

**Ramstein High School
Athletic Department**

Parent Authorization/Information for Sports Competition and Trips

Please Print All Information

Student Name: _____
Last Name First Name

Grade: _____ Age: _____ Birthdate: _____

Sport: _____ Year entered 9th grade: _____

Passport number: _____ Exp: _____

Sponsor Name: _____
Last Name First Name

Sponsor's Unit: _____

Living Quarters Address: _____

APO Address: _____

Home Phone: _____ Duty Phone: _____

Cell Phone: _____ Other Phone: _____

Parent email (s): _____

Emergency Contact other than Sponsor/Parent:

Name: _____ Relation: _____

Home Phone: _____ Cell Phone: _____

Permission is given for my dependent to participate in athletic competition and trips.

Date

Signature of Sponsor/Parent



RAMSTEIN HIGH SCHOOL
UNIT 3240
APO, AE 09094

ATHLETIC CODE OF CONDUCT
(Revised 2018)

I, _____, agree to the following stipulations of the Ramstein High School Athletic code. I understand that any violations of this code or the Interscholastic Athletic Program (IAP) manual, (DoDEA-E Manual 2740.2) may result in my suspension or dismissal from the team.

1. My conduct, on and off the field of play, will always reflect the highest standards of sportsmanship and ethical behavior. I will show pride in my school and team, and will always conduct myself in a manner that will make my school, my team, and my coaches proud of me.
2. I will treat my coaches, teammates, and competitors with respect and dignity.
3. In order to earn an athletic letter, I must finish each season in good standing and meet the established criteria, as set forth by my coach.
4. I will maintain a clean and well-groomed appearance and wear appropriate attire for all athletic competitions.
5. I agree to refrain from the possession and /or use of all tobacco products, vaping/e-cigarette products, alcoholic beverages, and narcotic substances during the sports season. First offense will result in suspension from the team and from competitions IAW the "Controlled and Mind Altering Substance Policy" of the IAP; re-instatement, where allowed, requires showing proof of attending one counseling session and attending at least two more counseling sessions within the next three weeks. A second offense during the school year will result in removal from athletic participation for the remainder of the school year.
6. I acknowledge that I am expected to participate in all practices and competitions of my team. I further acknowledge that participation in a non-DoDEA sport may conflict with this expectation. I will choose my DoDEA team first. Otherwise, I risk dismissal from my DoDEA team.
7. I must be in school the entire day before an athletic competition. If I have an unexcused absence from school, I will not participate in a scheduled practice or competitions that day. If I have an unexcused absence on a Friday, I will not participate in the competition during that weekend unless the competition is scheduled for both Friday and Saturday. In this case, I will not participate in the Friday competition but I will be eligible to participate on Saturday.
8. If I sustain an injury, which requires a doctor's attention, I will obtain written approval from both the doctor and my sponsor in order to train and play again.

9. If I am suspended from school, at a minimum, I will not participate in the next competition, and I understand I could be dismissed from my team for my action.

10. I will follow the DoDEA-E manual 2740.2, Section 9 regarding academic/athletic eligibility policy.

11. I will take personal responsibility for the care of all equipment issued to me. I will return the equipment in reasonable condition within 3 days after the end of the season or within 3 days of any removal or resignation from the team. I will not participate in any other sport unless my equipment is returned. I will pay for any lost or damaged items.

12. I will travel to and from all away games with the team and coach, unless a written request is provided to the coach who will authorize my release to the custody of my sponsor. This authorization must be received in advance.

13. I will complete a Physical Examination and this Athletic Packet prior to participation in any interscholastic athletic activities.

14. The Chain of Command for appeals are as follows: Coach, Athletic Director, and Administration.

I have read, understood, and hereby agree to the conditions set forth in the Athletic Code of Conduct of Ramstein High School.

Student: _____

Date: _____

Sponsor: _____

Date: _____

DoDEA-EUROPE
ACKNOWLEDGEMENT OF INHERENT RISK OF INJURY

I give permission for _____ (name of child/ward) to participate in any of the following sports that are NOT crossed out: baseball, basketball, cheer, cross country, football, golf, marksmanship, soccer, softball, tennis, track, volleyball, wrestling.

I am aware that with the participation in high school sports comes the risk of injury to my child/ward. I understand that the degree of danger and the seriousness of the risk varies significantly from one sport to another with contact/collision sports carrying the higher risk. I also understand that it is not possible to specifically list each and every individual risk, but that most activities may involve risks associated with strenuous exercise, as well as risks from the use of equipment or participation in group activities.

I acknowledge that we will either ask for or have been given any information that we need to determine the general risks associated with the activities in which my son/daughter will participate.

Name of Sponsor: (Print) _____

Signature of Sponsor: _____ Date: _____

DoDEA-EUROPE DRUG AND ALCOHOL POLICY

The possession, use, or sale of controlled or mind-altering substances, tobacco, vaping or e-cigarette products, alcoholic beverages, hallucinogenic drugs, inhalants, or combination of drugs or paraphernalia expressly prohibited by federal, or local laws, including prohibited substances which shall include those substances possessed, sold, and/or used that are held out to be, or represented to be, controlled substances by any student are prohibited.

- A. 1. Members of an athletic team who, during the season (the 1st day of practice through the awards ceremony), violate the controlled substance policy during the school day, on or off school property (to include while riding to or from school, school events, or school buses) or while attending/participating in a DoDEA-E function under the jurisdiction of the school, will be removed from the team for the remainder of the season.
- 2. Violations occurring during the post season championships (to include qualifying tournaments) will result in suspension from participation in the next sports season.
- 3. 2nd Offense during the school-year: Team member is removed from athletic participation for the remainder of the school year.
- B. 1. Members of an athletic team who, during the season, possess/use tobacco and/or alcohol- outside of the time and events stated above in point A, are subject to the following:
 - a) 1st Offense during school year: Team member is suspended from all competition for the next seven calendar days. If the suspension occurs during a time period when games are not scheduled, the team member will miss the next scheduled competition.

For the team member to be reinstated to the team, the student-athlete must show proof of attending one counseling session and scheduling and attending at least two more counseling sessions within the next three weeks. If the offense occurs at the end of the sport season, the seven calendar days and one athletic competition will be carried over to the next season that the athlete participates.

- b) 2nd Offense during the school year: Team member is removed from athletic participation for the remainder of the school year.

*** Violations to the Drug and Alcohol Policy are cumulative for the entire school year. They do not start over each sports season. ***

Parent/Guardian Signature _____ Date: _____
Student-Athlete Signature _____ Date: _____

Ramstein High School Social Media Contract

Ramstein High School recognizes that Social Media is an effective communication tool and we are adapting to the changing methods of communication. Due to the wealth of new Social Media tools available to students, student products and documents have the potential to reach audiences far beyond our community. Because of this, there is a greater need for responsibility and accountability for all involved. Below are guidelines students and athletes attending Ramstein High School are expected to follow.

Students will:

- Be aware of what you post online. What you contribute leaves a permanent digital footprint.
- Follow the same guidelines for respectful, responsible behavior online that are expected offline.
- Encourage positive, constructive communication.
- Alert a staff member if you see inappropriate, threatening, bullying, or harmful content online.
- Be cautious to protect the safety of myself and others online.

Students will not:

- Engage in threatening, harassment, cyber bullying, or disrespectful conduct toward others.
- Use social media in a way that is personally or physically harmful to myself or others.
- Use language that would be inappropriate in the classroom.
- Use the school name, logo, uniform, or other intellectual property without permission from the school.

If you become aware of an inappropriate use of social media, it is your obligation as a representative of Ramstein High School to report to your coach, athletic director, or school administration immediately. I have read and understand the Ramstein High School Social Media Guidelines and agree to abide by it.

Printed Name: _____

Signature: _____ Date: _____

Parent Signature: _____ Date: _____

DoDEA-Europe

Parent Code of Conduct Contract

As developed by Christopher Stankovich, Ph. D.

When kids are surveyed about the reasons why they play sports, the #1 response kids consistently report is to have fun. In addition to the fun kids experience while playing sports, additional benefits from sport participation include physical, cognitive, and emotional growth and development. Unfortunately, all these great things do not happen automatically, but instead occur as a direct result of your positive efforts as a parent. It is in this spirit that we have created the following Parent Code of Conduct Contract to remind parents of a few important tips designed to help your child maximize his or her athletic experience.

As a parent, it is important that you:

Respect the game, including your child, his or her teammates, and opponents. This means ensuring that your child attends and comes prepared for all practices and games, and treats both teammates and opponents with dignity and respect. Good sportsmanship means playing fair and safe, controlling negative emotions, and keeping the spirit of competition a healthy endeavor.

Respect the officials. Remember officials (a.k.a. referees, umpires, etc.) are an important part of sports and add to the overall experience for your child. It is important that you distinguish between bad calls (human error) and wrong calls (when an official doesn't know the rule). In either case, it is important that you respect all officials and develop tolerance skills for when bad calls are made (which will happen—officials are human and like all of us, will occasionally make a mistake!).

Refrain from coarse and threatening language, as well as forms of physical aggression. There is never a place in youth sports to use vulgarities, threaten, intimidate, or use physical aggression.

Let the coaches coach. While it may be easy to second-guess your child's coach from the sidelines, most parents forget to overlook how challenging it is for coaches to both win games and at the same time make sure that all of the players have an opportunity to develop. The job of being a coach is an incredibly challenging task, so be sure to support your child's coach as much as possible.

Watch for safety of all players at all times, including physical and emotional dangers. Be sure to pay attention to injuries, including concussions, and respond to them in a timely manner. Additionally, pay attention to signs of sport burnout and be sure to respond to your child if he or she needs help.

Cheer whenever possible, and stay away from booing and other negative fan behavior. High school sports provide a great opportunity for positive support, including cheering. Booing and other negative gestures and language from the sidelines are never appropriate, so be sure to stay focused on positively supporting your child's team at all times.

As a parent or guardian of _____ (student name), I agree to follow the above listed principles and understand that by signing this document, if behaving inappropriately, I may be asked to leave the game site.

NAME: _____ DATE: _____

SIGNATURE: _____

H-12-3	DEPARTMENT OF DEFENSE EDUCATION ACTIVITY SPORTS PHYSICAL					
<small>The public reporting burden for this collection of information is estimated to average 10 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden, to the Department of Defense, Washington Headquarters Services, Executive Services Directorate, Information Management Division, 4800 Mark Center Drive, Alexandria, VA 22304-3100 (0704-0495). Respondents should be aware that notwithstanding any other provision of law, no person shall be subject to any penalty for failing to comply with a collection of information if it does not display a currently valid OMB control number. RETURN COMPLETED FORM TO THE SCHOOL IN WHICH THE STUDENT IS ENROLLING.</small>						
<p style="text-align: center;">PRIVACY ACT STATEMENT</p> <p>AUTHORITY: 10 U.S.C. section, 2164 (Department of Defense Domestic Dependent Elementary and Secondary Schools) and 20 U.S.C. sections 921-932 (Defense dependents' education system). PRINCIPAL PURPOSE: Obtain health-related information about a student enrolling or enrolled in Department of Defense Education Activity (DoDEA) schools and programs to protect and enhance student health and promote a safe school environment. Determine services to be provided for a student in an equal opportunity to participate in public education. ROUTINE USES: DoDEA may release information without prior consent within the Department of Defense (DoD) when needed to perform an official DoD duty, in accordance with 5 U.S.C. section 552a (b) (1). DoDEA also may release information outside the DoD, in accordance with 5 U.S.C. section 552a (b) (2-12), and the "Blanket Routine Uses," published at http://dpcid.defense.gov/Privacy/SORNs/Index/BlanketRoutineUses.aspx. Examples of release may include for valid medical, law enforcement or security purposes, or for use in litigation involving the DoD. DISCLOSURE: Voluntary. However, failure to provide the requested information may result in the delay or denial of student services.</p>						
<h3>Sports Physical Clearance Form</h3> <p>_____ School (enter school name)</p> <p>I. Completed by STUDENT</p>						
Student Name (Last, First, MI):	Date of Birth:	Grade:				
<p>II. Completed by Examining Physician/PCM</p> <table border="1" style="width: 100%;"> <tr> <td data-bbox="82 787 1177 945" rowspan="2"> Cleared for sports participation: <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Restrictions: _____ <input type="checkbox"/> Medical Condition/medication required _____ _____ </td> <td data-bbox="1177 787 1479 945" style="text-align: center; vertical-align: top;"> DATE of Physical Exam: </td> </tr> <tr> <td data-bbox="1177 945 1479 1318"></td> </tr> </table>				Cleared for sports participation: <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Restrictions: _____ <input type="checkbox"/> Medical Condition/medication required _____ _____	DATE of Physical Exam: 	
Cleared for sports participation: <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Restrictions: _____ <input type="checkbox"/> Medical Condition/medication required _____ _____	DATE of Physical Exam: 					
Print Name and Title of Examining Physician/PCM:	Signature and Stamp of Examining Physician/PCM:					
<p>* Physical is valid for one calendar year from date signed PCM</p>						