

FAIRVIEW SCHOOLS ATHLETIC CODE

I. GOALS OF INTERSCHOLASTIC ATHLETICS

Interscholastic athletics provide opportunities for learning experiences difficult to duplicate in other school activities. Athletics allows students to excel individually within a team setting. It promotes the following objectives:

- To provide opportunities for interscholastic competition
- To provide activities that promote a positive school and community environment
- To assist athletes to develop positive health habits, hygiene, nutrition and safety
- To encourage friendships between teammates and opponents
- To develop positive attitudes regarding teamwork, discipline, cooperation and having fun
- To help athletes realize that participation in interscholastic athletics is a privilege with accompanying responsibilities.
- To provide activities through sports that will build self-discipline, strong character, school pride, loyalty, team play, personal pride, respect for others and the desire to perform to one's maximum ability

II. EXPECTATIONS AND RESPONSIBILITIES FOR ATHLETES

- Participation in interscholastic athletics is a privilege and not a right. It is extended to all students who are willing to assume certain responsibilities. All provisions of this athletic code govern those student athletes who participate in interscholastic athletics, regardless of age, twenty four hours a day, and twelve months of the year.
- A student athlete, regardless of age, is defined as a student enrolled in Fairview Middle or High School on the first day of practice and signs the Athletic Code for any sport sponsored by the district.
- From this date forward the student will be considered an athlete until that student graduates or withdraws from our school.
- Responsibilities of a student athlete, regardless of age::
 1. Displays appropriate decision-making skills by not using alcohol, drugs, tobacco, electronic cigarettes, inhalants, and other illegal substances
 2. Demonstrates good sportsmanship
 3. Shows respect/empathy for others
 4. Dresses and is groomed appropriately
 5. Meets all MHSAA and Fairview Schools eligibility requirements
 6. Is responsible for school issued equipment and will replace lost, damaged or stolen equipment or the replacement cost.
 7. Uses socially accepted language
 8. Exhibits socially accepted behavior
 9. Abides by all school rules and regulations regardless of age or legal status
 10. Accepts the consequences/discipline from poor choices that are in conflict with these responsibilities
 11. Will be in attendance the full day of a contest and the full day after a contest.

III. REQUIREMENTS FOR ALL STUDENT ATHLETES

- Every student athlete must pass a physical examination and have the examination form and emergency form on file in the high school office before that student can participate in any practice, scrimmage or contest.
- All athletes must have an Athletic Liability and Insurance form completed and signed before participation in the sport. The form should be given to you at a parent meeting before the season begins.
- Student athletes must be passing all classes in order to participate in games.
- Student athletes must pay a “pay-to-participate” fee before they are eligible to compete in contests. Middle school athletes will pay \$20 per sport and high school athletes will pay \$40 per sport
- Athletes are expected to remain as participating members of the team for the full season. Changing or quitting a sport two weeks or more into the season may be done only with the consent of the athletic director. If an athlete does not complete a full season, they may be ineligible to participate in a sport the following athletic season.

IV. ELIGIBILITY

Academic eligibility

- Students are immediately academically eligible if they have successfully passed all courses the previous year.
- Athletes must be passing all of their classes during the previous marking period or semester in order to participate in a new marking period.
- Weekly eligibility checks will be done through PowerSchool for every team. Student athletes passing all of their classes will be eligible for the following week. Students failing one or more classes will be placed on probation for the next week. Probationary athletes will have one week to improve their grade(s). Athletes that fail to improve their grade during the probationary week will be ineligible for the next week and will remain ineligible until they are passing all classes. One week will be from Monday through Saturday.
- The MHSAA states that all student athletes' must pass at least 66% of their classes. If a student athlete fails three or more classes at the semester or marking period, they will be ineligible for the next 60 school days.
- At times accommodations will supersede the eligibility requirements. These accommodations will be determined in an IEP for the student.

Attendance

- Athletes must be in attendance the full day on the day of a contest. At times prearranged permission will be given so a student athlete may be absent from school and still participate in the game at night.
- Student athletes must be on time and in attendance the day after a contest.
- Athletes serving an OSS will not be permitted to participate in a contest the same day as the OSS.

- Excessive tardiness to school and or class will be disciplined through the student handbook which may include suspension.
- Student athletes that receive multiple disciplinary actions may receive a one game suspension for not correcting the behavior.

INTERSCHOLASTIC ATHLETICS

In order to participate in interscholastic athletics, middle and senior high school boys and girls must comply with the following eligibility rules:

- Current MHSAA eligibility rules shall apply unless a local rule is more restrictive.
- No student shall compete in any interscholastic athletics who has been enrolled in grades 9-12 inclusive, more than 8 semesters or who has been enrolled grades 7-9 inclusive more than 6 semesters (2 per grade).
- Any interscholastic athletic must have a physical examination and a completed emergency form on file. Each participant must purchase medical insurance before practice starts.
- Students may wear, take or use athletic equipment during practice, competition or with permission of a school authority. Other use of this equipment may result in disciplinary action up to and including permanent suspension.
- Athletes will remain as squad members for the full season. Changing sports after the season has started may be done only with the consent of the athletic director.
- As a representative of his or her school, a Fairview athlete is expected to maintain proper citizenship in and out of school. Actions detrimental to the school are subject to review by the Athletic Board and may result in suspension from the squad.
- The coach may establish additional rules. Athletes should know what is expected of them and dedicate themselves, as athletes, to contribute their best to the team effort.
- The Athletic Board consists of the high school principal, the athletic director, and one varsity coach appointed by the superintendent.
- Use of tobacco, electronic cigarettes, inhalants, alcohol, drugs, first offense, will result in a loss of 25% of the season. Second offense during the year results in loss of extra-curricular activities for an entire year.

HIGH SCHOOL ELIGIBILITY FOR EXTRACURRICULAR ACTIVITIES

- The personnel of Fairview Area Schools wishes to encourage participation in extracurricular activities as a means to aid students in developing into well-rounded individuals. However, such participation is a privilege, secondary to acquiring a solid education. For this reason, the following regulations have been established.

- Participation and attendance at all activities governed by these regulations are as follows: basketball, baseball, softball, volleyball, cross country, soccer, track, drama and plays (except speech class plays), music festivals, cheerleading, Knowledge Bowl and school honors programs. Additional extra-curricular activities may be added
- All students will be assessed every nine weeks at report card time.
- Students receiving an E on their report card will be deemed ineligible. Ineligible students will be reassessed after four weeks and their eligibility will be re-determined at that time. Students deemed eligible after the 4-week period will remain eligible for the remainder of the card-marking period. Ineligible students may be dropped from the activity.
- All passing students will be eligible to participate for the nine week period.
- Students with an incomplete may be ineligible to participate until all work has been made up and they have a passing grade.
- Students who fail to attend **all classes on the day of an event and on the following day**, unless they have a prearranged absence or a doctor's excuse, forfeit the opportunity to participate in the next scheduled contest.
- Students accumulating discipline slips may lose the privilege to attend extracurricular activities at the principal's discretion.

PERSONAL RULES OF CONDUCT FOR EXTRACURRICULAR ACTIVITIES

- Students must comply with rules for their own welfare and because they represent the school on and off the athletic field. It is considered a privilege to participate in extracurricular programs at Fairview. These regulations apply to all students.
- The use of alcohol, tobacco products in any form, and non-prescribed drugs is especially unacceptable for members of the student body. The student who indulges in these unacceptable activities in any form or frequency is subject to discipline per section VI of this handbook. Coaches are urged to consult with the athletic director and the high school principal prior to taking major disciplinary action involving athletes. The athletic board reserves the right to review any and all suspensions and to nullify the disciplinary action of a coach.
- Students involved in undesirable behaviors in and out of school may be disciplined in the way they represent Fairview in any extra-curricular activity.
- Students must be socially and academically eligible in order to receive any school honors.

The intent of eligibility is to encourage and promote effort throughout the school year resulting in academic and social success.

V. ATHLETIC TRAINING RULE VIOLATIONS

- Student athletes reported for violating training rules will have his/her parents/guardians notified. A meeting may be scheduled with the student, their parent, coach and athletic director. The meeting will notify the student of the infraction and allow them to explain their side of the story. They may ask supportive witnesses to attend the meeting. At the conclusion of the meeting the athlete and parents will be notified of the consequences of the infraction and the appeal process.
- All police reports, tickets and direct reports from the administration, staff and consenting adults shall be conclusive evidence of a violation resulting in appropriate disciplinary action. The procedure for filing an athletic training rule violation is as follows:
 1. The person filing the report must be an adult that does not attend school.
 2. The person filing the complaint must sign a statement in the Athletic Director's office within 10 calendar days of the infraction. The statement will include date, time place, and the nature of the infraction. Supporting evidence may be requested at this time and added to the statement.

3. The Athletic Director will determine the consequences for the infraction based on the information in the statement. The student athlete will be informed as to who has signed the statement and will have a chance to read the statement.

4. The student may ask for a Due Process Hearing to appeal the consequence. The Due Process Hearing may agree with the consequence, disagree with the consequence or reduce the consequence. The opinion of the Due Process Hearing may be appealed to the school board at the next regularly scheduled meeting.

5. The student may choose not to appeal the consequence and the decision of the athletic director shall be final.

- Additional training rules--- It is understood that:
 1. The athletic season is from the first day of practice through the completion of post season tournaments.
 2. Multi-school meets or tournaments counts as one day of competition.
 3. Disciplinary action will carry over from one sports season to the next.
 4. Coaches reserve the right to establish additional rules and regulations deemed appropriate by the athletic director.
 5. The school reserves the right to test for drugs and or alcohol.
 6. The school requires that medical authorization/approval is required for continued participation in the sport.
 7. Student athletes and parents will sign a form signifying that they understand and will comply with the athletic training rules and regulations. Failure to sign the form will result in the student athlete being ineligible for participation in athletics.
- Training rules—student athletes must at all times refrain from any conduct that would reflect unfavorably on himself/herself, team, school or community. Conduct which would reflect unfavorably on an athlete would include the following:
 1. Violations of state law, local ordinances, school policies or procedures.
 2. Vandalism
 3. Theft
 4. Physical violence
 5. Harassment/coercion
 6. Profanity (verbal or gesture)
 7. Insubordination
 8. Illegal use, possession, distribution, sale of any controlled substance. Controlled substances are defined as, but not limited to: alcohol, steroids, tobacco, prescription drugs, inhalants, narcotics and drug paraphernalia.
 9. The principal will report to the athletic director and coach of any violation.

VI. Athletic Handbook consequences for controlled substances

- **First violation**
 1. The student athlete will forfeit 25% of the contests for the season. This would be the next games, be it league, non-league or post season contests.
 2. The student athlete may continue practicing with the team with the permission of the athletic director and coach.
 3. During the suspension the athlete may go to the scheduled games at the discretion of the coach. He/she may not dress in uniform for the contest.
 4. The student athlete will not leave school early for any scheduled games during the suspension.
- **Second violation**

The student athlete is suspended for the rest of the season and is suspended from athletics for 12 months.
- **Third violation results in forfeiting the remainder of their high school athletics.**

VII. Due process hearing—All student athletes are entitled to a due process hearing to allow him/her to appeal any disciplinary action. Two coaches, athletic director, principal and superintendent will comprise the due process panel. The coach of the sport that the student athlete is participating in is not part of the due process panel. The due process hearing must be requested within three days of the consequence being handed out. The appeal decision will be final, pending an appeal to the Board of Education.

VIII. Self-disclosure—A student athlete may voluntarily disclose to a coach, teacher or other staff member their personal problem with a controlled substance. The student must enroll in a drug awareness program at their expense and the student athlete will still be eligible to participate in athletics. Student athlete may use self-disclosure one time during their high school career. An additional violation will be a second violation and the student athlete will have a 12 month suspension.

IX. Transportation—All student athletes are expected to ride to and from contests on the bus when it is provided. Prearranged permission may be given to allow athletes to ride home with parents or parents of other athletes. Athletes may not drive themselves to and from games.

Educational Material for Parents and Students (Content from MDHHS Requirements)

Sources: Michigan Dept. of Health and Human Services. Created through a grant to the CDC Foundation from NOCSAE.

UNDERSTANDING CONCUSSION

Some Common Symptoms

Headache	Balance Problems	Sensitive to Noise	Poor Concentration	Not "Feeling Right"
Pressure in the Head	Double Vision	Sluggishness	Memory Problems	Feeling Irritable
Nausea/Vomiting	Blurry Vision	Haziness	Confusion	Slow Reaction Time
Dizziness	Sensitive to Light	Fogginess	"Feeling Down"	Sleep Problems
		Grogginess	Lost Consciousness	

WHAT IS A CONCUSSION?

A concussion is a type of traumatic brain injury that changes the way the brain normally works. A concussion is caused by a fall, bump, blow, or jolt to the head or body that causes the head and brain to move quickly back and forth. A concussion can be caused by a shaking, spinning or a sudden stopping and starting of the head. Even a "ding," "getting your bell rung," or what seems to be a mild bump or blow to the head can be serious. A concussion can happen even if you haven't been knocked out.

You can't see a concussion. Signs and symptoms of concussions can show up right after the injury or may not appear or be noticed until days or weeks after the injury. If the student reports any symptoms of a concussion, or if you notice symptoms yourself, seek medical attention right away. A student who may have had a concussion should not return to play on the day of the injury and until a health care professional says they are okay to return to play.

IF YOU SUSPECT A CONCUSSION:

- 1. SEEK MEDICAL ATTENTION RIGHT AWAY – DON'T HIDE IT, REPORT IT.** Playing or practicing with concussion symptoms is dangerous and can lead to a longer recovery. A health care professional will be able to decide how serious the concussion is and when it is safe for the student to return to regular activities, including sports. Ignoring symptoms and trying to "tough it out" often makes it worse.
- 2. KEEP YOUR STUDENT OUT OF PLAY –** Concussions take time to heal. Don't let the student return to play the day of injury and until a health care professional says it's okay. A student, who returns to play too soon, while the brain is still healing, risks a greater chance of having a second concussion. Young children and teens are more likely to get a concussion and take longer to recover than adults. Repeat or second concussions increase the time it takes to recover and can be very serious. They can cause permanent brain damage, affecting the student for a lifetime. They can be fatal. It is better to miss one game than the whole season.
- 3. TELL THE SCHOOL ABOUT ANY PREVIOUS CONCUSSION –** Schools should know if a student had a previous concussion. A student's school may not know about a concussion received in another sport or activity unless you notify them.

SIGNS OBSERVED BY PARENTS:

- Appears dazed or stunned
- Is confused about assignment or position
- Forgets an instruction
- Can't recall events prior to or after a hit or fall
- Is unsure of game, score, or opponent
- Moves clumsily
- Answers questions slowly
- Loses consciousness (even briefly)
- Shows mood, behavior, or personality changes

CONCUSSION DANGER SIGNS:

In rare cases, a dangerous blood clot may form on the brain in a person with a concussion and crowd the brain against the skull. A student should receive immediate medical attention if after a bump, blow, or jolt to the head or body s/he exhibits any of the following danger signs:

- One pupil larger than the other
- Is drowsy or cannot be awakened
- A headache that gets worse
- Weakness, numbness, or decreased coordination
- Repeated vomiting or nausea
- Slurred speech
- Convulsions or seizures
- Cannot recognize people/places
- Becomes increasingly confused, restless or agitated
- Has unusual behavior
- Loses consciousness (even a brief loss of consciousness should be taken seriously.)

HOW TO RESPOND TO A REPORT OF A CONCUSSION:

If a student reports one or more symptoms of a concussion after a bump, blow, or jolt to the head or body, s/he must be kept out of athletic activity the day of the injury. The student shall only return to activity (practice, scrimmage or competition) with written unconditional permission from an MD, DO, Physician's Assistant or Nurse Practitioner. During recovery, rest is key. Exercising or activities that involve a lot of concentration (such as studying, working on the computer, or playing video games) may cause concussion symptoms to reappear or get worse. Students who return to school after a concussion may need to spend fewer hours at school, take rests breaks, be given extra help and time, spend less time reading, writing or on a computer. After a concussion, returning to sports and school is a gradual process that should be monitored by a health care professional.

Remember: Concussion affects people differently. While most students with a concussion recover quickly and fully, some will have symptoms that last for days, or even weeks. A more serious concussion can last for months or longer.

To learn more, go to www.cdc.gov/concussion.

Concussion Educ. Materials & Acknowledge Form (May 2016)

Parent and Student Must Sign Consent & Waiver on MHSAA Physical Form Acknowledging Awareness

SCHOOL CONCUSSION REPORTING

Schools must report concussion events online while logged into MHSAA.com. Report any concussion event in all levels of all MHSAA sports where a student is withheld from activity. This is a separate process from the Return to Activity and Post-Concussion Consent Form on the reverse side.

MHSAA CONCUSSION CARE INSURANCE

The Michigan High School Athletic Association is providing athletic participants at each MHSAA member junior high/middle school and high school with additional insurance that is intended to pay accident medical expense benefits resulting from a suspected concussion. The injury must be sustained while the athlete is participating in-season at an MHSAA covered activity. Policy limit is \$25,000 for each accident. Covered students, sports and situations follow the catastrophic accident medical insurance.

This new program intends to assure that all eligible student-athletes in MHSAA member schools in grades 6 through 12, male and female, in all levels of all sports under the jurisdiction of the MHSAA, receive prompt and professional attention for head injury events even if the child is uninsured or under-insured. Accident medical deductibles and co-pays left unpaid by other policies are reimbursed under this program to the limits of the policy.

The Concussion Care Insurance corresponds with the MHSAA Catastrophic Accident Medical Insurance Policy which pays up to \$500,000 for medical expenses left unpaid by other insurance after a deductible of \$25,000 per claim in paid medical expenses has been met. All students enrolled in grades 6 through 12 at MHSAA member schools who are eligible under MHSAA rules and participating in practices or competition in sports under the MHSAA's jurisdiction are covered by this policy for injuries related to their athletic participation.

CONCUSSION INSURANCE CLAIMS ADMINISTRATOR ADDITIONAL INFORMATION

Ms. Terri Bruner
K & K Insurance Group
1712 Magnavox Way
Fort Wayne, IN 46801
Phone: 800-237-2917 Fax: 312-381-9077
Email: Terri.Bruner@kandkinsurance.com

Claim Forms can be found on MHSAA.com, Health & Safety (upper right corner).
See Concussion Insurance Benefits Information and Forms



RETURN TO ACTIVITY & POST-CONCUSSION CONSENT FORM

This form is to be used after an athlete is removed from and not returned to activity after exhibiting concussion symptoms. MHSAA rules require 1) Unconditional written authorization from a physician (MD/DO/Physician's Assistant/Nurse Practitioner), and 2) Consent from the student and parent/guardian. **Both Sections 1 & 2 of this form must be completed prior to a return to activity. This form must be kept on file at the school and emailed to Concussion@MHSAA.com or faxed to 517-332-4071.**

Student: _____ School: _____

Event/Sport: _____ Date of Injury: _____

1. Action of M.D., D.O., Physician's Assistant or Nurse Practitioner

- The clearance must be in writing and must be unconditional. It is not sufficient that the M.D., D.O., Physician's Assistant or Nurse Practitioner has approved the student to begin a return-to-activity progression. The medical examiner must approve the student's return to unrestricted activity.
- Individual schools, districts and leagues may have more stringent requirements and protocols including but not limited to mandatory periods of inactivity, screening and post-concussion testing prior to or after the written clearance for return to activity.
- A school or health care facility may use a locally created form for this portion of the return-to-activity protocol, provided it complies with MHSAA regulations. (See MHSAA Protocol.)

I have examined the above named student-athlete following this episode and determined the following: _____

Permission is granted for the athlete to return to activity (may not return to practice or competition on the same day as the injury).

SIGNATURE (must be MD or DO or PA or NP – circle one) DATE: _____

Examiner's Name (Printed): _____

2. Post-Concussion Consent from Student and Parent/Guardian.

- I am fully informed concerning, and knowingly and voluntarily consent to, my/my child's immediate return to participation in athletic activities; I understand, appreciate, acknowledge, and assume the risks associated with such return to activity, including but not limited to concussions, and agree to comply with all relevant protocols established by my/my child's school and/or the MHSAA; and I/my child has been evaluated by, and has received written clearance to return to activity from an M.D., D.O., Physician's Assistant or Nurse Practitioner.
- In consideration of my/my child's continued participation in MHSAA-sponsored athletics, I/we do hereby waive any and all claims, suits, losses, actions, or causes of action against the MHSAA, its members, officers, representatives, committee members, employees, agents, attorneys, insurers, volunteers, and affiliates based on any injury to me, my child, or any person, whether because of inherent risk, accident, negligence, or otherwise, during or arising in any way from my/my child's participation in an MHSAA-sponsored sport.
- I/we consent to the disclosure to appropriate persons, consistent with HIPAA and FERPA, of the treating medical examiner's written statement.

Student's Signature (Required): _____ Date: _____

*Parent/Guardian's Name _____ *Parent/Guardian's Signature: _____

**Required if student is less than 18 years of age.*

**SEE REVERSE FOR OTHER CONCUSSION RELATED INFORMATION INCLUDING INSURANCE
THIS FORM SHOULD BE KEPT ON FILE AT THE SCHOOL FOR SEVEN YEARS FOLLOWING THE
STUDENT'S HIGH SCHOOL GRADUATION.** Print Year of HS Graduation:

CONCUSSION AWARENESS

EDUCATIONAL MATERIAL ACKNOWLEDGEMENT FORM

By my name and signature below, I acknowledge in accordance with Public Acts 342 and 343 of 2012 that I have received and reviewed the Concussion Fact Sheet for Parents and/or the Concussion Fact Sheet for Students provided by Fairview Area School

Participant Name Printed

Parent or Guardian Name Printed

Participant Name Signature

Parent or Guardian Name Printed

Date

Date

Return this signed form to the sponsoring organization that must keep on file for the duration of participation or age 18.

Participants and parents please review and keep the educational materials available for future reference.

FAIRVIEW AREA SCHOOLS

ATHLETIC HANDBOOK ACKNOWLEDGMENT FORM

We have read and understand the Fairview Athletic Handbook. We agree to comply with the handbook and will take our questions and concerns to the coach of the sport our son/daughter is participating in.

We also understand that our child will not participate in the interscholastic sport until this form is signed and on file in the athletic director's office.

This form must be signed once during each academic year. Please complete the form and return it to the high school office.

_____ is in _____ grade and will be participating in the
Printed name of athlete

following interscholastic extra-curricular opportunities: (List each sport individually)

Signature of parent/guardian

Date

Signature of student athlete

Date

TRANSPORTING STUDENT ATHLETES

I give my son/daughter _____ permission to ride to and from athletic contests with a volunteer parent driver or one of the coaches.

Signature of Parent/Legal Guardian

Date

FAIRVIEW ATHLETIC MEDICAL FORM

I know that my child's participation in sports may result in an injury even though Fairview Area Schools has taken precautions to avoid the injuries. Knowing this, I grant permission to qualified professional medical personnel to administer medical care to my son/daughter if he/she becomes ill or injured during practice or an athletic contest.

_____ FULL NAME _____ BIRTH DATE _____ GRADE _____ AGE _____

_____ STREET ADDRESS _____ CITY _____ ZIP CODE _____

_____ HOME PHONE _____ CELL PHONE _____ WORK PHONE _____

LIST ANY CURRENT MEDICATIONS _____

ALLERGIES _____

OTHER IMPORTANT MEDICAL INFORMATION _____

NAME OF INSURANCE COMPANY _____

CONTRACT NUMBER _____

NAME OF FAMILY DOCTOR _____ PHONE _____

OTHER EMERGENCY CONTACT PEOPLE IF YOU CAN'T BE REACHED

_____ NAME _____ PHONE _____

_____ NAME _____ PHONE _____

I FURTHER UNDERSTAND THAT ATHLETICS CAN BE DANGEROUS. WHILE SERIOUS INJURY IS NOT USUAL, THERE IS THAT POSSIBILITY. IT MUST BE UNDERSTOOD THAT NO AMOUNT OF PROTECTIVE GEAR OR OTHER PREVENTATIVE MEASURES WILL PREVENT ALL INJURIES.

_____ PARENT SIGNATURE _____ DATE _____

_____ SPORT(S) _____

FAIRVIEW AREA SCHOOLS
ATHLETIC LIABILITY AND INSURANCE FORM

Student Athlete's Name _____ Grade _____

Sport(s) _____ Date _____

There are many positive benefits of participation in athletics, but it must be clearly understood that there are also risks and dangers that accompany participation in the athletic activity. The purpose of this form is to clearly state that you are allowing your son/daughter to participate in an athletic program, knowing the risks involved. Your signature acknowledges the fact that you may be putting your child in a dangerous situation that may result in injury. Athletes and parents must both understand and accept the risks and financial costs that participation in sports brings.

LIABILITY STATEMENTS

We acknowledge the risks involved in participation in competitive athletics and are willing to accept the risks and allow our son/daughter to participate in sports.

We understand that the student athlete named above is covered by my insurance listed on the back of this form. If they do not have insurance, they may purchase coverage offered to every student athlete.

I authorize that a coach or parent volunteer driver may transport my child to seek medical attention by a licensed medical person if necessary, when I can not be contacted.

Further, I authorize the coach or a parent of one of the athletes on the team to transport my son/daughter to and from athletic contests.

Further, I understand and accept full liability and responsibility for the payment of all expenses incurred for any medical treatment rendered to my child, including ambulance services, hospital care, x-rays, fees of doctors, dentists or any other medical treatment center fee beyond the limits of my personal insurance and the athlete's supplemental insurance.

We have read and understand this statement of athletic liability and grant my child permission to participate in the athletic programs at Fairview Area Schools and will hold the school harmless in regards to liability.

Signature of Parent/Guardian

Signature of Athlete

FAIRVIEW AREA SCHOOLS
APPLICATION FOR PARENT-DESIGNATED VOLUNTEER DRIVER

I wish to assist the education of children in the Fairview Area Schools and therefore apply to become a volunteer driver to transport student(s) in a non-school owned vehicle to/from a school-related event and as authorized by that student's parent/legal guardian. In return for authorizing my status as a parent-designated volunteer driver, I make the following representations and commitments:

Driver's Name _____ Date of Birth _____
Address _____ Phone No. _____
Operator's License No. _____ License Expiration Date _____
License Restrictions _____
Vehicle/Make/Model/Year _____ Vehicle Owner _____
Vehicle Insurance Company _____ Policy No. _____
Policy Coverage Period _____ Liability Limit _____

1. I have/have not (circle one) been convicted of an alcohol/drug-related driving violation in the past 10 years.
2. I currently have _____ points on my driving record for _____ (list citations and dates).
3. I agree to abide by the requirements of all applicable laws at all times during which I am engaged as a parent-designated volunteer driver, including but not limited to requiring each passenger to use a seat belt.
4. I will promptly report to the school principal or his/her designee any of the following which may occur after the application date.
 - A. Motor vehicle accident (regardless of whether the accident occurs while I am volunteer driving),
 - B. Suspension/revocation of my operator's license,
 - C. Change in the status of my motor vehicle insurance status, and
 - D. Change in my ability to safely drive a motor vehicle
5. I will maintain at all times liability insurance which covers passengers in my vehicle while I am a volunteer driving a student to/from a school-related event.
6. I will not use a vehicle with a manufacturer's-rated seating capacity of 11 or more passengers, including the driver, to transport a student to/from a school-related event.
7. I will maintain the vehicle so it can be safely operated.
8. I understand that:
 - A. Damage to the owner's vehicle is not insured by the Fairview Area Schools.
 - B. In case of any insurance claim, the owner's vehicle insurance provides primary coverage and the general liability insurance of the Fairview Area Schools provides excess coverage pursuant to the limitations of the insurance contract.

I have read and understand the above requirements to be a parent-designated volunteer driver and I agree to abide by these requirements.

Driver's Signature

Date

Administrator's Signature

Date

Authority: MCL 257.6(5)(h), MCL 257.1807(1)
Approval Date: ___/___/08

Attachments (photocopies)

Operator's license

Vehicle insurance card

Vehicle registration