

IOWA ATHLETIC PRE-PARTICIPATION PHYSICAL EXAMINATION

Questions about your Family:

Y N

Physical Examination *(To be filled out by medical provider)*

Consider additional questions as below:

Y N

Do you feel stressed out or under a lot of pressure?

Do you ever feel sad, hopeless, depressed or anxious?

Do you feel safe at your home or residence?

Have you ever tried cigarettes, e-cigarettes, chewing tobacco, snuff or dip?

Do you drink alcohol or use any other drugs?

Have you taken prescription medications that were not yours or outside of their intended use?

Activities Code of Conduct Agreement

Participation in school activities is a privilege. School activities provide the benefits of promoting additional interests and abilities in the students during their school years and for their lifetimes.

Students who participate in extracurricular activities serve as ambassadors of the school district throughout the calendar year, whether away from school or at school. Students who wish to have the privilege of participating in extracurricular activities must conduct themselves in accordance with board policy and must refrain from activities, which are illegal, immoral or unhealthy. Student participation in these activities and organizations is considered by the Board to be a privileged honor since the student represents and depicts the character and integrity of the school and the community. For this reason, a high standard of normal and social behavior is expected. *Students who fail to abide by (66) and 326 (1) 12 staministiaz 24 ilie licat 32 onm 2 1d m 2 luppord 44 ng 06 4*

for two weeks.

! Additions

Additional requirements and regulations may be issued by the coach/sponsor of each individual activity.

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Thank you for taking the time to go through the policy and rules with your family. Again, please feel free to contact the school with any questions. Your signatures below represent your understanding and agreement with the conditions imposed upon students participating in extracurricular activities at East Mills Community School.

~~DWW~~
Activities Director

Activity Code of Conduct Agreement

My student has permission to participate in activities at East Mills Community School for the upcoming school year. I have read the activity code of conduct and understand the obligation my student is about to make.

Parent/Guardian Signature Date

I, the undersigned, have read and fully understand the rules and regulations, which govern me as an athlete representing East Mills Community Schools. I further understand that this is an extra-curricular activity, and that attendance to all practices and games is a requirement of me as a participant. I agree to follow the code of conduct, not only during the season, but for a period of 12 months.

Student Signature Date



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CONSENT FOR MEDICAL TREATMENT FORM**

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