

CO-CURRICULAR ACTIVITIES POLICY AND REGULATIONS

Co-Curricular Activities provide students with unique opportunities to express themselves in ways that are both different from, and complementary to, their regular academic classes. Also, co-curricular activities allow students to practice skills in a protective, yet realistic, environment. Leadership, discipline, and commitment are qualities that can be learned or refined through participation in co-curricular activities.

Fair Haven Union High School wishes to maintain a reputation for excellence, which is reflected in the behavior of the students who represent the school during all co-curricular activities. We want to encourage a sense of pride and responsibility in all participants and spectators. People see and judge the school by the students who represent it, wherever they may be.

The following rules are to govern all co-curricular activities and will serve as a guide for parents as well as participants. No student will participate in a co-curricular activity unless he/she can and will follow the established rules. All rules must be followed in order to maintain eligibility. We expect that parents, as well as participants, will be familiar with and support these requirements:

1. A student will be academically ineligible to participate in a co-curricular activity if he/she is failing more than one course at the end of a marking period. If one course is failed and the total average for the marking period is less than 70, a student is ineligible. Eligibility for the fall co-curricular activities is based on the last marking period of the previous school year. (See Policy #5125 "Eligibility for Extra Curricular Activities" - this policy specifies how to regain eligibility.)
2. Chemical Health Rule: For the duration of an activity a student shall not, regardless of the quantity, use or consume, possess, buy/sell or give away any beverage containing alcohol, any non-regulated, regulated drug or drug paraphernalia. (See Policy #5144 "Substance Abuse" for consequences of violation)
3. The use of tobacco and smokeless tobacco is prohibited. (See Policy #1332 "Possession and Use of Tobacco Products" for consequences of violation.)
4. In order to participate in any co-curricular activity, a participant must be present in all class periods that day. Allowances for this regulation may be granted only with permission from the administration or if the student is participating in a school sanctioned activity.
5. Participants and a parent or guardian must sign the Extracurricular Activity Permission and Medical Treatment Form.
6. The polices stated are available on the FHUHS website at FHUHS.org.

Date Warned: July 7, 2008

Date Adopted: August 11, 2008

FAIR HAVEN UNION HIGH SCHOOL BOARD

FAIR HAVEN UNION HIGH SCHOOL
Fair Haven, VT 05743

EXTRACURRICULAR ACTIVITY PERMISSION AND MEDICAL TREATMENT FORM

In order to avoid problems with the treatment of injuries, which may happen to your child during practices, games or other extracurricular activities, we need to know the following information:

1. Name of student _____ Sport/Activity _____
2. If activity is a sport, date of last physical _____
3. Parent/guardian name(s) and address _____
4. Parent/guardian phone number HOME _____ WORK _____
5. If you do not have a phone, or if we are unable to reach you, please give us the name and phone number of someone we may call
NAME _____ PHONE _____
6. Name and phone number of family physician NAME _____ PHONE _____
7. Please list any emergency procedures to take in the event that we are unable to reach any of the persons listed above.
8. Proof that your child is covered by insurance, which covers medical expenses in the event of an injury, is required. The school does not assume financial responsibility for any medical expenses. A Student Accident Plan is available through the school. Call for information.

I hereby give permission for _____ to participate in _____.
Name of student Sport or activity

This authorizes him/her to participate in all practices, games and activities, and to take trips associates with this activity

___ I (we) have insurance which will cover my child. Name of insurance company is _____
Number of insurance policy _____

In the event that my son/daughter is injured and requires medical attention and the school or its agents are unable to reach me (us) or the persons listed above, I (we) hereby authorize the school or its agents to take my (our) son/daughter to a physician, physician's assistant, medical center or hospital for treatment.

I agree to hold Fair Haven Union High School or its agents not liable and harmless for all expenses or condition, temporary or otherwise, which may result from an accident or treatment for an accident.

I also certify that we have read, understand and agree to comply with the Co-Curricular Activities Regulations listed on the other side of this page.

Participant

Parent or Guardian Date

Fair Haven Union High School, in partnership with the community, will promote in all students the knowledge and skills necessary to become independent thinkers, lifelong learners, and responsible productive citizens in the global community.