

Student Activities

Philosophy

Cove School District believes that participation in district activities complements reinforces and extends academic programs and offers opportunities for students to grow physically, intellectually and socially. To remain eligible for participation students must meet and maintain district standards in the following areas:

1. Attendance;
2. Behavior; and
3. Academic achievement.

District activities include, but are not limited to, any organization/group/club/team which has been officially sanctioned by the Board, administration or has been granted a charter by student council for grades 6-12.

Behavior

Participants are expected to model exemplary behavior including obeying public laws. Coaches and/or activity sponsors are required to establish and implement training rules or activity specific behavioral rules and provide a copy of such rules to the participant and parent(s) of participant. Students committing a disciplinary infraction or who establish a pattern of noncompliance as defined by the student code of conduct, policies of the Board, or the student handbook will have the incident(s) reviewed by the administration. The administrative review may result in discipline up to and including being declared ineligible to participate in district activities for a length of time to be determined by the administration.

As with all forms of student discipline, students' rights to due process shall be adhered to with students provided the opportunity to answer to allegations and appeal a decision to the next higher authority including to the level of School Board.

A student suspended from school is ineligible for activities during the week of suspension.

Attendance

Any partial or full day unexcused absence the day of an activity will result in ineligibility for that activity.

A pattern of irregular attendance may be reviewed by the administration at any time and may result in short-term or long-term activity ineligibility as determined by administrative review.

Academics

In addition to the Oregon School Activities Association (OSAA), minimum eligibility requirements, participating students are required to maintain a cumulative grade point average (GPA) of 2.0 and be passing all classes for each quarter grading period and mid-quarter progress report. A student who fails to achieve a passing grade will be placed on academic probation until the end of the next grading period at which time the student will be declared academically ineligible if the identified deficiency has not been corrected. The student shall remain ineligible until the end of the subsequent grading period or until such time as correction of the identified deficiency can be demonstrated to the administration.

Note: There are eight (8) measured grading periods during the academic year. Eligibility determinations for the start of a school year shall be based upon the prior year's final grades. Entering high school freshman shall be deemed academically eligible.

The administration will:

1. Provide appropriate communications for school staff to facilitate effective and equitable implementation of the policy;
2. Develop and distribute information regarding staff, parent and student responsibilities for carrying out the policies that have been adopted and designed to improve academic achievement;
3. Ensure that students are provided due process in all disciplinary matters.

Special Education Students

Exceptions to participation requirements will be made only when the disabling condition, as identified in a student's IEP, prevents the student from achieving the required grade point average, behavior standard or attendance requirement.

Home-Schooled Students

Home-Schooled Students will be considered eligible for participation if they meet the following criteria:

1. The student is in compliance with all the rules governing home schooling and can provide acceptable documentation of compliance to the district;
2. The student can meet the district's eligibility requirements with the exception of attendance;
3. The student can achieve the minimum achievement test score required of home-schooled students.

Students may practice but not compete while awaiting test results;

4. The student must fulfill the same responsibilities, standards of behavior and performance, including related class or practice requirements as other students participating in the activity. The student must also comply with all public school conduct requirements during the time of participation;
5. The student must reside in the attendance boundaries of the school for which the student participates.

COVE SCHOOL DISTRICT 15
Participation Information

To be read and completed by the parents and athletes or activity participants and **returned to the school office.**

Name of Participant: _____ Year in School: _____

Birthday: _____ School Last Attended: _____

Parent's Name: _____

Parent's Home Phone: _____

Daytime Phone: _____

Cell Phone: _____

Address: _____

Family Doctor: _____

In Emergency, contact: (two contacts other than parents)

Name: _____

Phone: _____

Name: _____

Phone: _____

Your son or daughter has expressed a desire to become a participant of a Cove School District student activity. The following emergency medical information concerning your student's participation is important for you to read and understand.

1. Each participant must have proof of a comprehensive physical examination before participation. Physicals are required every two years. The physician's physical will remain on file for two years. A form is available in the school office for the family doctor to sign.
2. The district makes parents aware of a student insurance plan available for grades 6-12. Forms are available in the school office. Each participant must either purchase this plan or show evidence that he/she is effectively covered by some other form of accident insurance. District insurance does not apply to other community programs unless purchased as a "full-time" plan.
3. It is understood that Cove School District is not liable for any medical, dental or hospital bills occurring as a result of injuries incurred by a student while participating in a supervised activity and that such bills, in excess of insurance benefits, shall be the responsibility of the student's parents and guardians.
4. In cases where it is deemed advisable to take a student to the hospital, an ambulance may be called. It is the policy of the ambulance company to bill the parents or their insurance company and to take the injured party to the nearest hospital.
5. Each student will be held monetarily accountable for damage to, or loss of, school equipment issued to him/her as part of his/her participation.
6. All participants are expected to conform to the rules of scholastic eligibility, participation, and training as prescribed by the Oregon School Activities Association (OSAA); Cove School District, and the athletic coaching staff. (See Student Activities policy IGD.)

Parent/Guardian Signature: _____

Insurance Information

Name of Participant: _____

Grade: _____

Birth Date: _____

Parent's Names: _____

Home Phone: _____

Work Phone: _____

Cell Phone: _____

Choice of Insurance Coverage:

- Family Insurance – Provide information below.
- District Insurance – Application forms available through the school office.

Name of Family Insurance: _____

Policy Number: _____

Student Activities Policy Sign-off

I have read and understand the contents and ramifications of the Cove School District Student Activities Policy (Board policy IGD - Student Activities), realizing that such activity involves the potential for injury. I acknowledge that even with the best coaching and supervision, use of the most protective equipment, and strict observance of rules, injuries are still a possibility. On rare occasions these injuries can be so severe as to result in total disability, paralysis, or even death. I further recognize that medical treatment on an emergency basis may be necessary at a time when I am not available to give my consent in advance of such emergency care, and I give permission to the district to authorize such care as may be deemed necessary under existing circumstances.

I acknowledge that I have read and understand the warning and information contained in the Activities Participation Section of the Student/Parent Handbook and have provided adequate information concerning insurance coverage.

Student Name (Print)

Student Signature

Date

Parent Name (Print)

Parent Signature

Date