

RIDLEY HIGH SCHOOL
ATHLETIC DEPARTMENT
Rules and Regulations

PARTICIPANT CONDUCT

The Ridley High School Administration and Athletic Department believe that participation in athletics is a special privilege for our students. The Students that participate are given leadership roles and are looked up to by parents and community members. We expect the conduct of athletes to be above reproach at all times, both in and out of season, and in all places, both in and out of school. The following rules and regulations reflect this belief.

Violation of the district drug and alcohol policy

This policy is violated when any student, visitor, guest, or any other person unlawfully manufactures, uses, abuses, possesses, constructively possesses, distributes or attempts to distribute drugs, alcohol, or any mood-altering substances, or drug paraphernalia on school premises, or at any school-sponsored activity anywhere, or while traveling to and from school-related activities, or who composites, aids, or abets the use, abuse, active possession, or distribution of drugs, alcohol. Or any mood-altering substance.

Any student participating on an athletic team, including the cheerleading squad, who is reported by district Personnel, administrators from other districts, or the police to be guilty of violating the drug and alcohol policy will lose his/her eligibility as follows:

1st offense: Any student who violates this policy will be suspended out of school for 1 to 5 days and Will not participate in, or attend as a spectator, any school related or school sponsored activity for a minimum of 10 school days.

2nd offense: The student will lose his/her eligibility for the remainder of the season in which the offense occurs or 30 days, whichever is the longer period of time.

This consequence will also apply if an athlete is:

- Convicted of consumption of alcoholic beverages off school grounds during non-school time
- Convicted of possession, use or distribution of any illegal drugs or any mood altering substance off grounds during non-school time

Violation of the Smoking or Tobacco Use Policy

This policy is violated when any student uses any form of tobacco or “e-cigarettes” on school district property at any time, or off school grounds at any time.

Any student participating on an athletic team, including the cheerleading squad, who is reported by district personnel, administrators from other districts, or the police to be guilty of the violation of smoking or tobacco use policy will lose his/her eligibility as follows:

1st offense: The student will be suspended from participation at practices and games for a period of one week (7 days) from the day the student is informed by the Athletic Director.

2nd offense: The student will lose his/her eligibility for the remainder of the season in which the offense occurs or 30 days. Whichever is the longer period of time.

Other offenses of a serious nature, which discredit the students or our school, will be referred to the athletic director to judge the nature and seriousness of the offense and the appropriate disciplinary action, after consultation with the principal.

HAZING

Definition

“HAZING”: Any action or situation which recklessly or intentionally endangers the mental or physical Health or safety of a student, or which willfully destroys or removes public or private property for the purpose of initiation or admission into or affiliation with, or as a condition of confirmed membership in, any sports team. The term shall include, but not be limited to, any brutality of physical nature, such as whipping, beating, branding, forced calisthenics, exposure to the elements, forced consumption of any food, liquor, drug or other substance, or any other forced physical activity which could adversely affect the physical health and safety of the individual, and shall include any activity which would subject the individual to extreme mental stress, such as sleep deprivation, forced exclusion from social contact, forced conduct which could result in extreme embarrassment, or any other forced activity which could adversely affect the mental health or dignity of the individual, or any willful destruction or removal of public or private property, such as soaping cars, spreading shaving cream or other destructive substances on houses, or littering toilet paper on houses or cars.

Hazing-Prohibition

HAZING IS PROHIBITED BY ANY MEMBER OF ANY RIDLEY HIGH SCHOOL ATHLETIC TEAM

Enforcement and Penalties

- A student who believes that he or she has been a victim of hazing should report the incident to the Principal or Athletic Director, who must conduct a “timely, impartial, thorough and comprehensive” investigation.
- A student who violates this hazing policy may be subject to disciplinary action by the administration, immediate removal from a sport team by the athletic director, or both.
- In addition, in the state of Pennsylvania hazing is considered a misdemeanor of the third degree.

INJURIES AND PRESCRIPTION PAIN MEDICATION

Understanding Non-medical/Misuse of Prescription Medications

Prescription Medications

- The class of prescription drugs most commonly prescribed for pain is opioids, such as Vicodin, Percocet, Codeine, Demerol or Oxycontin. Under a doctor’s order, these medications can be very helpful. But if used improperly, they can be dangerous.
- Most individuals who misuse prescription medications, particularly teens, believe these substances are safer than illegal drugs, because a doctor prescribes them. Doctors take into account things like the patient’s age, weight, and medical history; the drug’s form, dose, and possible side effects; and the potential for addiction, when prescribing medications.
- 70% of people 12 and older who abuse prescription drugs get them from family and friends, and 60% of teens that have abused prescription painkillers have done so before the age of 15.

What is Addiction?

- Addiction is a disease characterized by compulsive drug seeking behavior regardless of the consequences. As the illness progresses, an addicted person needs more of the drug, the illness becomes harder to treat, and the risk of overdose increases.
- Misusing medication can lead to serious consequences including addiction, other substance use, criminal activity, and even death.
- People who misuse painkillers might not understand how these factors interact and put them at risk for serious negative consequences. Additionally, mixing prescription opioids with alcohol or other drugs is the leading cause of overdose death in Delaware County.

It is important for parents/ guardians to be aware of what substances your student athlete may be exposed to or using during the season. What are the signs and symptoms you should look for?

Signs of use		Signs of dependency		Signs of overdose <i>If you see any of these signs consider this an emergency and call 911 immediately.</i>
• Anxiety/Irritability		• Change in personality		• May not awaken when aroused
• Insomnia		• Social withdrawal		• Cold, clammy skin
• Long periods of sleep		• Change in daily habits		• Blue lips, face, hands
• Watery eyes		• Neglect responsibilities		• Struggle for breath
• Chills		• Forgetfulness		• Elevated body temperature
• Depression		• Increased sensitivity		• Vomiting
• Disorientation		• Change in appearance		• Behaving irrationally/confuse
• Pinpoint pupils		• Receiving lower grades		
• Loss of appetite/nausea		• Increased absence		

Take Action! What can you do if your athlete is prescribed medication?

1. Know -> Know what medications your athlete is using and the signs of use, dependency, and overdose.
2. Monitor -> The adult in the household should maintain possession of the medication and closely monitor the dose and refills. Although most youth are capable of self administering over-the-counter pain killers. An adult should closely supervise prescription opiates. Set clear rules with your medications! Never share, take more than prescribed, or mix with other drugs.
3. Talk -> Discuss the dangers of prescription medications with your athlete. Emphasize that just because A doctor prescribes them, it does not make them safe!
4. Lock Your Meds -> Keep all prescription medications locked up to keep your family and friends safe! When the prescription is no longer needed, dispose of the unused medication at any Delaware County Drop Box locations (visit www.drugabuse.gov for locations).

STATEMENT OF UNDERSTANDING

We have read and understand the regulations and the consequences of failing to abide by the regulations for participant conduct, hazing prescription pain medication, and accident insurance coverage. We agree to abide by the Ridley School District Policy and the Ridley High School Regulations.

Student's Printed Name _____ Date _____

Student's Signature _____

Parent's Printed Name _____ Date _____

Parent's Signature _____

2021-2022 SCHOOL YEAR
INTERSCHOLASTIC SPORTS ACCIDENT PROGRAM

Dear Parent(s) and/or Guardian(s):

The Ridley School District provides an “ATHLETIC ACCIDENT INSURANCE PROGRAM” through American Management Advisors & underwritten by **AXIS** Capital Insurance Company, for all students participating in ***Interscholastic Sports** for our School District. This program is limited to Middle School & High School Interscholastic Sports; Band; Cheerleaders, and Majorette participants.

This program covers sport’s related Claim expenses incurred in the event of an accident during Interscholastic Sports participation. The insurance program is designed to supplement your existing medical insurance as follows:

- 1) We pay the first one- hundred (\$100) dollars of covered medical expenses, provided a claim form for these expenses is completed within 90 days of the accident and the bills submitted for the claim.
- 2) Bills **exceeding** one- hundred (\$100) dollars **must** be submitted to your current medical carrier. Any Deductibles, Co-payments, Uncovered expenses, or if **no** current medical insurance is available, then submit **all** claims for possible payment, directly to:
90 Degree Benefits
PO Box 6540
Harrisburg, PA 17112
(800-427-9308)
Email: Student-insurance@90degreebenefits.com

School will mail claim forms home after the trainer submits the accident report.

NOTE: Dental Treatment is Limited (\$100,000)
Accidental Death is Limited to (\$10,000) for Athletes and (\$5,000) for Non-Athletes.

As a parent or guardian of a Ridley School District Student playing an Interscholastic Sport, I have read the information above and understand the terms, conditions, & limitations of the Athletic Insurance provided by the School District. For the school’s records, I have indicated below the name of my health insurance carrier.

Health Insurance Carrier for Covered Student

Parent or Guardian Signature:_____ Date:_____

Parent(s)/Legal Guardian(s) Code of Conduct

As a parent of a student/athlete representing Ridley High School and the Ridley School District, it is expected that you model behavior conducive to good sportsmanship, and demonstrate behavior that will not embarrass the school, your child, or yourself. By signing below, after reading, you agree to abide by these standards of behavior set forth by the district.

1. I agree to applaud the effort of **ALL** players on both teams.
2. I agree to cheer **FOR** our team and **NOT** against another team.
3. I agree that officiating is a difficult, thankless task, and that officials are doing the best they can to be fair to both teams and accept their decisions.
4. I agree **NOT** to taunt players, officials, coaches or fans before, during or following a competition.
5. I agree to help control unacceptable behavior of spectators by reminding them that it is ok to cheer for our team, but it is inappropriate to cheer against another team.
6. I agree to support the goals of sportsmanship and help bring pride and respect to my son/daughter and the school they are representing.
7. I agree to support my son/daughter's role on the team, even if I don't understand his /her position on the depth chart. If I (or my child) have concerns, I will direct my son/daughter to approach the coach at an appropriate time to discuss our concerns. If I feel it necessary to meet with the coach, I will set up an appointment with the coach, but will not harass or verbally assault the coach.
8. I agree to encourage my son/daughter to resolve conflicts or concerns with their coaches before asking for my help. I understand that one of the lessons they will learn through participation in sports is that they take responsibility for their own actions, and learn how to handle adverse situations.
9. I agree that if I attend practice/games, I will be a respectful spectator and will not attempt to coach or officiate.

I have read the statement of expected behavior and do agree to follow these guidelines in order to
show support of my son/daughter, and the team/school program he/she is representing.

Parent Signature: _____

Date: _____

Student Signature: _____

Date: _____

RIDLEY HIGH SCHOOL EMERGENCY INFORMATION FORM

NAME: _____ BIRTH DATE: _____ AGE: _____

PARENT/GUARDIAN NAME: _____ HOME#: _____

ADDRESS: _____

DAYTIME PHONE NUMBER: PARENT 1 _____ PARENT 2 _____

IN AN EMERGENCY, IF PARENTS CANNOT BE CONTACTED:

NOTIFY _____ PHONE # _____

FAMILY DOCTOR: _____ PHONE#: _____

DATE OF LAST TETANUS TOXOID BOOSTER: _____

PREFERRED HOSPITAL: _____ ALLERGIES: _____

The trainer/nurse/coach/physician may apply first aid treatment until the family doctor can be contacted-YES___ No___
We give our consent for trainer/nurse/coach/physician to use their judgement in securing medical and/or surgical treatment
And ambulance service if the parents cannot be reached- YES___ NO___

DATE: _____ PARENT/GUARDIAN SIGNATURE: _____

ATHLETIC HISTORY, PHYSICAL PROFILE

WEIGHT _____ HEIGHT _____ BLOOD PRESSURE _____

CHECK IF ANY OF THESE CONDITIONS HAVE EXISTED WITHIN THE LAST THREE YEARS.

FRACTURE___ SPRAIN___ BLACKOUT___ DISLOCATION___ CONFUSION___ CONVULSION___

If checked, Please provide details: _____

MEDICAL HISTORY Please check if condition exists:

Allergies___ Rheumatic Heart___ Treatment for Blood Pressure___ Extended illness___ Hospitalization___ Hernia___ Asthma___

If checked, please provide details: _____
