

# Tipton Middle and High School

## CITIZENSHIP AGREEMENT

Citizen standards of eligibility for all co-curricular activities have been approved as school policy for the Tipton R-VI School District and are applicable to any student who represents the school.

Participation in student activities is a privilege and not a right; therefore, the School Board believes that the student must adhere to the standards of behavior which will be a credit to the individual student, the particular activity, the school, and the community.

The School Board insists that a student's behavior be in compliance with School Board Policy, with Student Handbook regulations; and with public laws. Behavior not in compliance may result in suspension or exclusion from all co-curricular activities. While it is not possible to cite every example of behavior that violates policies, regulations, or public laws, there are certain behaviors that are more frequently a problem for school systems than others and will be addressed herein. (JG-R1)

NOTE: CITIZEN VIOLATIONS WILL ACCUMULATE SCHOOL CALENDAR YEAR FROM AN ACTIVITY SEASON THROUGH FOLLOWING ACTIVITY SEASON(S).

### STANDARDS:

1. ACTIONS, BEHAVIORS OR STATEMENTS IN VIOLATION OF DISCIPLINE POLICIES DESIGNATED IN THE STUDENT HANDBOOK CODE OF CONDUCT RESULTING IN ISS/OSS
2. THE USE, POSSESSION OR DISTRIBUTION OF TOBACCO, ALCOHOL, DRUGS AND/OR PARAPHERNALIA AND/OR ELECTRONIC CIGARETTES USED TO CONSUME THESE ILLEGAL SUBSTANCES.
3. USE OF INTERNET (SOCIAL MEDIA: FACEBOOK, TWITTER, ETC.) IN WRITTEN OR VISUAL FORM THAT DOES NOT ADHERE TO CITIZENSHIP POLICY.

### The penalties for violation of standards are as follows:

**First offense:** Suspension from next occurring activity

**Second offense:** Suspension from next two activities

**Third offense:** Suspension from all activities for the remainder of the school calendar year.

*Activity is defined as competition or performance event.*

I agree to abide by the above standard and to accept the penalty if I violate any of these standards.

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

\_\_\_\_\_  
Date

I have read the above agreement and I am aware of the standards my student must follow and the penalties for violating these standards.

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

**Missouri State High School Activities Association**

**CITIZENSHIP AGREEMENT**

Refer to the concussion materials located on the MSHSAA website. <http://www.mshsaa.org/SportsMedicine/>

- Concussions
- A Parent's Guide to Concussion

Read the provided information and discuss the information with your student. For a printed copy, contact the Tipton Junior High & High School Office.

Students must agree to abide by all academic, citizenship, and Missouri State High School Activities Association rules stated in the co-curricular handbook. Violation of any of the rules published in the handbook is grounds for dismissal from the activity.

Students and/or parents who have concerns about co-curricular activities must follow these procedures:

1. First, contact the coach or sponsor of the activity in question during school hours—not during practices or at the activity.
2. If not satisfied, contact the Athletic & Activities Director.
3. Finally, follow the Tipton R-VI due process rules: Principal, superintendent, and then the Board of Education.

Students and parents must understand there are risks involved in student participation of sports and activities. It must be understood that the risk to the student includes a full range of injuries, from minor to severe, and that the result could be death, paralysis, or serious or permanent disability.

*By signing below,*

- > *I/we agree to acknowledge that we have received and reviewed the MSHSAA Parent's Guide to Concussion either online or paper copy.*
- > *I/We agree to abide by all academic, citizenship, and MSHSAA rules stated in the co-curricular handbook, and understand the penalty for violation of said rules.*
- > *I/We agree to accept risk as a condition of the student's participation in sports and activities.*

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Student Signature

Student Name (Printed)

Date

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Parent/Guardian Signature

Parent/Guardian Name (Printed)

Date



**MU Healthcare System**

1420 West Ashley Road, Boonville, MO, 65233

(660) 882-3420

Matt Rowlett, MS, ATC, LAT

Rick Sage, MS, ATC, LAT

Dear Athlete and Parent/Guardian,

In athletics, injuries are a frequent occurrence. Our school has the privilege to a licensed athletic trainer. This individual possesses a four year undergraduate degree, national certification, and a Missouri athletic trainer license. Under the direction of a licensed physician, licensed athletic trainers are trained to prevent, recognize, care, manage, treat, and rehabilitate sports injuries. Athletic trainers have many roles and capabilities; in coordination with appropriate health care personnel they are qualified to assess, treat, and safely return athletes to competition.

The athlete and/or parent(s)/guardian(s) understand that participation in athletics can be dangerous, and that the athlete could be risking bodily injury and even sudden death by participating. Participation in a sport is strictly voluntary. The athlete and/or the parent(s)/guardians(s) hereby assume full responsibility for any and all injuries and other losses that the athlete may suffer because of participation in athletics and release the athletic trainer from any claim or liability for any injury or other loss that the athlete may suffer due to participation in athletics, regardless of the cause of the injury or other loss. The athlete and/or the parent(s)/guardian(s) also agree to hold harmless the athletic trainer from any and all liability, damages, and expenses which may be caused to pay or incur as a result of any claim that may arise from the athlete's participation in athletics and to waive any litigation arising out of such activities.

Permission is hereby granted to Mizzou Physical Therapy and Sports Medicine athletic trainers:

- to provide athletic training services in the form of care, treatment, evaluation, management, and rehabilitation of any acute sports injury suffered by the athlete designated below, and
- to make an emergency referral to an appropriate physician if, in the opinion of the athletic trainer, immediate treatment or further evaluation is necessary.

\*This authorization will need to be completed annually.

Name of Athlete: \_\_\_\_\_ School: \_\_\_\_\_

Printed Name of Parent/Guardian: \_\_\_\_\_

Signature of Parent/ Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Contact Information: Please fill in the preferred method(s) for emergency and non-emergency situations.

Parent/Guardian Name: \_\_\_\_\_ Relationship to Athlete: \_\_\_\_\_

Cell: \_\_\_\_\_ Home: \_\_\_\_\_ Work: \_\_\_\_\_

E-mail: \_\_\_\_\_

**\*Please Read Back**

## Release of Protected Health Information

I authorize Mizzou Physical Therapy and Sports Medicine athletic trainers to review my medical records and other protected health information as it relates to the services they are providing. In addition, I understand my consent to the authorization or failure to consent will not impact the participation of the athlete in this program.

You may revoke this authorization at any time (with written notice to the address at the top of this form) except the event that information has already been viewed in reliance on this authorization.

Name of Athlete: \_\_\_\_\_ School: \_\_\_\_\_

Printed Name of Parent/Guardian: \_\_\_\_\_

Signature of Parent/ Guardian: \_\_\_\_\_ Date: \_\_\_\_\_