

# **Stafford County Public Schools Athletics and Activities Code of Conduct Signature Packet**

The following Stafford County Public Schools' documents are attached:

- Athletics and Activities Code of Conduct Student Statement of Understanding
- Athletics and Activities Code of Conduct Parent/Guardian Statement of Understanding
- Concussion Management Statement of Understanding
- Statement of Participation in Outside of School Athletics and Concussion/Brain Injury History
- Heat and Hydration Statement of Understanding
- High School Athletics and Activities Student Emergency Contact Information Card

All of the documents listed above must be signed and returned to each student's head coach, activity sponsor, or Assistant Principal for Athletics and Activities prior to the first athletic competition. Students who make the team will not be allowed to participate in competition until these documents have been returned. The Virginia High School League (VHSL) Athletic Participation/Parental Consent/Physical Examination form is in the Athletics and Activities Code of Conduct and also available online, is due prior to try-outs.

The Athletics and Activities Code of Conduct provides detailed information concerning the expectations of our coaches, sponsors, student-athletes, and parents/guardians. This document will be reviewed during the Parent/Athlete Information Nights and kick-off meetings with students involved in club activities by middle school Athletic Directors, high school Assistant Principal of Athletics and Activities, sponsors, and head coaches.

This document can be found on the Stafford County Public Schools division web page in the "Parents and Students" tab. Please take the time to review the entire document, specifically the pages listed on the Code of Conduct Statement of Understanding page requiring your signature. That link is [www.staffordschools.net](http://www.staffordschools.net).

If a hard copy of this document is preferred, copies are available at every middle and high school or in the main lobby of the Stafford County Public School Alvin York Bandy Administrative Complex located at 31 Stafford Avenue, Stafford, VA 22554.

Any questions can be directed to the athletic head coach or activity sponsor, middle school Athletic Director, or the high school Assistant Principal of Athletics and Activities.

**STAFFORD COUNTY PUBLIC SCHOOLS**  
31 STAFFORD AVENUE  
STAFFORD, VA 22554

**ATHLETICS AND ACTIVITIES**  
**STATEMENT OF UNDERSTANDING**

**STUDENT**

Students should review the following, initialing each statement and signing at the bottom.

Initial

I have received and reviewed the Athletics and Activities Code of Conduct and the Stafford County Public Schools Code of Conduct (Policy 2401) and agree to meet expectations outlined within. \_\_\_\_\_

I accept that I have a responsibility to represent my school and community in a positive manner and will conduct myself with honesty, integrity, and respect for others at all times. \_\_\_\_\_

I understand that I must be in attendance at school in order to practice, compete, or participate in athletics or extracurricular activities and will provide written notice, signed by my parent/guardian, when I need to miss practice, meeting, or any event. \_\_\_\_\_

I agree to follow all expectations outlined in the Athletics and Activities Code of Conduct as well as the Stafford County Public Schools' Student Code of Conduct. \_\_\_\_\_

I will not engage in and will not be tolerant of violent acts, including assaults on persons or property, abusive language, harassment, hazing, stalking, sexual violence, or any other conduct prohibited by law. If I witness such acts perpetrated by others, I will report them to my coach, sponsor, or administrator. \_\_\_\_\_

I will not engage in any act, including via social media, that subjects another person, voluntarily or involuntarily, to abuse, mistreatment, humiliation, harassment, or intimidation. If I witness such acts perpetrated by others, I will report them to my coach, sponsor, or administrator. \_\_\_\_\_

I will not consume or use alcoholic beverages, energy drinks, dietary supplements, anabolic steroids, tobacco, or illegal drugs. \_\_\_\_\_

I will follow all locker room rules and meet locker room behavioral expectations at all times. \_\_\_\_\_

If I observe a fellow student in distress of any kind, I will notify a coach or activity sponsor immediately. \_\_\_\_\_

I understand that failure to conduct myself responsibly, as stated and implied in the Athletics and Activities Code of Conduct, Stafford County Public Schools' Student Code of Conduct, and in the above statements, may result in sanctions, ranging from limited participation up to and including suspension or dismissal from the team, and suspension or expulsion from Stafford County Public Schools. \_\_\_\_\_

\_\_\_\_\_  
School

\_\_\_\_\_  
Grade

\_\_\_\_\_  
Sport/Activity

\_\_\_\_\_  
Student Name (print)

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Name (print)

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

**STAFFORD COUNTY PUBLIC SCHOOLS**  
31 STAFFORD AVENUE  
STAFFORD, VA 22554

**ATHLETICS AND ACTIVITIES  
STATEMENT OF UNDERSTANDING**

**PARENT/GUARDIAN**

After reading and reviewing the sections pertaining to your child's level of participation in extracurricular activities offered by Stafford County Public Schools, please indicate your understanding by initialing the statements below.

In effect during all extracurricular activities the Stafford County Public Schools' Student Code of Conduct (Policy 2403), Extra/Co-Curricular Participation (Policy 3502), and Related Notices rules, expectations, and requirements.

	Initial
I received a copy of the Stafford County Public Schools' Athletics and Activities Code of Conduct.	_____
I read and agree to the sections pertaining to my level of participation, including guidelines and expectations, in Stafford County athletics and activities.	_____
I will follow all protocols associated with my participation in SCPS athletics and activities.	_____
I acknowledge that Stafford County Public Schools has informed me that supplemental accident insurance is available from a third party carrier to cover my child.	_____
I understand my child must submit completed Student Statement of Understanding and Parent Statement of Understanding forms at least one day prior to the first contest in order to participate.	_____
I realize that by not following proper behavior requirements while attending an athletic/activity event, I may be removed from that activity and possibly the remainder of the events associated with that sport or activity.	_____
I agree to be a positive supporter of my child's participation in athletics/activities. I agree to allow coaches to coach and sponsors to lead.	_____
If I have a question or concern, I will communicate in the following sequence: coach or sponsor, assistant principal for athletics and activities or middle school athletic director, building principal, and lastly central office contacts listed in this document.	_____

\_\_\_\_\_  
School

\_\_\_\_\_  
Grade

\_\_\_\_\_  
Sport/Activity

\_\_\_\_\_  
Student Name (print)

\_\_\_\_\_  
Parent/Guardian Name (print)

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

**Please sign and return to your student's head coach, activity sponsor, or  
Assistant Principal for Athletics and Activities.**

**Stafford County Public Schools**  
**Student-Athlete & Parent/Guardian Concussion Statement of Understanding**

I understand that it is my responsibility to report all injuries and illnesses to my athletic trainer and/or team physician.

I have read and understand the *NFHS Concussion Fact Sheet* and am aware of the following:

\_\_\_\_\_ A concussion is a brain injury, which I am responsible for reporting to my  
Initial team physician or athletic trainer.

\_\_\_\_\_ A concussion can affect my ability to perform everyday activities, and affect  
Initial reaction time, balance, sleep, and classroom performance.

\_\_\_\_\_ A concussion cannot be seen, but some of the symptoms may be noticed  
Initial right away. Other symptoms can show up hours or days after the injury.

\_\_\_\_\_ If I suspect a teammate has a concussion, I am responsible for reporting the  
Initial injury to my team physician or athletic trainer.

\_\_\_\_\_ I will not return to play in a game or practice, if I have received a blow to  
Initial the head or body that results in concussion-related symptoms.

\_\_\_\_\_ Following a concussion, the brain needs time to heal. You are much more likely  
Initial to have a repeat concussion, if you return to play before your symptoms resolve.

\_\_\_\_\_ In rare cases, repeat concussions can cause permanent brain damage and  
Initial even death.

\_\_\_\_\_  
School

\_\_\_\_\_  
Grade

\_\_\_\_\_  
Sport/Activity

\_\_\_\_\_  
Student Name (print)

\_\_\_\_\_  
Parent/Guardian Name (print)

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

**Stafford County Public Schools**  
**Statement of Participation in Outside of School Athletics**  
**and Concussion/Brain Injury History**

In order to provide the safest possible environment for your child to participate in extracurricular activities in Stafford County Public Schools, please answer the following:

- Is your child currently participating on an athletic team outside of SCPS? **Yes or No**
  - If so, please indicate the sport. \_\_\_\_\_
  
- Has your child ever suffered a concussion like brain injury? **Yes or No**
  - If so, what was the date of the latest concussion like injury? \_\_\_\_\_

Our coaches, nurses, and athletic trainers work diligently to provide the proper care for any concussion/brain injury, whether it occurs on a Stafford County Public Schools athletic team, or non-school activity/sports team.

**It is extremely important that if an injury occurs outside of SCPS activities that the school nurse, coach and/or athletic trainer is notified immediately.**

School Name \_\_\_\_\_

School Sport \_\_\_\_\_

Non-School Activity/Sport \_\_\_\_\_

Student Name (print) \_\_\_\_\_

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

Date \_\_\_\_\_

Parent/Guardian Name (print) \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_

# Stafford County Public Schools

## Heat and Hydration Statement of Understanding

Dear Parent/Guardian,

Welcome to another athletic season in Stafford County Public Schools! As the coaching staff prepares for practice, you and your child should read the following important information carefully.

Many high school athletes appear for workouts physically unprepared to cope with the stress that heat can place on their bodies. The challenge of hard work during conditioning increases this stress. For these reasons, it is imperative that athletes spend time getting acclimated to the heat and humidity before reporting for their first practice.

For our part, the coaching staff and sports medicine team will be vigilant in monitoring players for the signs and symptoms of heat illness and providing players opportunities to rest. We will incorporate regular fluid breaks to promote proper hydration and will encourage players to speak up if they are feeling bad. Here is what you can do to help keep your child safe during their athletic experience in Stafford County Public Schools:

**PRE-SEASON EXERCISE** – Your child should start with 15-20 minutes of continuous exercise two weeks prior to the season. Add 5-10 minutes each day, which should be enough to make and maintain a steady sweat throughout activity. Many of our coaches have pre-season conditioning programs to address this issue.

**NUTRITION** – Please provide your son/daughter with well balanced meals. The best advice is to follow the Food Guide Pyramid. You can find more information at the following website: <http://www.pyramid.gov>. McDonald's and other fast foods are fine in moderation, but most are not healthy choices. As young men and women, student athletes need the proper fuel to run their bodies. Excess grease and fat will only slow them down and contribute to heat-related illnesses and other injuries.

**HYDRATION** – Please monitor your student-athlete's drinking habits at home. Water, PowerAde and Gatorade are the drinks of choice. As a guideline, an athlete should drink 20 oz. of water/PowerAde/Gatorade for each pound of weight lost during activity. In general, each player should be drinking 20-60 ounces of fluid each night after practice to replenish fluids lost throughout the day. All caffeinated beverages are bad for athletes. Caffeine is a diuretic, causing rapid fluid loss and in turn leading to dehydration. **ENERGY DRINKS are particularly BAD!** No athlete should be consuming these due to high amounts of caffeine and sugar. For more information visit <http://www.gssiweb.com>.

**PROPER REST** – Athletes should get proper rest following workouts. Encourage your son/daughter to go to bed early. Rest allows the body to recharge.

**HEAT vs. ICE** – Always apply ice directly after an injury. It will stop swelling and help reduce recovery time. Ice should continuously used 2-4 days after the injury, depending on severity. Applying heat after an acute injury will increase swelling, in turn limiting range of motion and increasing healing time. Heat is great for sore muscles, but bad for acutely injured tissues. Always consult your physician, if you have any questions.

**TEAM PHYSICIAN** – The athletic trainers have a close relationship with their team physicians. Should your son/daughter need to see an orthopedic doctor, you can schedule an appointment by stating he/she is high school athlete. If they cannot schedule an immediate appointment (2-3 days), please contact the athletic trainer to expedite the process.

**COMMUNICATION** – Please feel free to contact the athletic trainer at any time concerning the health and well-being of your son/daughter. Many times, students do not report injuries to the Certified Athletic Trainer. If you notice symptoms of limping or pain while at home, encourage your son/daughter to see the athletic trainer. The athletic trainer is here to make sure your son/daughter plays safe and gets the proper care for any type of injury. Please feel free to contact the athletic trainer with any concerns.

**STEROIDS AND SUPPLEMENTS** – Steroids are illegal and have no place in high school athletics. The punishment for steroids is a two year suspension from all high school sports. Please visit <http://vhsl.org/medicine.html> for information on steroids and supplements. If your son/daughter is taking any supplements, please make sure that they know exactly what they are taking and the effects that supplements can have on their bodies. Feel free to consult the athletic trainer to answer any questions that may arise from any type of supplements.

Paying attention to these guidelines will decrease the risk of serious injury.

Please complete and detach the form below. The form must be returned to your head coach before an athlete can participate in athletics. Please retain a copy of this information for your reference.

We are looking forward to a safe and winning season. Should you have any questions or concerns, please contact your Assistant Principal of Athletics and Activities or your Certified Athletic Trainer at your school.

Sincerely,

Assistant Principals of Athletics and Activities; Certified Athletic Trainers

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Student Name (Print): \_\_\_\_\_ , \_\_\_\_\_  
Last First

I have read and understand the information provided regarding the topics of heat illness, hydration, steroids and proper health care for student-athletes.

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

\_\_\_\_\_  
Date

Parent/Guardian Name (print) \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_

**Stafford County Public Schools  
HIGH SCHOOL  
STUDENT EMERGENCY CONTACT INFORMATION CARD**



**Brooke Point**



**Colonial Forge**



**Mountain View**



**North Stafford**



**Stafford**

**Circle School**

Student Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

Home/Cell Phone: \_\_\_\_\_ / \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Emergency Contact Phone Number: \_\_\_\_\_

Family Physician: \_\_\_\_\_ Physician Phone Number: \_\_\_\_\_

Allergies/Medical Conditions: \_\_\_\_\_

Medications: \_\_\_\_\_

**PARENT/GUARDIAN AUTHORIZATION:**

If I cannot be reached in an emergency, I hereby consent for a qualified physician or surgeon to examine, diagnose, and to prescribe or perform treatment, including surgery that is deemed advisable for the welfare of the above-named participant.

Parent/Guardian Name (print): \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_