

Levittown Public Schools
Athletic Department Procedures and Regulations

1. A Student Sport Application Form and Interim Health Form must be presented to the coach prior to the first try-out. Each athlete must be examined and approved for athletic participation by the school physician. In the event five consecutive days of school are missed, the athlete must report to the nurse and arrange for re-examination by the school physician.

2. All equipment issued must be maintained in good condition and returned at the completion of the season. Equipment may not be altered by athletes. If lost or damaged, equipment must be replaced or payment must be made to the school district. **IT IS THE RESPONSIBILITY OF EACH ATHLETE TO SAFEGUARD HIS/HER EQUIPMENT AGAINST THEFT.** An athlete may not participate on another team until all equipment is handed in or paid for.

3. Attendance at all practices and games is mandatory. Only the coach can excuse an athlete from either practice or games. It is the athlete's responsibility to notify the coach in the event it becomes necessary to miss a practice or a game. In the event of an unauthorized absence from or lateness to a game or a practice, the athlete may be suspended from the team. **A student who has not been legally present in school may not practice or play in a game on the day of the absence.**

4. All injuries during practice or games must be reported immediately so that the coach can file the appropriate report. Athletes should be aware that parental consent must be available for emergency hospital treatment.

5. It is expected that athletes maintain acceptable academic performances.

6. There is a responsibility both on and off the field to behave in a manner that reflects favorably on the team, the school and school district. Fighting and acts of vandalism are definitely not acceptable standards of behavior and are subject to disciplinary action.

7. Athletes have an obligation to themselves and to the team to maintain a high level of physical Efficiency.

8. The school is not responsible for personal property. We recommend that valuables be left at home or secured in locker.

9. **ATHLETES WHO FAIL PHYSICAL EDUCATION CAN NO LONGER PARTICIPATE IN ATHLETIC COMPETITION UNTIL A PASSING GRADE IS ATTAINED.**

10. Athletes and their custodians will review the contents of the Athletic Handbook as well as view the hazing and risk management videos which appear on the district web site.

I HAVE READ AND UNDERSTAND THE ABOVE:

Signature of Parent/Guardian _____ Date _____

Levittown Public Schools
Student Sport Application Form

Sport _____ Level or Grade _____

Name _____ Date of Birth _____ Age _____

Year Entered 9th Grade _____ School Attending Now _____

Home Address _____ Home Phone _____

Parent or Guardian _____ Business Phone _____

Name of Family Physician _____

Phone Number _____

Does Applicant Wear Glasses? _____ Are Lenses Shatter Proof? _____

Date of Last Tetanus Injection _____

IF ANY EMERGENCY, IF A PARENT IS NOT AVAILABLE, CONTACT SHOULD BE
MADE WITH: (Relative/Neighbor)

Name _____ Phone _____

**I give permission for my son/daughter to participate in the sport of _____
My child _____ and I have read the policy and procedures in regards to
concussion management. We agree to adhere to these guidelines in the event my child
sustains a head injury in a practice or contest. In addition, my child has viewed the videos
pertaining to “Hazing” and “Risk Management” and understands that there is always a
risk of injury when participating in athletics.**

**I am aware that a physical examination, by the school physician or my own physician, is
required before participating in inter-scholastic athletics or try-outs. Any illness of 5 days or
more during the season or since the last physical in the current school year requires re-
examination by the school or private physician. I am aware that the insurance plan is an excess
coverage plan, and there is no duplication of benefits.**

Parent or Guardian Signature _____ Date _____

**THIS FORM MUST BE FILLED OUT COMLETELY AND RETURNED TO THE
COACH/NURSE PRIOR TO THE FIRST TRY-OUT. YOUR SON/DAUGHTER WILL
NOT BEPERMITTED TO ATTEND ANY PRACTICE SESSION UNTIL YOU HAVE
SIGNED AND RETURNED THIS FORM TO THE COACH.**

*****PLEASE COMPLETE BOTH SIDES OF THIS FORM.*****