

ANNUAL PARENT CODE OF CONDUCT & EXPECTATIONS

Middletown Area School District Athletic Department

REMEMBER THAT PARTICIPATION IN ATHLETICS IS A PRIVILEGE, NOT A RIGHT.

- Avoid putting pressure on your child to start, score or be the star of the team.
- Understand the ultimate purpose of athletics; it exists as an integral part of the total educational mission of the school.
- Support your child by being a positive listener.
- Be a positive role model for your child and players.
- Encourage sportsmanship by showing respect for players, officials and coaches.
- Do not engage in any kind of unsportsmanlike conduct with an official, coach, player or parent such as booing, taunting, and/or using profane language or gestures.
- Avoid speaking negatively about the coach in front of your child.
- Follow the chain of command when you have a concern. Your athlete should speak to the coach first. The next step is for you to contact the coach to set up a meeting at a mutually convenient time. If you are not satisfied with the outcome of the meeting, please contact the Athletic Director to request a meeting to discuss your concerns. Please do not attempt to confront a coach before or after a contest or practice. These can be emotional times for both the parent and coach. Meetings of this nature do not promote resolution. Please use the 24 hour rule.
- Express your concerns and questions in a courteous and civil manner.
- Encourage your athlete to abide by the Code of Conduct as explained in this document, the Drug & Alcohol Policy, the District's Academic Eligibility requirements and their team rules.
- Understand that the goals of the team and the athletic program are more important than the hopes and dreams you may have for your child.
- Teach your child to live and play with class and to be a good sport. An athlete should be gracious in victory and accept defeat with dignity.

AS THE PARENT/GUARDIAN OF AN ATHLETE IN THE MIDDLETOWN AREA SCHOOL DISTRICT, I ACKNOWLEDGE THAT I HAVE READ THE PARENT CODE OF CONDUCT & EXPECTATIONS DOCUMENT. I UNDERSTAND THAT A FAILURE TO ABIDE BY THIS DOCUMENT MAY RESULT IN MY NOT BEING ABLE TO ATTEND FUTURE ATHLETIC CONTESTS. I ALSO UNDERSTAND THAT MY CHILD MAY NOT PARTICIPATE IN ATHLETIC CONTESTS UNTIL THIS FORM IS SIGNED AND RETURNED TO THE ATHLETIC OFFICE.

School Year: _____

Student Athlete's Name: _____

Parent/Guardian's Signature: _____

PARENTAL CODE OF CONDUCT & EXPECTATIONS

Middletown Area School District Athletic Department

REMEMBER THAT PARTICIPATION IN ATHLETICS IS A PRIVILEGE, NOT A RIGHT.

- Model sportsmanship toward coaches and officials.
- Never do anything that encourages cheating.
- Encourage a team first mentality.
- Encourage your child to talk to the coach first.
- Be respectful of other parents and student-athletes.
- Leave coaching to the coaches.
- Make the coaches your allies. Don't criticize the coach in front of your child.
- Communicate with coaches in a proper manner. Never in front of others. Use a 24 hour rule.
- Remember that your child can control effort and attitude, not playing time.
- Emphasize effort and attitude, rather than results.
- Have a life of your own outside of your child's sport.
- Encourage and allow your child to participate in more than one sport.
- Provide a healthy perspective to help them understand success and failure.
- Provide unconditional love. Show love regardless of game results.
- Avoid showing negative emotions while watching your child perform.
- Remember that mistakes aren't made on purpose.
- Avoid making it personal when providing your child feedback. Avoid using phrases like, "You're embarrassing me."
- Avoid using sarcasm, belittlement and embarrassment.
- Avoid making your child talk to you about the game immediately after competition. Use a 24 hour rule.
- Avoid comparing them with other athletes.
- Avoid doing anything that will cause your child to think less of you.
- Keep your ego under control. Remember that it isn't about the parents; it is about the athletes and their experiences.
- Work with the coaches, not against them.
- Be positive role models.

Parent/Coach Relationship

As your children become involved in the programs at Middletown, they will experience some of the most rewarding moments of their lives. As parents you have a right to understand what expectations are placed on your child. This begins with clear communication from the coach of your child's program. Parenting and coaching are extremely difficult vocations. By establishing an understanding of each position, we are better able to accept the actions of the other and provide greater benefits to our student athletes. It is important to understand that there also may be times when things do not go the way you or your child desire. At these times, discussion with the coach is encouraged.

Communication You Should Expect From Your Child's Coach

- The philosophy of the coach
- Expectations the coach has for your child as well as all the players on the squad
- Location and time of all practices and contests
- Team requirements, such as fees, special equipment, off-season conditioning, etc.
- Procedures to follow should your child be injured during participation
- Discipline that results in the denial of your child's participation

Communication That Coaches Expect From Parents

- Concerns expressed directly to the coach
- Notification of any schedule conflicts, well in advance
- Specific concerns in regard to a coach's philosophy and/or expectations

(CONTINUED ON REVERSE SIDE)

Appropriate Concerns To Discuss With Coaches

- The treatment of your child mentally and physically
- Ways to help your child improve
- Concerns about your child's behavior

Issues Not Appropriate to Discuss With Coaches

It is very difficult to accept less playing time for your child than you may have hoped. Coaches are professionals. They make judgment decisions based on what they believe to be best for all students involved. The following issues must be left to the discretion of the coach.

- Playing time
- Team strategy
- Play calling
- Other student-athlete

Requesting a Coach Conference

Some situations may require a conference between the coach and the parent and such communication is encouraged. It is important that both parties involved have a clear understanding of the other's position. When these conferences are necessary, the following guidelines should be followed to help promote a resolution to the issue of concern.

- Please do not attempt to confront a coach before or after a contest or practice. These can be emotional times for both the parent and the coach. Meetings of this nature do not promote resolution.
- Call to set up an appointment with the coach: MAHS: 717-948-3333; MAMS: 717-930-0739.
- If the coach cannot be reached, contact the Athletic Director at MAHS to request a conference with the coach.
- If the coach conference does not provide a satisfactory resolution, contact the Athletic Director and set up an appointment to discuss the situation. At this meeting, the appropriate next steps will be determined.

Summary

Research indicates that a student who is involved in extra-curricular activities has a greater chance for success during adulthood. Many of the character traits required to be a successful participant are exactly those that will promote a successful life after high school. We trust this information will provide you and your athlete an enjoyable experience in the athletic program at Middletown and assist us all in representing the District with Raider PRIDE.

PERSEVERANCE

Keep trying
Work hard

RESPECT

Treat others as you would like to be treated
Use good manners

INTEGRITY

Be honest
Have the courage to do the right thing

DISCIPLINE

Be accountable for your choices
Use self-control

EXCELLENCE

Do your best
Strive for quality

EXTRA-CURRICULAR PARTICIPATION CONTRACT

School Board Policy 227.2 – Appendix B

Middletown Area School District provides students the opportunity to participate in extra-curricular activities. Participation in such activities is a privilege, not a right, and carries additional responsibilities. The following regulations apply to any student involved in any extra-curricular activity.

- I agree to refrain from using, possessing or distributing alcohol, drugs, prescriptive drugs inconsistent with the physician’s directive and related paraphernalia on and off school grounds.
- I agree to make my best efforts to earn passing grades in all my academic courses and electives throughout the school year as outlined in Policy 227.2, Student Code of Conduct for Extra-curricular Activities.
- I understand that students and their parents/guardians are solely responsible for monitoring students’ academic performance in school to ensure eligibility to participate in extra-curricular activities. The School District is under no obligation to notify students that their receipt of failing grades in courses and/or dropping academic courses while receiving a failing grade may jeopardize their eligibility to participate in extra-curricular activities.
- I agree to accept the responsibility of regularly monitoring my own grades to ensure that I am academically eligible. I will do this by checking in PowerSchool or by calling my school counselor with questions. At the end of the school year, I will check for failures to determine the need for summer school in order to be academically eligible for the next school year.
- I understand that a course that has been dropped/failed after the first five (5) weeks of the school year for a full-year course or after the first five (5) weeks of the first or second semester for a semester-long course will be considered a failing grade for the purpose of academic eligibility. A Drop/Fail may not be made up by taking a replacement course (i.e. taking another course does not change the Drop/Fail status). A Drop/Fail shall count as one (1) failure. Two (2) failures will result in academic ineligibility for the current school year as well as the first fifteen (15) school days at the start of the next school year. A Drop/Fail may not be made up during the school year or in summer school nor will partial credit be given.
- I understand that anytime I am failing two (2) or more courses or I am failing one (1) course and carrying a Drop/Fail that I will be academically ineligible.
- I have read Policy 227.1 entitled Anabolic Steroids, Policy 227.2 entitled Student Code of Conduct for Extra-curricular Activities, and Policy 227.3 entitled Drug Testing for Student Participating in Extra-curricular Activities, and understand my responsibilities regarding my personal behavior in terms of these policies and the potential sanctions for violating these policies.

PERMISSION TO PARTICIPATE

I do hereby give my permission for my son/daughter to participate in the extra-curricular activities of Middletown Area School District during the 20__ - 20__ school year. I have read Policy 227.1 entitled Anabolic Steroids, Policy 227.2 entitled Student Code of Conduct for Extra-curricular Activities, and Policy 227.3 entitled Drug Testing for Student Participating in Extra-curricular Activities, and understand my child will be subject to these terms throughout the entire year and the potential sanctions for violations of these policies.

Student Signature

Student Identification Number

Date

Parent/Guardian Signature

Date

PLEASE COMPLETE REVERSE SIDE

CONSENT TO DRUG TESTING

I give permission for the Middletown Area School District and its designated testing facility to have my son/daughter participate in the drug testing program described in Policy 227.3. By signing this document, I also consent, pursuant to the Family Education Rights and Privacy Act, to release information about drug test results to certain individuals identified in Policy 227.3. Random testing shall be conducted without prior student or parent/guardian warning. Prior to the initial specimen being collected or a second specimen being collected, the student will be asked to lift his/her pant legs above the sock line (not above the knee line), lift his/her shirt (not above the belly button), and empty his/her pockets. This procedure will be monitored by two females (as determined by the District administrator) for a female student and two males (as determined by the District administrator) for a male student.

Student Signature	Student Identification Number	Date
-------------------	-------------------------------	------

Parent/Guardian Signature	Date
---------------------------	------

ATHLETIC HEALTH HISTORY QUESTIONNAIRE

Middletown Area School District Athletic Department

To be completed by PARENT/GUARDIAN.

Please check "YES" or "NO" for each condition:

YES	NO		YES	NO	
<input type="checkbox"/>	<input type="checkbox"/>	Asthma	<input type="checkbox"/>	<input type="checkbox"/>	Heart/Blood Problems
<input type="checkbox"/>	<input type="checkbox"/>	Appendectomy	<input type="checkbox"/>	<input type="checkbox"/>	Injury to Kidneys or Spleen
<input type="checkbox"/>	<input type="checkbox"/>	Diabetes	<input type="checkbox"/>	<input type="checkbox"/>	Testes/Ovaries Problem
<input type="checkbox"/>	<input type="checkbox"/>	Seizure Disorder	<input type="checkbox"/>	<input type="checkbox"/>	Nervous Disorder
<input type="checkbox"/>	<input type="checkbox"/>	Hernia	<input type="checkbox"/>	<input type="checkbox"/>	Hearing or Vision Problems

For all conditions marked "YES" above, please explain and include dates:

Neck Injury? YES NO If YES, please provide the following information:

Date: _____ Treatment: _____

Restrictions: _____

Head Injury/Concussion? YES NO If YES, please provide the following information:

How many? _____ Dates: _____ Loss of conscious? YES NO

How long was he/she unconscious? _____

List all **ALLERGIES** to food, medications, insects and plants: _____

List all **CURRENT MEDICATIONS** (prescription and over-the-counter): _____

ORTHOPEDIC HISTORY:

	Left	Right	Nature of Injury and Date
Face-Neck			
Shoulder			
Arm-Elbow-Wrist-Hand			
Back-Ribs-Abdomen			
Hip-Groin			
Thigh-Knee			
Lower Leg-Ankle-Foot			

The above responses are true to the best of my knowledge.

Parent/Guardian Signature: _____ Date: _____

PLEASE COMPLETE THE REVERSE SIDE OF THIS FORM.

ATHLETIC EMERGENCY PROCEDURE INFORMATION

Middletown Area School District Athletic Department

Please PRINT CLEARLY using BLUE or BLACK ink only.

Student's Name: _____ Date of Birth: _____

Address: _____

Home Phone: _____ Student's Cell Phone: _____

Parents'/Guardians' Information:

Emergency Contact:

Name: _____ Name: _____

Home Phone: _____ Home Phone: _____

Work Phone: _____ Work Phone: _____

Alternate #: _____ Alternate #: _____

Insurance Company: _____

Physician's Name: _____ Physician's Number: _____

Hospital Preference: Harrisburg Hosp. Hershey Med. Center Other: _____

List Current Sport: Fall: _____ Winter: _____ Spring: _____

Position: _____ Height: _____ Weight: _____

Seasons Played Past 6th Grade: 7 8 9 10 11

Permission to Treat

In the event of an emergency where I am not present and cannot be contacted, I give permission for my son/daughter to receive emergency medical treatment until I can be reached.

Parent/Guardian Signature: _____ Date: _____

HIPAA Waiver

To ensure the health and safety of my child, I understand that the Middletown Area School District's school physician(s), certified athletic trainer(s), and coaches may need to share medical information to assess my child's readiness to participate in interscholastic athletics. I hereby authorize the school physician or other appropriate physicians as well as the athletic trainers to disclose information regarding any injuries my child might receive during the season, as well as general fitness to play, to my child's coach or any designated member of the coaching staff. I understand that my child will not be denied treatment if I refuse to sign. I may also withdraw this consent by submitting such a statement in writing to the District's Athletic Director.

Parent/Guardian Signature: _____ Date: _____

PLEASE COMPLETE THE REVERSE SIDE OF THIS FORM.