletic trips as provided in statute. 09.221/09.36

A coach or an approved designated adult is required to be present to provide direct supervision of student participants during all athletic activities, including conditioning programs, practices, travel and games. Students are not to be left unsupervised while waiting for parents to pick them up. (See also section on Athletic Program Volunteers.)

**Bullying**

"Bullying" is defined as any unwanted verbal, physical, or social behavior among students that involves a real or perceived power imbalance and is repeated or has the potential to be repeated:

1. That occurs on school premises, on school-sponsored transportation, or at a school-sponsored event; or

2. That disrupts the education process. 09.422

**Insurance**

Students participating in or trying out for interscholastic athletics shall be covered by accident insurance that is compatible with the catastrophic insurance coverage required by the Kentucky High School Athletic Association. Students must present evidence of accident insurance that meets minimum criteria established by the Superintendent. 09.312

Please refer to KHSAA Bylaw 12.
Safety and First Aid

The safety of students shall be the first consideration in all athletic practices and events. Per the requirements of 702 KAR 7:065 and Board policies, any middle or high school coach (head or assistant, paid or unpaid) shall successfully complete all training required by the District, the Kentucky Board of Education, the Kentucky High School Athletic Association, and state law and regulation. This shall include safety and first aid training and providing the school documentation of successful completion of a C.P.R. course that includes the use of an automatic defibrillator and first aid training, conducted by an instructor or program approved by a college or university, the American Red Cross, American Heart Association, or other bona fide accrediting agency. Initial certification shall use in-person instruction with certification updated as required by the approving agency. 03.1161/03.2141/09.311

Each coach (head and assistant, including cheerleading) at all levels grades nine (9) through twelve (12) shall be required to complete a sports safety course and medical symposium update consisting of training on how to prevent common injuries. In addition, coaches should be familiar with District emergency plans for medical injuries at events as required by KRS 160.445.

Coaches shall take appropriate measures to provide a safe, healthy experience for participants and helpers in the athletic program to minimize the number and degree of seriousness of athletic injuries and related illnesses. For all athletic practices and competitions, safety procedures shall be implemented that comply with Board policy, state law and regulations, and requirements of the Kentucky Board of Education and the Kentucky High School Athletics Association (KHSAA).

When a player has sustained serious injury that may be aggravated by continued participation in the game or practice, the coach shall receive permission from a physician before the player re-enters the game or participates in practice.

All coaches (head and assistant) at any level in all sanctioned sports and sport activities (including cheerleading) shall provide documentation of successful completion of a C.P.R. course including the use of an Automatic External Defibrillator (AED) and the requisite First Aid Training.

Coaches Education Program and Sports Safety Training shall also be completed as required by the KHSAA. Head Coaches shall attend the required Medical Symposia every two (2) years as required by the KHSAA.
Concussions

A student athlete suspected by an interscholastic coach, school athletic personnel, or contest official of sustaining a concussion during an athletic practice or competition shall be removed from play at that time and shall not return to play until the athlete is evaluated by a physician or licensed health care provider as required by KRS 160.445 to determine if a concussion has occurred. If no physician or licensed health care provider is present to perform the required evaluation, the coach shall not return the student to play that day. The coach may not return the student to participation in subsequent practices or athletic competitions until written clearance is provided by a physician (M.D. or D.O.).

Upon completion of the required evaluation at the game site by the appropriate health care provider, the coach may return the student to play if it is determined that no concussion has occurred.

A student athlete deemed to be concussed shall not be permitted to participate in any athletic practice or competition occurring on the day of the injury or, unless a physician provides written clearance, participate in any practice or athletic competition held on a subsequent day. 09.311

Please refer to KHSAA Bylaw 25.

Care of District Property

Coaching personnel shall be responsible for program equipment, supplies, books, furniture, and apparatus under their care and use. Any damaged, lost, stolen, or vandalized property or if District property has been used for unauthorized purposes shall be reported to the immediate supervisor. 03.1321/03.2321

Athletic equipment shall be subject to policies and procedures concerning the District’s inventory process and related reporting requirements. 04.7

Retention of Recordings

Employees shall comply with the statutory requirement that school officials are to retain any digital, video, or audio recording as required by law. 01.61

Precautionary Measures

EQUIPMENT INSPECTION AND OVERSIGHT

The Head Coach of each sport, in consultation with the School Administrator or Principal, is responsible for developing an ongoing plan of equipment inspection, maintenance, repair or replacement. The plan shall address:

1. A timetable for inspecting athletic equipment (when, how often, by whom, etc.);
2. Factors to be considered during an inspection (appropriate type, adequate quality, proper fit, etc.);

3. Instruction that will be provided to students concerning correct use of equipment; and

4. Direction to be given to athletic staff and volunteers who will assist in oversight of equipment use.

Coaches should regularly inspect equipment to ensure it is in good and safe condition. The use of any equipment that is defective or in questionable condition shall be discontinued immediately. A report concerning this equipment shall be made to the School Administrator immediately so that corrective measures can be initiated.

**KEY STANDARDS**

1. **Defibrillators** - A list of current locations for the AEDs will be maintained as designated by the Superintendent/designee.

   The District may maintain an automatic external defibrillator (AED) in designated locations throughout the District. An AED shall be used in emergency situations warranting its use in accordance with guidelines established by the Superintendent/designee. Expected users documented as having completed required training shall be authorized to use a defibrillator.

   The District shall notify the local emergency medical services system and the local emergency communications or vehicle dispatch center of the existence, location, and type of each AED.

   Defibrillators shall be maintained and tested in accordance with operational guidelines of the manufacturer and monitored as directed by the Superintendent/designee. Defibrillators shall be kept on school property and will not accompany EMS personnel to a hospital emergency room. 05.4

2. **Heat Indices** – The Kentucky High School Athletic Association and the Kentucky Medical Association have adopted a procedure for avoiding heat injury/illness through analysis of Heat Index and restructuring of activities.


3. **Availability of Water** – It is the responsibility of the coaches to make sure that an adequate supply of water is available for all practices and competitions. Under no circumstances should a coach ever deny athletes the opportunity to hydrate as often as they desire.

4. **Game/Practice Scheduling** – All coaches/athletic administrators who bear the responsibility of game and practice scheduling should adhere to the KHSAA guidelines for limitation of seasons (Bylaw 25) when planning their season. Coaches/athletic administrators are required to present their basic practice and competition schedules to the appropriate school administrator for their approval.
5. **Severe Weather, Lightning Advisory** – All coaches are required to read, understand, and adhere to the KHSAA and NFHS guidelines for severe weather and lighting.


   Please refer to KHSAA Bylaw 25.

**Sportsmanship**

“The Kentucky High School Athletic Association requires officials to enforce sportsmanship rules for athletes and coaches. We will not tolerate negative statements or actions between opposing players, especially trash-talking, taunting or baiting of opponents. If such comments are heard or actions seen, a penalty will be assessed immediately. We have been instructed not to issue warnings. Let today’s contest reflect mutual respect.”

It is the clear obligation of all official representatives of member schools to practice the highest principles of sportsmanship and the ethics of competition in all interscholastic relationships.

   Please refer to KHSAA Bylaw 15.

The following behaviors represent the types of behaviors that will not be tolerated at school/District athletic events. Those who exhibit such behaviors will be asked to leave the premises, and extreme or repeated violation may result in permanent exclusion from school/District athletic events.

- Verbally berating players, coaches, official administrators or others in attendance.
- Use of obscene language or gestures or acts of physical violence or threats of violence directed at same or at contest officials.

Specifically, actions that are discouraged and may warrant further action include, but are not limited to:

1. Cursing and use of obscenities,
2. Disrupting or threatening to disrupt school or office operations,
3. Acting in an unsafe manner that could threaten the health or safety of others,
4. Verbal or written statements or gestures indicating intent to harm an individual or property, and
5. Physical attacks intended to harm an individual or substantially damage property. 05.45, 10.21
Awards and Recognitions

The Board recognizes that a significant part of interscholastic athletics is the recognition of achievement by student-athletes. All teams shall hold an end-of-season recognition ceremony where student achievement is recognized. The individual sport shall establish the criteria that will be used to determine whether or not an athlete has achieved status as a varsity, junior-varsity, etc., member and whether a varsity letter will be awarded. The criteria shall be clearly defined and communicated to the team members at the beginning of the season.

Please refer to KHSAA Bylaw 10.
Appendix

Code of Ethics for Teachers

16 KAR 1:020:

Section 1. Certified personnel in the Commonwealth:

(1) Shall strive toward excellence, recognize the importance of the pursuit of truth, nurture democratic citizenship, and safeguard the freedom to learn and to teach;

(2) Shall believe in the worth and dignity of each human being and in educational opportunities for all;

(3) Shall strive to uphold the responsibilities of the education profession, including the following obligations to students, to parents, and to the education profession:

(a) To students:
1. Shall provide students with professional education services in a nondiscriminatory manner and in consonance with accepted best practice known to the educator;
2. Shall respect the constitutional rights of all students;
3. Shall take reasonable measures to protect the health, safety, and emotional well-being of students;
4. Shall not use professional relationships or authority with students for personal advantage;
5. Shall keep in confidence information about students which has been obtained in the course of professional service, unless disclosure serves professional purposes or is required by law;
6. Shall not knowingly make false or malicious statements about students or colleagues;
7. Shall refrain from subjecting students to embarrassment or disparagement; and
8. Shall not engage in any sexually related behavior with a student with or without consent, but shall maintain a professional approach with students.

Sexually related behavior shall include such behaviors as sexual jokes; sexual remarks; sexual kidding or teasing; sexual innuendo; pressure for dates or sexual favors; inappropriate physical touching, kissing, or grabbing; rape; threats of physical harm; and sexual assault.
(b) To parents:
1. Shall make reasonable effort to communicate to parents information which should be revealed in the interest of the student;
2. Shall endeavor to understand community cultures and diverse home environments of students;
3. Shall not knowingly distort or misrepresent facts concerning educational issues;
4. Shall distinguish between personal views and the views of the employing educational agency;
5. Shall not interfere in the exercise of political and citizenship rights and responsibilities of others;
6. Shall not use institutional privileges for private gain, for the promotion of political candidates, or for partisan political activities; and
7. Shall not accept gratuities, gifts, or favors that might impair or appear to impair professional judgment, and shall not offer any of these to obtain special advantage.

(c) To the education profession;
1. Shall exemplify behaviors which maintain the dignity and integrity of the profession;
2. Shall accord just and equitable treatment to all members of the profession in the exercise of their professional rights and responsibilities;
3. Shall keep in confidence information acquired about colleagues in the course of employment, unless disclosure serves professional purposes or is required by law;
4. Shall not use coercive means or give special treatment in order to influence professional decisions;
5. Shall apply for, accept, offer, or assign a position or responsibility only on the basis of professional preparation and legal qualifications; and
6. Shall not knowingly falsify or misrepresent records of facts relating to the educator's own qualifications or those of other professionals.

Section 2. Violation of this administrative regulation may result in cause to initiate proceedings for revocation or suspension of Kentucky certification as provided in 704 KAR 20:585.
Code of Conduct for Coaches:

As leaders of impressionable young people, all individuals within the coaching staff should recognize their potential impact on the youth they lead, both for good and bad, and act accordingly.

**Within that context the coach shall:**

1. Be positive in speech and action.
2. Be enthusiastic in their coaching endeavors.
3. Be a role model with regard to speech and action in dealing with officials, other athletes, coaches, and parents.
4. Be a teacher both by word and deed.
5. Be honest and up front with parents and athletes at all times.
6. Give clear and concise statements as to expectations for the team and individual members.
7. Be consistent in the application of all rules for the team.
8. Take care of all school equipment.
9. Show respect for all athletes within his/her program as well as those in other programs, or not in an athletic program.
10. Promote all endeavors of the total athletic program.
11. Teach all athletes the relationship between athletes, school, community, and family membership and facilitate those attributes, which tie them together and make them compatible.
12. Strive to make every squad member feel like an important part of the team.
13. Be prompt and appropriately dressed for all practices.
14. Make certain that goals of the team are well known.
15. Promote pride in the athletic program.

**Coaches shall refrain from:**

1. The use of profanity at any time.
2. Placing their hands on a student for any reason.
3. Smoking or using tobacco products in the presence of athletes.
4. Any action or word which could be construed as off color or to encourage the use of alcohol, drugs, or tobacco products.
5. Criticizing other coaches or players in front of team members.
Duties and responsibilities of coaches:

In order to promote and facilitate individual programs all coaches shall:

1. Encourage all students who are interested in doing so to participate in a program of their choosing.
2. Publicize their sport for the benefit of the team and individual athletes.
3. Develop overall, team, and individual goals for their respective programs, make these goals known, and develop a series of activities designed to enable the team and individuals realize published goals.
4. Take proper care of all equipment and facilities and encourage athletes to do the same.
5. Make an effort to develop a program developmental in nature designed to enable each athlete to meet his/her fullest potential.
6. Coordinate his/her program with others in such a way as to best meet the needs of his/her program without requiring his/her athletes to choose between two teams or areas of interest.
7. Condition his/her athletes in such a way as to allow them to be competitive, and to provide opportunities for year round conditioning.
8. Keep abreast of current trends of his/her respective sport by reading, attending clinics when possible and interacting with other coaches.
9. Use good judgment and provide proper care for all athletic injuries.
10. Call in all sports scores and see that such scores are available for the media after each contest.
11. Demonstrate the highest level of sportsmanship at all times and not harass or otherwise show disrespect to game officials, coaches, or athletes from other teams.
12. Not tolerate improper behavior from athletes from other teams at any time.
13. Not pressure athletes to participate in one sport and not another, or berate other teams.
14. Not allow an athlete to practice until the required physical exam, parental permission, and proof of insurance forms are on file in the athletic director’s office.
15. Adhere to all KHSAA rules with regard to practice and games and make these rules known to all players.
16. Fill out all required state forms at the close of the season.
17. Help deserving athletes contact colleges when scholarship possibilities exist.
18. Call to the athletic director’s attention any matter relating to the athletic department in general or his/her program in particular. Coaches should feel free to offer any suggestion he/she feels will serve the best interest of the program.

19. Keep accurate statistics, which might help students or teams receive special recognition and maintain records of games played, quarters, etc. for the purposes of lettering and eligibility.

20. Follow the “chain of command.”

21. Attend all pep rallies and athletic banquets which involve his/her team members.
Acknowledgement Form

2020-2021 School Year

I, _______________________________, have received a copy of the Coaches’ Handbook issued by the District, and understand and agree that I am to review this handbook in detail and to consult District and school policies and procedures with my Principal/supervisor if I have any questions concerning its contents.

I understand and agree:

1. that this handbook is intended as a general guide to District personnel policies and procedures and that it is not intended to create any sort of contract between the District and any one or all of its employees;

2. that the District may modify any or all of the referenced policies and procedures, in whole or in part, at any time, with or without prior notice; and

3. that in the event the District modifies any of the information contained in this handbook, the changes will become binding on me immediately upon issuance of the new or revised policy or procedure by the District.

I understand that as an employee of the District I am required to review and follow the information set forth in this handbook and rules disseminated by the Kentucky High School Athletic Association and other governing bodies specific to the sport/s I coach and I agree to do so.

__________________________________________  ______________________________
Signature of Employee  Date

Return this signed form to the Principal/designee. The Principal/designee will forward a copy to the Principal or designee.

__________________________________________
Printed Name
APPENDIX

Miscellaneous Forms

Athletic Participation Form
Parental and Student Consent and Release
For High School Level (grades 9-12) participation

The student and parent/guardian must read this statement carefully and sign where required. By signing this form, all parties agree that they have accurately completed all sections of the form and have read and agree to the terms of this form as detailed. This form must be completed before the student participates (hereinafter including try out for, practice and/or compete) in interscholastic athletics. This form should be kept in a secure location until the student has exhausted eligibility, graduated from high school and reached the age of 18.

ATHLETE INFORMATION (This part must be completed by the student and family)

Name (Last, First, Initial) ______________________ School Year ____________
Gender ___________________________ School ____________________________
Home Address (Street, City, State, Zip): ____________________________
Date of Birth: ____________ Birth Place (County, State): ____________________________

School Attendance History

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I am planning to participate in the following (check all you might try to play):

- [ ] Baseball
- [ ] Basketball
- [ ] Cross Country
- [ ] Football
- [ ] Golf
- [ ] Soccer
- [ ] Softball
- [ ] Swimming
- [ ] Tennis
- [ ] Track and Field
- [ ] Volleyball
- [ ] Wrestling
- [ ] Archery
- [ ] Bass Fishing
- [ ] Bowling
- [ ] Competitive Cheer
- [ ] Dance
- [ ] Other

EMERGENCY CONTACT INFORMATION

Name (please print) ______________________ Relation to Student ______________________

Emergency Contact Address, including City, State and Zip

Daytime Phone ______________________ Cell Phone ______________________

REQUIRED INSURANCE INFORMATION (KHSAA Bylaw 12)

Prior to participation in practice or contests (including trying for a place on a team) in any sport or sport activity during the limitation of seasons as defined by Bylaw 23, all students are required to have medical insurance with coverage limits of at least $25,000. If this coverage is provided through the school, contact the Principal or Athletic Director regarding any potential claim. Individual schools and districts may impose additional requirements for insurance or coverage during additional periods for activities outside of Bylaw 23.

Insurance Carrier ______________________ Policy Number / ID Number ______________________
Group Number ______________________ Plan ______________________

EMERGENCY TREATMENT INFORMATION

The following information is recorded solely for potential hospitalization and emergency care needs and is not required to be recorded on this form. However, those failing to provide this information should be aware that this might be required by emergency treatment facilities prior to rendering service, and failure to provide could result in lack of appropriate care.

Social Security Number ______________________ Birth Date ______________________

CONSENT INFORMATION TO PARTICIPATE, ACKNOWLEDGMENT OF RISK, ACKNOWLEDGEMENT OF ELIGIBILITY RULES, LIABILITY WAIVER AND CONSENT AND RELEASE

As parent/legal guardian, I agree to allow my child to participate in interscholastic athletics. The student and parent/legal guardian recognize that participation in interscholastic athletics involves some inherent risks for potentially severe injuries, including but not limited to death, serious neck, head and spinal injuries which may result in complete or partial paralysis, brain damage, serious injury to virtually all internal organs, serious injury to virtually all bones, joints, ligaments, muscles, tendons, and other aspects of the
muscular skeletal system, and serious injury or impairment to other aspects of the body, or effects to the general health and well being of the child. Because of these inherent risks, the student and parent/legal guardian recognize the importance of the student obeying the coaches’ instructions regarding playing techniques, training and other team rules. By signing this form, the student and parent/legal guardian acknowledge that the student’s participation is wholly voluntary and to having read and understood this provision. The student and parent/legal guardian individually and on behalf of the student, hereby irrevocably, and unconditionally release, acquit, and forever discharge the KHSAA and its officers, agents, attorneys, representatives and employees (collectively, the “Releasers”) from any and all claims, demands, actions and causes of action, obligations, damages, and costs or expenses of any nature (including attorney’s fees) that the student and/or parent/legal guardian incur or sustain to person, property or both, which arise out of, result from, occur during or are otherwise connected with the student’s participation in interscholastic athletics due to the ordinary negligence of the Releasers. The student and parent/legal guardian acknowledge that they have read and understood the KHSAA Bylaws by distribution under the handbook links at http://khsaa.org. Please be aware that a student is subject to the one-year period of ineligibility the bylaw commonly referred to as the “Transfer Rule.” Upon participation in any varsity contest regardless of the amount of participation or loss thereof. The student and parent/legal guardian agree to abide by the KHSAA Bylaws and Due Process Procedure as now enacted or later amended. The student and parent/legal guardian further acknowledge that they agree to abide by the rulings of the Commissioner, Assistant Commissioner, Hearing Officer and Board of Control.

The student and parent/legal guardian acknowledge that the student must have medical insurance coverage up to a limit of $25,000 in order to be eligible to participate in interscholastic athletics.

The student and parent/legal guardian, individually and on behalf of this student, give the high school, the KHSAA and their representatives permission to release this student’s demographic information (including motion picture and still photographic images) and participation statistics (including height, weight and year in school, participation history and other performance based statistics) and other information as may be requested, and agree that the student may be photographed or otherwise digitally or electronically captured during school-based competition. All of this material may be used without permission or compensation specifically related to the KHSAA and its events.

The student and parent/legal guardian consent to this student receiving a physical examination as required by the KHSAA.

The student and parent/legal guardian, individually and on behalf of this student, consent to the high school and the KHSAA and their representatives to use and disclose the necessary personally identifiable information from the student’s education records including academic, financial and health care information, to third parties including school representatives, coaches, athletic trainers, medical facilities, medical staff, KHSAA legal counsel, and the media, for the purpose of receiving proper/necessary medical care and complying with the KHSAA bylaws, including making determinations regarding eligibility to participate in interscholastic athletics and any administrative or legal proceedings resulting from participation or attempted participation in interscholastic athletics, without such disclosure constituting a violation of rights under the Family Educational Rights and Privacy Act. The student and parent/legal guardian, individually and on behalf of this student, further release the high school, the KHSAA and their representatives from any and all claims arising out of the use and disclosure of said necessary personally identifiable information, and agree to release to the high school the KHSAA and their representatives, upon request, the detailed and completed application for financial aid.

The student and parent/legal guardian, individually and on behalf of the student, hereby acknowledge that they are aware of and will review if desired, the education materials available through the KHSAA, the Centers for Disease control and other agencies regarding education all individuals with respect to nature and risk of concussion and head injury, including the continuum of play after concussion or head injury. The student and parent/legal guardian, individually and on behalf of the student, hereby consent to allow the student to receive medical treatment that may be deemed advisable by the high school, the KHSAA, and their representatives in the event of injury, accident or illness while participating in interscholastic athletics, including, but not limited to, transportation of the student to a medical facility.

**STUDENT AND PARENT/GUARDIAN ACKNOWLEDGMENT OF RISK, ELIGIBILITY RULES, LIABILITY WAIVER AND CONSENT AND RELEASE AND EMERGENCY PERMISSION FORM**

<table>
<thead>
<tr>
<th>Students’ Name (please print)</th>
<th>School</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Student and Parent/Guardian Address including City, State and Zip</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Signature of Student</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Please list above any health problems/concerns this student may have, including allergies (medications / others) and any medications presently being used</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Parent(s)/Guardian(s) who has/have custody of this student (please print)</th>
<th>Emergency Phone Number</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
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</tr>
</tbody>
</table>

47
## PREPARTICIPATION PHYSICAL EVALUATION

### HISTORY FORM

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

Name: __________________________ Date of examination: __________________________

Date of birth: __________________________ Sex assigned at birth (F, M, or intersex): __________________________

How do you identify your gender? (F, M, or other): __________________________

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 insect). __________________________

### 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 responses.)

<table>
<thead>
<tr>
<th>Feeling</th>
<th>Not at all</th>
<th>Several days</th>
<th>Over half the days</th>
<th>Nearly every day</th>
</tr>
</thead>
<tbody>
<tr>
<td>nervous, anxious, or on edge</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>not being able to stop or control worrying</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>little interest or pleasure in doing things</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>feeling down, depressed, or hopeless</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
</tbody>
</table>

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

### GENERAL QUESTIONS

(Circle questions if you don’t know the answer)  

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Do you have any concerns that you would like to discuss with your provider?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Has a provider ever denied or restricted your participation in sports for any reason?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Do you have any ongoing medical issues or recent illness?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### HEART HEALTH QUESTIONS ABOUT YOU

(Circle questions that apply or that you don’t know the answer)

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>9. Do you get light-headed or feel short of breath than your friends during exercise?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10. Have you ever had a seizure?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### HEART HEALTH QUESTIONS ABOUT YOUR FAMILY

<table>
<thead>
<tr>
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<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>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?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>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 polymorphous ventricular tachycardia (CPVT)?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>13. Has anyone in your family had a pacemaker or an implanted defibrillator before age 35?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
## Appendix

<table>
<thead>
<tr>
<th>Bone and Joint Questions</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>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?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>15. Do you have a bone, muscle, ligament, or joint injury that bothers you?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Medical Questions</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>16. Do you cough, wheeze, or have difficulty breathing during or after exercise?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>17. Are you missing a kidney, an eye, a testicle (male), your spleen, or any other organ?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>18. Do you have groin or testicle pain or a painful bulge or hernia in the groin area?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>19. Do you have any recurring skin rash or rashes that come and go, including herpes or methicillin-resistant Staphylococcus aureus (MRSA)?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>20. Have you had a concussion or head injury that caused confusion, a prolonged headache, or memory problems?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>21. 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?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>22. Have you ever become ill while exercising in the heat?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>23. Do you or does someone in your family have sickle cell trait or disease?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>24. Have you ever had or do you have any problems with your eyes or vision?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Medical Questions (continued)</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>25. Do you worry about your weight?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>26. Are you trying to or have anyone recommended that you gain or lose weight?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>27. Are you on a special diet or do you avoid certain types of foods or food groups?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>28. Have you ever had an eating disorder?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Females Only</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>29. Have you ever had a menstrual period?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>30. How old were you when you had your first menstrual period?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>31. What was your most recent menstrual period?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>32. How many periods have you had in the past 12 months?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Explain "Yes" answers here.

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

Signature of athlete:

Signature of parent or guardian:

Date:

# Preparticipation Physical Evaluation

## Physical Examination Form

**Name:**

**Date of Birth:**

### Physician/Statutorily Authorized Provider Reminders

1. Consider additional questions on more sensitive issues:
   - Have you ever been hurt by a car accident?
   - Are you taking any medications for any other condition?
   - Do you feel sexually assaulted or traumatized?
   - Are you taking any other performance-enhancing supplements?

2. Consider reviewing questions on cardiovascular symptoms (Ex 6-10 of History Form).

### Examination

<table>
<thead>
<tr>
<th>Height</th>
<th>Weight</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>SP.</th>
<th>Pulse</th>
<th>Vision R 20/</th>
<th>Vision L 20/</th>
<th>Corrected</th>
<th>Y</th>
<th>N</th>
</tr>
</thead>
</table>

### Medical

<table>
<thead>
<tr>
<th>Abnormal TendencieS</th>
<th>Normal</th>
<th>Abnormal TendencieS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Apperances</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Marfans (hyperplasia), high-risk pulse, chest axis, arrhythmia, hyperlipidemia, typhoid, mitral valve prolapse (MVP), and aortic insufficiency</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Eyes, ears, nose, and throat</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pupils equal</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hearing</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Gromph nodules</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Heart:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Murmures (anormalitation standing, anormalitation cuffins, and a Walsheh maneuvers)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lungs</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Abdomen</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Skin</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Morpex simplex virus (HSV), lesions suggestive of methicillin-resistant Staphylococcus aureus (MRSA), or trau cosens</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Neurological

<table>
<thead>
<tr>
<th>Abnormal TendencieS</th>
<th>Normal</th>
<th>Abnormal TendencieS</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Abnormal TendencieS</th>
<th>Normal</th>
<th>Abnormal TendencieS</th>
</tr>
</thead>
</table>

### MUSCULOSKELETAL

<table>
<thead>
<tr>
<th>Abnormal TendencieS</th>
<th>Normal</th>
<th>Abnormal TendencieS</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Abnormal TendencieS</th>
<th>Normal</th>
<th>Abnormal TendencieS</th>
</tr>
</thead>
</table>

* Consider electrocardiography (ECG), echocardiography, referral to a cardiologist for abnormal cardiac history or examination findings, or a combination of these.

**Name of health care professional (print or type):**

**Date:**

**Address:**

**Phone:**

**Signature of health care professional:**

MD, DO, NP, PA


KHSIA Form PPR/Physical Exam/History/Physician Cleared (Grades 6-12) - Page 3 of 4 - Rev. 7/19
## PREPARTICIPATION PHYSICAL EVALUATION

### HISTORY FORM

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

**Name:**

**Date of birth:**

**Date of examination:**

**Sport(s):**

**Sex assigned at birth (F, M, or other):**

**How do you identify your gender? (F, M, or other):**

**List past and current medical conditions:**

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

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

**Do you have any allergies?** If yes, please list all your allergies (e.g., medicines, pollen, 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.)

- Feeling nervous, anxious, or on edge
- Not being able to stop or control worrying
- Little interest or pleasure in doing things
- Feeling down, depressed, or hopeless

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 "No" answers at the end of this form. Call questions if you don't have the answer)

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
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<tr>
<td>1. Do you have any concerns that you would like to discuss with your provider?</td>
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### HEART HEALTH QUESTIONS ABOUT YOU

(Explain "Yes" answer)

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>4. Have you ever passed out or nearly passed out during or after exercise?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Have you ever had discomfort, pain, tightness, or pressure in your chest or shortness of breath during exercise?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. Does your heart ever race, flutter in your chest, or skip beats (irregular beats) during exercise?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. Has a doctor ever told you that you have any heart problem?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8. Has a doctor ever ordered a test for your heart? for example, electrocardiography (ECG) or echocardiography?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### HEART HEALTH QUESTIONS ABOUT YOU (CONTINUED)

<table>
<thead>
<tr>
<th>Question</th>
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### HEART HEALTH QUESTIONS ABOUT YOUR FAMILY

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</table>
APPENDIX

Athletic Participation/Physical Examination Form
Parental and Student Consent and Release
For Middle School Level (students enrolled in grades 5-8 participating in competition for grades 6-8)

The student and parent/guardian must read this statement carefully and sign where required. By signing this form, all parties agree that they have accurately completed all sections of the form and have read and agree to the terms of this form as detailed. This form must be completed before the student participates (hereinafter including try out for, practice and/or compete) in interscholastic athletics. This form should be kept in a secure location until the student has exhausted eligibility, enrolled in high school and reached the age of sixteen (16).

ATHLETE INFORMATION
(This part must be completed by the student and family)

Name (Last, First, Initial) ___________________________ School Year ________________
Home Address (Street, City, State, Zip): ___________________________ Grade __________
Gender _______ School ___________________________ Date of Birth: __________
Birth Place (County, State): ___________________________

I am planning to participate in the following (check all you might try to play):

Baseball  Basketball  Cross Country  Football  Golf  Volleyball
Softball  Swimming  Tennis  Track and Field  Soccer  Wrestling
Archery  Bass Fishing  Bowling  Competitive Cheer  Other

EMERGENCY CONTACT INFORMATION

Name (please print) ___________________________ Relation to Student ___________________________
Emergency Contact Address, including City, State and Zip ___________________________
Daytime Phone ___________ Cell Phone ___________

OPTIONAL INSURANCE INFORMATION (only for purpose of emergency treatment)

Insurance Carrier ___________ Policy Number / ID Number ___________ Group Number ___________
Plan ___________

OPTIONAL EMERGENCY TREATMENT INFORMATION

The following information is recorded solely for potential hospitalization and emergency care needs and is not required to be recorded on this form. However, those failing to provide this information should be aware that this might be required by emergency treatment facilities prior to rendering service, and failure to provide could result in lack of appropriate care.

Social Security Number ___________________________ Birth Date ___________________________

CONSENT INFORMATION TO PARTICIPATE, ACKNOWLEDGMENT OF RISE, ACKNOWLEDGEMENT OF ELIGIBILITY RULES, LIABILITY WAIVER AND CONSENT AND RELEASE

As parental/legal guardian, I agree to allow my child to participate in interscholastic athletics. The parental/legal guardian recognizes that participation in interscholastic athletics involves some inherent risks for potentially severe injuries, including but not limited to death, serious neck, head and spinal injuries which may result in complete or partial paralysis, brain damage, serious injury to internal organs, serious injury to various bones, joints, ligaments, muscle, tendons, and other aspects of the muscular skeletal system, and serious injury or impairment to other aspects of the body, or effects to the general health and well being of the child. Because of these inherent risks, the parental/legal guardian recognizes the importance of the student obeying the coaches’ instructions regarding playing techniques, training and other team rules. By signing this form, the parental/legal guardian acknowledge that the student’s participation is wholly voluntary and to having read and understood this provision.

_________________________
_________________________
_________________________

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The student and parent/legal guardian, individually and on behalf of the student, hereby irrevocably, and unconditionally release, acquit and forever discharge the KHSAA and its officers, agents, attorneys, representatives and employees (collectively, the “Releasers”) from any and all losses, claims, demands, actions and causes of action, obligations, damages, and costs or expenses of any nature (including attorney’s fees) that the student and/or parent/legal guardian incur or sustain to person, property or both, which arise out of, result from, occur during or are otherwise connected with the student’s participation in interscholastic athletics if due to the ordinary negligence of the Releasers.

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All of this material may be used without permission or compensation specifically related to the KHSAA and its events.

The student and parent/legal guardian consent to this student receiving a physical examination as required by the KHSAA.

The student and parent/legal guardian, individually and on behalf of this student, consent to the school and the KHSAA and their representatives to use and disclose the necessary personally identifiable information from the student’s education records including academic, financial and health care information, to third parties including school representatives, coaches, athletic trainers, medical facilities, medical staff, KHSAA legal counsel and the media, for the purpose of receiving proper necessary medical care and complying with the KHSAA bylaws, including making determinations regarding eligibility to participate in interscholastic athletics and any administrative or legal proceedings resulting from participation or attempted participation in interscholastic athletics, without such disclosure constituting a violation of rights under the Family Educational Rights and Privacy Act. The student and parent/legal guardian, individually and on behalf of this student, further release the school, the KHSAA and their representatives from any and all claims arising out of the use and disclosure of said necessary personally identifiable information, and agree to release to the school, the KHSAA, and their representatives, upon request, the detailed and completed application for financial aid.

The student and parent/legal guardian, individually and on behalf of the student, hereby acknowledge that they are aware of and will review if desired, the education materials available through the KHSAA, the Centers for Disease Control and other agencies regarding education all individuals with respect to nature and risk of concussion and head injury, including the continued play after concussion or head injury.

The student and parent/legal guardian, individually and on behalf of the student hereby consent to allow the student to receive medical treatment that may be deemed advisable by the school, the KHSAA, and its representatives in the event of injury, accident or illness while participating in interscholastic athletics, including, but not limited to, transportation of the student to a medical facility.

**STUDENT AND PARENT/GUARDIAN ACKNOWLEDGMENT OF RISK, ELIGIBILITY RULES, LIABILITY WAIVER AND CONSENT AND RELEASE AND EMERGENCY PERMISSION FORM**

<table>
<thead>
<tr>
<th>Students’ Name (please print)</th>
<th>School</th>
</tr>
</thead>
<tbody>
<tr>
<td>Student and Parent/Guardian Address including City, State and Zip</td>
<td></td>
</tr>
<tr>
<td>Signature of Student</td>
<td>Date</td>
</tr>
</tbody>
</table>

Please list above any health problems/concerns this student may have, including allergies (medications / others) and any medications presently being used:

<table>
<thead>
<tr>
<th>Name of parent(s)/Guardian(s) who has/have custody of this student (please print)</th>
<th>Emergency Phone Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Signature of Parent(s)/Guardian(s) who has/have custody of this student</td>
<td>Date</td>
</tr>
</tbody>
</table>

Each individual group meeting the requirements of 732 KAR 7:065, Section 31(1) may have supplement waivers and disclaimer requirements. In this case, both the MD01 and the required form of the approved group would be required.
## PREPARTICIPATION PHYSICAL EVALUATION

### HISTORY FORM

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

**Name:**

**Date of examination:**

**Sport(s):**

**Sex assigned at birth (F, M, or intersex):**

**Date of Birth:**

**How do you identify your gender (F, M, or other):**

List past and current medical conditions.

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

**Medications 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 (e.g., 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.)**

<table>
<thead>
<tr>
<th>Feeling nervous, anxious, or on edge</th>
<th>Not at all</th>
<th>Several days</th>
<th>Over half the days</th>
<th>Nearly every day</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Not being able to stop or control worrying</th>
<th>Not at all</th>
<th>Several days</th>
<th>Over half the days</th>
<th>Nearly every day</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Little interest or pleasure in doing things</th>
<th>Not at all</th>
<th>Several days</th>
<th>Over half the days</th>
<th>Nearly every day</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Feeling down, depressed, or hopeless</th>
<th>Not at all</th>
<th>Several days</th>
<th>Over half the days</th>
<th>Nearly every day</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
</tbody>
</table>

(A sum of 13 is considered positive on either subscale [questions 1 and 2, or questions 3 and 4] for screening purposes.)

---

### GENERAL QUESTIONS

Exclude “No” answers at the end of this form. Circle questions if you don’t know the answer.

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Do you have any concerns that you would like to discuss with your provider?</td>
<td></td>
</tr>
<tr>
<td>2. Have you ever been told you have a heart problem?</td>
<td></td>
</tr>
<tr>
<td>3. Do you have any ongoing medical issues or recent illness?</td>
<td></td>
</tr>
</tbody>
</table>

### HEART HEALTH QUESTIONS ABOUT YOU

(CONTINUED)

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>9. Do you get light-headed or feel short of breath during or after exercise?</td>
<td></td>
</tr>
<tr>
<td>10. Have you ever had a seizure?</td>
<td></td>
</tr>
</tbody>
</table>

### HEART HEALTH QUESTIONS ABOUT YOUR FAMILY

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>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)?</td>
<td></td>
</tr>
<tr>
<td>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), Brugada syndrome, or catecholaminergic polymorphic ventricular tachycardia (CPVT)?</td>
<td></td>
</tr>
<tr>
<td>13. Has anyone in your family had a pacemaker or an implanted defibrillator before age 35?</td>
<td></td>
</tr>
</tbody>
</table>
### Bone and Joint Questions

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>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?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>15. Do you have a bone, muscle, ligament, or joint pain that bothers you?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Medical Questions (continued)

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>25. Do you worry about your weight?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>26. Are you trying to or has anyone recommended that you gain or lose weight?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>27. Are you on a special diet or do you avoid certain types of foods or food groups?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>28. Have you ever had an eating disorder?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Emotions

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>29. Have you ever had a mental illness?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>30. How old were you when you had your first mental illness?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>31. When was your most recent mental illness?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>32. How many periods have you had in the past 12 months?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Explain "Yes" answers here.

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

Signature of athlete:__________________________________________________________

Signature of parent or guardian:______________________________________________

Date:_______________________________________________________________________


KHSAA Form PPE/Physical Exam History/Physician Clearance (Grades 9-12) - Page 4 of 4 Rev. 7/13
APPENDIX

PREPARTICIPATION PHYSICAL EVALUATION
PHYSICAL EXAMINATION FORM

Name: ___________________________   Date of birth: ___________________________

PHYSICIAN/STATUTORILY AUTHORIZED PROVIDER REMINDERS

1. Consider additional questions on more-sensitive issues.
   • Do you feel stressed out or under a lot of pressure?
   • Do you ever feel sad, hopeless, depressed, or anxious?
   • Do you feel iets at your home or residence?
   • Have you ever smoked cigarettes, cigar, tobacco, snuff, or dip?
   • During the past 30 days, did you use chewing tobacco, snuff, or dip?
   • Do you drink alcohol or use any other drugs?
   • Have you ever taken nonsteroidal anti-inflammatory drugs (NSAIDs) or similar drugs?

2. Consider reviewing questions on cardiovascular symptoms (A4-Q13 of History Form).

EXAMINATION

Height: ___________________________   Weight: ___________________________

BP: ____________ / ____________   Pulse: ____________

Vision: R 20/20, L 20/20   Corrected: ☐ Y ☐ N

MEDICAL

<table>
<thead>
<tr>
<th>Appearance</th>
<th>Normal</th>
<th>Abnormal Findings</th>
</tr>
</thead>
<tbody>
<tr>
<td>Morbid stigmata (lipoedema, high-arched palate, pectus carinatum, arachnodactyly, hyperlaxity, myopia, mitral valve prolapse (MVP), and aortic insufficiency)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Eyes, ears, nose, and throat:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pupils equal</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hearing</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lymph nodes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Heart:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Murmurs (auscultation standing, auscultation supine, and a Yabalka maneuver)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lungs</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Abdomen</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Skin:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Herpes simplex virus (HSV), lesions suggestive of methicillin-resistant Staphylococcus aureus (MRSA), or tinea corporis</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Neurological

<table>
<thead>
<tr>
<th>Musculoskeletal</th>
<th>Normal</th>
<th>Abnormal Findings</th>
</tr>
</thead>
<tbody>
<tr>
<td>Neck</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Back</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Shoulder and arm</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Elbow and forearm</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Wrist, hand, and fingers</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hip and thigh</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Knee</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Leg and ankle</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Foot and toes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Functional</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Double leg squat test, single-leg squat test, and box drop or step drop test</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

* Consider electrocardiography (ECG), echocardiography, referral to a cardiologist for abnormal history or examination findings, or a combination of those.

Name of health care professional (print or type): ___________________________   Date: ___________________________

Address: ___________________________   Phone: ___________________________

Signature of health care professional: ___________________________   MD, DO, NP, or PA


KHSAA Form PPE/Physical Exam/History/Physician Clearance (Grades 6-12) - Page 3 of 4 - Rev. 7/19
PREPARTICIPATION PHYSICAL EVALUATION

MEDICAL ELIGIBILITY FORM

Name: ___________________________ Date of birth: _________________________

☐ Medically eligible for all sports without restriction

☐ Medical eligibility for all sports without restriction with recommendations for further evaluation or treatment of

________________________________________________________________________

☐ Medically eligible for certain sports

________________________________________________________________________

☐ Not medically eligible pending further evaluation

☐ Not medically eligible for any sport

Recommendations: __________________________________________________________

________________________________________________________________________

I have examined the student named on this form and completed the preparticipation physical evaluation. The athlete does not have apparent clinical contraindications to practice and can participate in the sport(s) as outlined on this form. A copy of the physical examination findings are on record in my office and can be made available to the school at the request of the parents. If conditions arise after the athlete has been cleared for participation, the physician may rescind the medical eligibility until the problem is resolved and the potential consequences are completely explained to the athlete (and parents or guardians).

Name of health care professional (print or type): __________________________ Date: ______________

Address: ___________________________ Phone: _______________________________

Signature of health care professional: __________________________________________ MD, DO, NP, or PA

SHARED EMERGENCY INFORMATION

Allergies: ________________________________________________________________

________________________________________________________________________

Medications: _____________________________________________________________

________________________________________________________________________

Other information: _________________________________________________________

________________________________________________________________________

Emergency contacts: ______________________________________________________

________________________________________________________________________
Application and Agreement for Use of District Property

**NOTE:** Please complete this form in duplicate and submit both copies to the Central Office designee for approval. If the application is approved, one (1) copy of the signed agreement will be returned to the using organization along with a contract prepared by the Board attorney. The contract shall be signed by the designated representative of the using organization and returned to the Central Office designee. If the application is not approved, both copies will be returned.

<table>
<thead>
<tr>
<th>Name of Sponsoring Organization/Activity __________________________</th>
<th>Telephone ________</th>
</tr>
</thead>
<tbody>
<tr>
<td>Representative’s Name __________________________ ___________________</td>
<td>Address __________________________</td>
</tr>
</tbody>
</table>

The above organization/individual requests the use of:

- [ ] auditorium
- [ ] gymnasium
- [ ] dining room/kitchen
- [ ] stadium
- [ ] classroom(s) ______
- [ ] other, specify __________________________

Is the organization planning to use District-owned equipment?  
[ ] YES  [ ] NO
If yes, specify equipment _______________________________  
Operator’s Name _________________________

Is the organization planning to conduct sales on school premises?  
[ ] YES  [ ] NO
If yes, give a complete description of what is being sold and how the proceeds will be used. __________________
________________________________________________________________________________________

Building/school/facility ____________________________  
Purpose ___________________________________________________________________________________

Date(s) requested __________________________________________  
Time(s) Requested___________________

Will public be admitted?  
[ ] YES  [ ] NO
Will advertisement(s) be used?  
[ ] YES  [ ] NO
Will admission be charged?  
[ ] YES  [ ] NO

When using school facilities, this organization agrees to observe the following:

1. To schedule with the building Principal the time(s) District property is to be used. It is understood that the Superintendent/designee may cancel the use of the room or building at any time such use interferes with regular school activities.

2. To be legally responsible for any and all damage to individuals and school equipment, building(s), grounds, or facilities, resulting from use by the organization. To this end, the organization will procure sufficient liability insurance to indemnify the Board, school officers and employees for any injuries or property damage which might occur during the organization's use of the facilities. This insurance shall contain limits of $1,000,000 for bodily injury and $10,000 for property damage. A copy of the organization’s insurance certificate shall be filed with the Board prior to the date the organization uses the building. The Board shall require the renting organization to assume all liability for injury to individuals by reason of the lease of Board property and that the organization indemnify and save harmless the Board from any loss or damage thereby.

3. To provide appropriate equipment for the use of District property. When gymnasiums are used, the organization agrees to permit on the gym floor only those persons wearing shoes that will not mark the floor.

4. To abide by the requirements of Board Policies 05.3 and 05.31 (see attached). Disregard of the rules and regulations governing the use of the school buildings, equipment and facilities shall result in the refusal of the Board to grant the offending organization further use.

5. To acknowledge that approval of this request does not signify District sponsorship, endorsement or approval of your organization or the activity.
### Application and Agreement for Use of District Property

**Fee Schedule**
The organization agrees to pay the applicable fee(s) for the use of District facilities.

<table>
<thead>
<tr>
<th># of Employees Required</th>
<th># of Hours</th>
<th>Hourly Rate (Overtime at 1.5 times)</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Custodians</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Food Service Employees</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Supervisory Personnel</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other _____</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Facility Use Fee Schedule**

<table>
<thead>
<tr>
<th>Facility</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Strawberry Hills Pharmacy Arena</td>
<td>$500 for first three (3) hours; $150 for each additional hour; $1000 daily rate</td>
</tr>
<tr>
<td>Marquette Stadium</td>
<td>$500 for first three (3) hours; $150 for each additional hour; $1000 daily rate</td>
</tr>
<tr>
<td>MCHS Performing Arts Center</td>
<td>$500 for first three (3) hours; $150 for each additional hour; $1000 daily rate</td>
</tr>
<tr>
<td>MCHS Auxiliary Gym</td>
<td>$250 for first three (3) hours; $75 for each additional hour; $500 daily rate</td>
</tr>
<tr>
<td>MCHS Cafeteria</td>
<td>$250 for first three (3) hours; $75 for each additional hour; $500 daily rate</td>
</tr>
<tr>
<td>MCHS Library</td>
<td>$100 for first three (3) hours; $30 for each additional hour; $250 daily rate</td>
</tr>
<tr>
<td>MCHS – other meeting areas</td>
<td>$100 for first three (3) hours; $30 for each additional hour; $250 daily rate</td>
</tr>
<tr>
<td>MCHS Soccer Field/Track</td>
<td>$250 for first three (3) hours; $75 for each additional hour; $500 daily rate</td>
</tr>
<tr>
<td>MCHS Baseball Field</td>
<td>$250 for first three (3) hours; $75 for each additional hour; $500 daily rate</td>
</tr>
<tr>
<td>MCHS Softball Field</td>
<td>$250 for first three (3) hours; $75 for each additional hour; $500 daily rate</td>
</tr>
<tr>
<td>MCHS Tennis Complex</td>
<td>$250 for first three (3) hours; $75 for each additional hour; $500 daily rate</td>
</tr>
<tr>
<td>Indoor Tennis Complex</td>
<td>$30 per hour per court</td>
</tr>
<tr>
<td>Middle/Elementary School Gymnasiums</td>
<td>$50 for two (2) hours; $30 for each additional hour; $200 daily rate</td>
</tr>
<tr>
<td>Middle School Athletic Field</td>
<td>$50 for two (2) hours; $30 for each additional hour; $200 daily rate</td>
</tr>
<tr>
<td>Middle School Indoor Athletic Facility (batting cages)</td>
<td>$50 for two (2) hours; $30 for each additional hour; $200 daily rate</td>
</tr>
<tr>
<td>Middle/Elementary Meeting Spaces</td>
<td>$50 for two (2) hours; $30 for each additional hour; $200 daily rate</td>
</tr>
<tr>
<td>Heath Middle School Auditorium</td>
<td>$50 for two (2) hours; $30 for each additional hour; $200 daily rate</td>
</tr>
<tr>
<td>All Other District Facilities</td>
<td>$25 for three (3) hours; $15 for each additional hour; $100 daily rate</td>
</tr>
</tbody>
</table>
Application and Agreement for Use of District Property

School Groups or School-related groups will not be charged fee – MCBOE 05.3 AP.1

- Use by non-profit charitable organization to benefit children, students or the school may request a waiver of the fee. School Principal will make determination if request meets the fee waiver requirement.
- Per Board policy and procedure, organizations requesting use of facility are responsible for custodial fees in addition to rental fees and must have supervision by District employee at all times during the use of facility.
- Application and Agreement for Use of School Property (MCBOE 05.31 AP.21) must be submitted and approved prior to use.
- Fees for special events may be negotiated with the Board or its designee.
- The Orthopedic Institute Indoor Practice Facility is not available for outside use.

_______________________________________________  _____________________
Signature - Representative of User Group Date

________________________________________________ ___________________
Signature - Superintendent/designee Date

IN THE EVENT SCHOOL IS CLOSED DUE TO WEATHER CONDITIONS, ALL SCHEDULED ACTIVITIES, WITH THE EXCEPTION OF DINNER MEETINGS, WILL BE CANCELED AND OPPORTUNITY TO RESCHEDULE OR REFUND RENTAL FEE(S) WILL BE MADE.

For Office Use Only - To be Completed by School Official

<table>
<thead>
<tr>
<th>Cost for use of District property $</th>
<th>Cost for school employee $</th>
<th>Total cost $</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Deposit $</th>
<th>Is deposit refundable?</th>
<th>Date Deposit Received</th>
<th>Balance Due $</th>
</tr>
</thead>
</table>
| Is deposit refundable? ☐ Yes ☐ No

<table>
<thead>
<tr>
<th>Board employee(s) assigned:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Board Action Date, if applicable</th>
<th>Board Order #</th>
</tr>
</thead>
</table>
Trip Request Form

Submit this form to the Principal at least four (4) weeks prior to the trip.

Note: This form is to be completed for overnight trips or trips in excess of 100 miles when students are involved.

TO: McCracken County Board of Education

FROM: ________________________________________
        ________________________________________
        Name of School
        Organization

TEACHER OR ADMINISTRATOR: ___________________________________________________________

NUMBER OF STUDENTS: ___________ CHAPERONES: ☐ Certified # _____ ☐ Noncertified # _____

IS MEDICATION ADMINISTRATION REQUIRED ON THIS TRIP? ☐ Yes ☐ No

TRAINED PERSONNEL THAT WILL ADMINISTER MEDICATION TO STUDENTS:

____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

SUPERVISION (Attach list of names of adults accompanying students on trip.)

HAVE ALL CHAPERONES UNDERGONE THE REQUIRED RECORDS CHECKS AND BEEN DESIGNATED BY THE
PRINCIPAL/DESIGNEE TO SUPERVISE STUDENTS? ☐ Yes ☐ No

I seek authorization to travel to ___________________________________________________________
for the purpose of ___________________________________________________________________________

DATE OF DEPARTURE: _________ DATE OF RETURN: ________ NO. OF SCHOOL DAYS MISSED: _______

FUNDS PROVIDED BY: ______________________________________________________________________

TRANSPORTATION BY: ☐ School Bus No. of Buses Needed: ____________
☐ Commercial Carrier

NAME OF HOTEL/MOTEL: _________________________________________________________________

AVAILABLE MEDICAL FACILITY: ___________________________________________________________

LIST EDUCATIONAL OBJECTIVES THAT WILL BE ACHIEVED ON THIS TRIP:

____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

Trips may not be approved if the Trip Request is not received at least four (4) weeks prior to the departure
date.

Trip requests will be required for summer trips if the groups represent a District school.

Principal’s Signature ___________________________ Date ___________________________

No student shall be denied the trip because of an inability to pay.

RELATED PROCEDURES:

03.125 AP.21, 09.2241 (all procedures), 09.36 (all procedures)
Transportation Waiver Form (Prior to Trip)

WAIVER AND RELEASE RE: NON-SCHOOL DISTRICT TRANSPORTATION FOR SCHOOL TRIPS

Student’s Name: __________________________ Student’s Date of Birth: ____________________

Name of Parent/Guardian: __________________________

☐ I opt my student out of District-provided transportation to and from the following activity.

____________________________________

Parent/Guardian of _________________________

Signature of parent/guardian or adult student ______________________________

Date Received ____________________________

Signature of Principal/designee ______________________________

TO BE KEPT ON FILE THROUGH THE FOLLOWING SCHOOL YEAR.

I understand and agree, individually and on behalf of the Student, that the Board of Education of McCracken County, Kentucky, its officers, agents, and employees, assume no liability or responsibility for transportation of the Student and will not otherwise be held accountable for either the means or safety of the transportation authorized by me for transporting the Student in connection with the above school trip or activity. By signing this form, I am specifically exercising my right and prerogative as a parent/guardian to transport the Student by private means in a non-school-owned or contracted vehicle to the destination(s) called for by the school trip or activity even though I understand District transportation is available. I further agree to indemnify, hold harmless and release from liability the Board of Education of McCracken County, Kentucky, its officers, agents, and employees from any suit, demand, injuries, damages, or claims for damages of any form or description arising or said to arise out of the use of non-school-owned or contracted transportation which I specifically authorize by signing below. I understand that my Student will not be covered by McCracken County Board of Education’s student accident insurance while being transported by private means to and/or from a school trip or activity.
Transportation Waiver Form (End of Trip)

<table>
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<th>Event</th>
<th>Event Location</th>
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<tr>
<td>Date</td>
<td>Principal/Designee</td>
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I understand that the District will make transportation available to the above listed Student in District-owned or contracted vehicles. Even though I have been informed and understand that the District will provide such transportation, I decline the use of such transportation for the Student and waive any privilege or right the Student may have to use such transportation in connection with the above listed trip. I further expressly represent and agree that the transportation of the Student in connection with the above listed trip or activity will be provided by the Student’s parent/guardian. I expressly represent that I qualify as the parent or guardian and intend to transport the Student by private vehicle.

I understand and agree, individually and on behalf of the Student, that the Board of Education of McCracken County, Kentucky, its officers, agents, and employees, assume no liability or responsibility for the transportation of the Student and will not otherwise be held accountable for either the means or safety of the transportation authorized by me for transporting the Student in connection with the above school trip or activity. By signing this form, I am specifically exercising my right and prerogative as a parent/guardian to transport the Student by private means in a non-school-owned or contracted vehicle to the destination(s) called for by the school trip or activity even though I understand District transportation is available. I further agree to indemnify, hold harmless and release from liability the Board of Education of McCracken County, Kentucky, its officers, agents, and employees from any suit, demand, injuries, damages, or claims for damages of any form or description arising or said to arise out of the use of non-school-owned or contracted transportation which I specifically authorize by signing below. **I understand that my Student will not be covered by McCracken County Board of Education’s student accident insurance while being transported by private means to and/or from a school trip or activity.**

<table>
<thead>
<tr>
<th>Student Name</th>
<th>Parent/Guardian Name (Printed)</th>
<th>Parent/Guardian Signature</th>
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TO BE KEPT ON FILE THROUGH THE FOLLOWING SCHOOL YEAR