

Holland Woods Athletics

1617 Holland Ave. Port Huron, MI 48060 (810)-984-6548

Notes from the Athletic Director

- Please fill out all forms front and back. Please leave stapled and turn them in to your coach.
- All students must turn in a sports physical form (on the school form) properly filled out and signed (cleared) by a physician before they can practice.
- Parents, please do your best to attend your coach's parent meeting. This will give you the information you need for your child's sports season.
- Remember that the PHASD does not carry accident insurance for our athletes. If your child is not covered, you can join MI Child for approx. \$10.00 per month. Please contact a school counselor for MI Child information.
- **Our District has a \$50 dollar pay to play policy.** That fee is a one time fee and covers you for all four sports seasons (as well as Quiz Bowl and Drama). This must be paid before a student can participate in a game. **If your child is eligible for free or reduced lunch this fee is \$25.** Two forms (attached) must be filled out to receive the lower rate.
- If a game is in our District, a bus will bring the team to the game but **will not bring students back to the school.** Parents will be expected to pick students up from away games at Central, and Fort Gratiot.
- When a parent plans on picking up a student from an away game, (parent only) a release form must be signed. The coaches will have these forms.
- If you would like to help with team support duties such as working the chains at football games, concessions or the scoring table for indoor sports, please contact Mark Hanton or one of the coaches.



To a great season,


Mark Hanton

PORT HURON AREA SCHOOL DISTRICT EMERGENCY MEDICAL CONSENT

Student's Name

School Name

We, the undersigned parents do hereby authorize treatment of the above minor by registered or licensed hospital or doctor, in the event of an injury while playing or practicing an interscholastic sport sponsored by the Port Huron Area School District. If the necessity of such treatment arises, we are insured with:

Please contact us as soon as possible at the address and phone number listed below. However, do not delay treatment

Father/Guardian Signature

Mother/Guardian Signature

Address

City

Zip

Phone _____

**Port Huron Area School District
Holland Woods Middle School Athletics
Parent Handbook Information**

Please take some time and review the parent handbook. If you have any questions about the handbook, please feel free to stop in or call me. (Do not fill out the forms in the book, please fill out the attach packet instead.)

Thank you for your time and I look forward to seeing you at our games this season. As always, GO WARRIORS.

Mark Hanton, Athletic Director
Holland Woods Middle School
984-6548

I have received a copy of the Port Huron Area School District middle school parents' athletic handbook.

Student/Athlete Name (please print) _____

Parent Name (please print) _____

Parent Signature _____

Date _____

**PORT HURON AREA SCHOOL DISTRICT
ATHLETIC DEPARTMENT**

***ATHLETIC PARTICIPATION, RISK OF INJURY, INSURANCE COVERAGE, TRAVEL PERMIT,
SPORTSMANSHIP
PARENTAL CONSENT FORM***

Directions: This form must be completed, signed by a parent or legal guardian and returned to the school before a student will be allowed to participate in interscholastic athletics. Please read the information carefully and contact your school's athletic director if you have any questions.

Risk of Injury: I am aware that playing or practicing in interscholastic sports can be a dangerous activity involving many risks of injury. These injuries could include the following injuries to my child as a result of his/her participation: bruises and cuts, muscle tears, sprains and strains, broken bones, closed head injuries, partial or full paralysis, death, other impairments to the body or mind. I acknowledge that the risk of injury will vary by type of activity and sport.

Insurance Coverage: I acknowledge that the school **does not** provide insurance coverage for athletes. I understand that it is my child's responsibility to report accidents that occur in school sponsored and supervised interscholastic sports to his/her coach immediately. I understand that it is my responsibility to seek appropriate medical treatment and to pay for all medical expenses resulting from injuries incurred while my child participates in athletics.

Travel: I grant permission for my child to travel to and from authorized school athletic events or practices for the season by means of school bus, private car or walking (Note: private car is meant to be one driven by the coach or other authorized person).

Sportsmanship: The Port Huron Area School District Board of Education has adopted the following code of good sportsmanship for our athletes, coaches and spectators involved in interscholastic athletics.

Mission

The Port Huron Area School District will make every reasonable effort to ensure that all individuals associated with our athletic programs and contests conduct themselves in a sportsmanlike manner.

Guidelines

The following actions on the part of players, coaches, parents and/or spectators will not be tolerated:

- Physically or verbally abusing any official, coach, player or spectator.
- Inciting participants or spectators to violent behavior.
- Using profanity, vulgarity, making derogatory or demeaning comments, or making obscene gestures (verbal or written).
- Mistreatment of the facilities or equipment.
- Throwing of objects onto the playing surface or at participants or spectators.
- Unauthorized entering of the field of play.
- Other acts of conduct deemed by the school personnel supervising the event as inappropriate.

Penalties

Penalties for unsportsmanlike conduct may result in, but are not limited to the following:

- Verbal warning.
- Removal from the facilities.
- Barring an individual from attending future athletic events.
- Issuance of a no-trespassing order prohibiting an individual from entering school property or attending school functions.
- Contact law enforcement and possible criminal prosecution.

Additional penalties for unsportsmanlike behavior on the part of players, students, coaches and school personnel will be administered in accordance with established District policies.

I understand and agree to abide by the sportsmanship guidelines established by the school district. I realize that I (and my guests) will be subject to the penalties described if I (or my guests) engage in conduct that is deemed unsportsmanlike at any Port Huron Area School District athletic function.

Participation Agreement: I understand the potential risks of injury and agree the Port Huron Area School District and anyone associated with it will not be held responsible for any loss, injury or death related to my child's participation in the school athletic program except for injuries or damages caused by an authorized Port Huron Area School District agent resulting from the agent's gross negligence or intentional act as determined by a court of law.

I also recognize that it is my responsibility to support and obey the rules of the school, facility, team, and the coaching staff, and to conduct myself in a sportsmanlike manner at all school activities.

My signature at the bottom of this form means that I have read, understand and agree to these terms of my child participating in athletic activities.

Student's Name (please print)

School

Parent/Guardian Name (please print)

Sport

Parent/Guardian's Signature

Date

PORT HURON AREA SCHOOL DISTRICT

CO-CURRICULAR POLICY REGARDING ILLICIT SUBSTANCES (ALCOHOL, DRUGS, TOBACCO, STEROIDS, ETC.) AND OTHER SEVERE INAPPROPRIATE BEHAVIOR

ACTIVITY _____

Students shall not use, possess, buy, sell or give away illicit substances, including illegal drugs, inhalants, alcohol, tobacco products, steroids and other performance enhancing substances, drug paraphernalia, caffeine pills, medication (except the possession or use of prescription medication when authorized under the District's medication policy), fake and look-a-like drugs or alcohol. Larceny, assault, vandalism, or other inappropriate behavior will not be tolerated. In addition to penalties described in the Student Code Handbook applicable to all students, students found to be in violation will lose the privilege of participating in co-curricular activities.

A. The penalty for the first offense of use, possession, buying, selling or giving away of illicit substances will be immediate removal from any activity the student is participating in for the duration of the activity. In addition, the student shall be prohibited from participation in all other co-curricular activities for a period of 30% of season from the date of the meeting with the appropriate administrator to convey the disciplinary action. Students between activities at the time of the violation will be prohibited from participating in all co-curricular activities for a period of 30% of season from the date of the meeting with the administrator. Subsequent violations will result in suspension from all co-curricular activities for a period of one calendar year.

B. The penalty for involvement in larceny, assault, vandalism or other inappropriate behavior will be immediate suspension from all co-curricular activities. A final decision regarding the length of the suspension will be made by the appropriate administrator based on the nature and severity of the violation. The penalty can result in the student being removed from all activities for the duration of the activities and the student being prohibited from participating in other co-curricular activities for a period of 30% of season and up to one calendar year.

C. The duration of a co-curricular activity is defined as the entire season, appointment, elected term, etc. For athletics, the season begins the first day of practice allowed by the Michigan High School Athletic Association for that sport and continues through the presentation of the athletic awards or last contest, whichever comes last (Note: For middle school, starting dates are determined by the St. Clair County Intermediate Athletic Association).

D. These rules are in effect for students both at school, outside of school hours and during vacations (includes summer).

The student has the right of appeal by the following process:

1. Appeal to the Building Principal
2. Appeal to the Director of Student Services
3. Appeal to the Executive Director of Programs and Services

Student Signature

Date

Parent Signature

Date

Copies: white - school
pink-Student
yellow-parent

PH4

Rev. 8/2005

Stock No. 3434

PORT HURON AREA SCHOOL DISTRICT MIDDLE SCHOOL ATHLETIC POLICY

ACADEMIC/CITIZENSHIP ELIGIBILITY REQUIREMENTS

PREVIOUS SEMESTER RECORD

No student shall compete in any junior high/middle school athletic contest during the current semester who has not passed a minimum of 50% of his/her classes from the previous semester (4 of 7 classes). A first year 7th grade student may compete without reference to his/her record in 6th grade (Michigan High School Athletic Association Handbook, Regulation III, Section 7).

CURRENT SEMESTER RECORD

For students eligible for participation based on previous semester record, the most recent report card within the current semester and periodic checks on academic performance and citizenship will be used to determine current eligibility.

REPORT CARD

A student must pass a minimum of 50% of all his/her classes (4 of 7 classes) each marking period to remain eligible. Failure to do so will result in student being dropped from any team for which he/she is a member at that time. The student will also be prohibited from trying out for any other sport for the duration of that semester.

ACADEMIC/CITIZENSHIP CHECKS

During the athletic season for each sport, academic/citizenship checks of not more than two weeks are required for all team members. Weekly checks will occur for any student deemed ineligible as defined below. No student shall compete in an athletic contest/game for a minimum of one week who has two or more academic failures or unsatisfactory citizenship reports, or a combination one or more failing grades and one or more unsatisfactory citizenship reports. The student will be ineligible for a minimum of one week and until such a time that the student receives an acceptable academic/citizenship report on a scheduled check. While ineligible, a student must practice, but not play or dress for games.

I, the parent of _____, have read the M.H.S.A.A. Port Huron Area School District and school policies governing student eligibility and understand that they are conditions of participation in the Middle School Athletic Program.

MIDDLE SCHOOL _____

PARENT/GUARDIAN _____

SIGNATURE _____ DATE _____

Port Huron Area School District
Activity Fee Policy



The Port Huron Area School District provides a variety of student extra-curricular activities that have paid advisors/coaches and other operating expenses. The District has determined that students shall be assessed a fee to partially offset the cost of these activities. The policy regarding Activity Fees and the amount charged will be reviewed annually to address changing needs and costs.

Activities

The activities for which students will be assessed an Activity Fee are as follows:

Middle School

Athletics Drill Team
Drama Quiz Bowl

High School

Athletics Drill Team
Drama Quiz Bowl

Fees

- Middle School - \$50 annual fee regardless of the number of activities.
- High School - \$50 per activity with a cap of \$100 per student (Note: Drama is considered one activity with a one-time annual fee of \$50 regardless of the number of drama productions).
- Family - Fees will be capped at \$200 per family regardless of the number of children participating in activities at any level. Parents are responsible for keeping track of fees paid and notifying the appropriate school administrator when the family cap has been reached.
- Free or Reduced Meals Program - The fee shall be waived for students who are approved for free or reduced meals through the Food Service Program.

Rules Regarding Fees

1. The Activity Fee must be paid and a completed *Activity Fee Contract* (reverse side) submitted to the advisor/coach BEFORE the first contest/performance in that activity.
2. All checks must be made out to the Port Huron Area School District (or PHASD).
3. Payment of an Activity Fee does not guarantee playing/participation time on a team or other activity.

Refunds

1. Students who are cut from an activity will be reimbursed the full amount of the fee.
2. Students who voluntarily quit an activity within ten (10) calendar days after enrolling and whose equipment has been returned will be reimbursed the full amount of the fee.
3. After ten (10) calendar days, a refund may be allowed if the student's withdrawal is the result of illness or injury. The illness or injury must have a prognosis as lasting the duration of the season/activity.
4. Fees will not be refunded for students who are removed from an activity because of disciplinary reasons, academic ineligibility or who voluntarily quit after ten (10) calendar days after enrolling.

If you have any questions, please contact your building Assistant Principal/Athletic Director.

Port Huron Area School District
Activity Fee Contract



Directions for Parents/Guardians: Complete the top of this form. Check reverse side for policy and required fees. Send/deliver completed form with payment (check or cash) to the school Assistant Principal/Athletic Director. The form and payment must be received BEFORE any student will be allowed to participate in a contest/performance.

| | | |
|-------------------------|----------------|---------|
| Student Name: | Birth date: | |
| School: | Grade: | |
| Address: | City: | Zip: |
| Parent/Guardian's Name: | | |
| Home Phone: | Daytime Phone: | |
| Activity (1): | | |
| Activity (2): | | |
| Payment Amount: | Check or Cash: | Check#: |

My signature means that I have read, understand and agree to the terms specified in the **Activity Fee Policy** found on the reverse side of this form. Furthermore, I understand that payment of this fee does not guarantee playing/participation time on any team or activity.

Parent/Guardian's Signature

Date

School Office Use Only:

| | | | |
|--|------------|-------|-------|
| Free/Reduced Verified - form must be on file (yes/no): | | | |
| Family Cap of \$200 Reached - forms for other children indicating payment must be provided (yes/no): | | | |
| Payment Received: | | | |
| Activity (1): | *Amt Paid: | Ck #: | Date: |
| Activity (2): | *Amt Paid: | Ck#: | Date: |
| Comments: | | | |

*Write "cash" in Ck # space if paid in cash

Received By (Name & Title)

Date

Directions for School Personnel: Once completed and payment received, provide the parent with a copy (2-sided), send a copy to the District Athletic Director, and retain original for school file.

Sharing Information with Other Programs

Dear Parent/Guardian:

Your child may qualify for other programs, based on the information you gave on your Free and Reduced Price School Meals Family Application. For the following programs, we must have your permission to share your information. Sending in this form will not change whether your children get free or reduced price meals.

- Yes! **I DO** want school officials to share information from my Free and Reduced Price School Meals Family Application with [High School & Middle School Athletics, Quiz bowl, Drama Club, Drill Team].

If you check "Yes" to any or all of the boxes above, please fill out form below. Your information will be shared only with the programs you checked.

Child's Name: _____ School: _____

Child's Name: _____ School: _____

Child's Name: _____ School: _____

Child's Name: _____ School: _____

Signature of Parent/Guardian: _____ Date: _____

Printed Name: _____

Address: _____

For more information, you may call _____ at _____

Return this form to: [Your Coach].

Non-discrimination Statement: This explains what to do if you believe you have been treated unfairly. In accordance with Federal Law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability. To file a complaint of discrimination, write USDA, Director, Office of Adjudication, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410 or call toll free (866) 632-9992 (Voice). Individuals who are hearing impaired or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339; or (800) 845-6136 (Spanish). USDA is an equal opportunity provider and employer.