



Athletic Registration

I hereby give permission for my child to participate in the following Genesis Prep Academy Athletics teams (check all that apply for the 2022-23 school year):

<u>FALL 2022</u>	<u>WINTER 2022-23</u>	<u>Spring 2023</u>
<input type="checkbox"/> Volleyball (tryouts required) Girls Grades 7-12	<input type="checkbox"/> Basketball Boys/Girls Grades 7-12	<input type="checkbox"/> Golf Boys/Girls Grades 9-12 <input type="checkbox"/> Track Boys/Girls Grades 7-8

Student Name: _____

Male
 Female

Grade: _____ Home Phone: _____

Father/Guardian: _____ Work Phone/Cell: _____

Mother/Guardian: _____ Work Phone/Cell: _____

Parent/Guardian email address: _____

Participation in athletics is a privilege and not a right. Students who decide to participate shall be expected to exemplify the highest standards of sportsmanship, behavior and fair play both on and off the court/field. Students who are unable to abide by the expectations established by Genesis Prep Academy will be subject to disciplinary action. These expectations will be enforced from the time the student enrolls until the time they graduate. Expectations and disciplinary actions are outlined in the GPA Athletic and Activities Code of Conduct handout and in the GPA Parent and Family Handbook.



Any student must pay the designated athletic fee for any and every sport they are participating in. Fees may adjust each year depending on the projected costs for the year and are non-refundable. Car raffle tickets are available for check out. ALL ticket sale money goes toward individual sports fees for the school years 2022-23 if returned by November 1, 2022. Anything returned after that will go to the 2023-24 school year. Any outstanding balances will be automatically charged to FACTS based on the fee due dates below. If there are any questions or concerns with the fees, please contact Athletic Director, Scott Ferguson, at sferguson@genesisprep.org.

Sport	Start Date	Fees Due
HS Volleyball	Aug. 8, 2022	Nov. 14, 2022
HS Girls Basketball	Oct. 31, 2022	Dec. 1, 2022
HS Boys Basketball	Nov. 11 2022	Dec. 14, 2022
HS Golf	Feb. 27, 2023	April 1, 2023
MS Volleyball	Aug. 22, 2022	Nov. 14, 2022
MS Girls Basketball	Nov. 14, 2022	Dec. 14, 2022
MS Boys Basketball	Nov. 14, 2022	Dec. 14, 2022
MS Track	April 3, 2023	May 1, 2023

I understand and agree to pay the player fee required for the sport(s) and hereby give permission to charge my FACTS account for the player fees on the specified dates as seen .

Parent/Guardian: _____ Date: _____



CONSENT AND MEDICAL RELEASE

I hereby give permission for _____ to participate in Genesis Prep High School Athletics for the season, realizing that such activity involves the potential for injury which is inherent in all sports. I/We acknowledge that even with the best coaching, some of the most advanced protective equipment and strict observance to rules, injuries are still a possibility. On rare occasions these injuries can be so severe as to result in total disability, paralysis or even death. I/We acknowledge that I/we have read and understand this warning.

For any and all medical attention necessary to be administered to the registered player in the event of an accident, injury, sickness, etc., under the direction of the people listed below until such time as I may be contacted. The release is effective for the time during which my child is participating in the sport(s) registered for. I also hereby assume the responsibility for payment of such treatment mentioned above.

IT WILL BE MANDATORY FOR ALL ATHLETES TO HAVE THEIR OWN MEDICAL INSURANCE IN ORDER TO PARTICIPATE IN GENESIS PREP ACTIVITIES. Please provide a copy of your insurance card as proof of medical insurance.

Parent Contact Info:

Name: _____ Phone: _____

In the case I cannot be reached, either of the following people is designated as an emergency contact:

Name: _____ Phone: _____

Name: _____ Phone: _____

I (parent/guardian) hereby waive any or all rights, claims for damage arising from injury received while my child is participating in the above activities. I also hold harmless, Genesis Prep Academy, its directors, organizers, coaches, sponsors, managers, facility owners/operators, or any other supervisor appointed, for any injury incidental to the activities.

Parent/Guardian: _____ Date: _____

I also give permission for Genesis Prep to use my child's picture for advertising purposes such as calendars, fliers, and brochures.

Parent/Guardian: _____ Date: _____





GPA Athletic & Activities Code of Conduct

Commitment

Athletes and parents must understand they are making a commitment to the Lord, their teammates, and their coach when participating in the athletic and activities program. This commitment carries with it the expectation of attendance at all games, practices, and meetings unless excused by either illness or the coach's permission in advance. Participation on teams outside of school should be considered secondary and therefore should have secondary priority when there is a conflict, unless prior arrangements can be agreed upon between the athlete and the coach. This commitment extends to getting proper nutrition and rest, and even to sacrificing personal activities in order to keep up with schoolwork.

Once selected to a team, the athlete and his or her parent/guardian have committed themselves to supporting the school and team through the completion of the sport season. Each athlete has a responsibility to him or herself and the team to finish the season unless, in consultation with the coach, early release from the team is advisable.

GPA belongs to the Idaho High School Activities Association (IHSAA). GPA upholds all of the standards of the IHSAA and in certain circumstances may have more restrictive rules.

Participation Requirements:

1. All paperwork filled out and on file with the athletic office prior to any (practice or game) participation. To be eligible to practice or play a GPA student-athlete must complete registration, copy of current insurance coverage, have a current physical on file, and have paid their sports fee.
2. A minimum number of practices must be completed.
3. Maintain a minimum grade above 70% in all classes.
4. Maintain your commitment to your team (See Above)
5. Signed GPA Athletic and Activities Code of Conduct.

Rules & Code of Conduct Policies

Attendance at school, practice, and games

- Students must attend classes regularly, strive for academic excellence, and set positive examples in the school and community with his / her personal conduct.
- Students must attend school the entire day to participate in any co-curricular competitions, practices and performances scheduled for that day unless special permission is granted in advance by the Athletic Director.
- Students must be in school and remain for the entire day on Thursday to participate in any co-curricular competitions, practices and performance over the weekend. Exceptions can be made for medical & dental circumstances or pre-approved absences and must be approved by the Athletic Director.
- Student-athletes must be enrolled in 5 credits the semester they are participating in the activity.

Conduct unbecoming of a GPA Athlete

Student-athletes will not display behavior on or off the playing field which is considered insubordinate or inappropriate to standards of conduct, attitude or sportsmanship.

- Conform with the instructions, guidelines and training rules established by the coach or advisor with reference to but not limited to the practice schedule, equipment use, physical conditioning and practice activities.

- No use of profanity or obscene language.
- No inappropriate use of social media
- Maintain standards of dress set by the school, coach, or advisor.
- Not be involved in the willful destruction or theft of school or personal property.
- Not be involved in any unlawful activity.
- Any student-athlete that is suspended from school is in violation of the GPA Athletic and Activities Code.

Maintain standards of scholastic eligibility established by IHSAA & GPA

- A student-athlete not passing five full credit academic classes each semester will be ineligible to participate in contests the following semester (IHSAA Policy)
- Student-athletes shall abide by the GPA academic standards and requirements.

Do not use or possess Tobacco / Alcohol / Vaping / Drugs in any form

- Athletes will refrain from the use or possession of tobacco, vape, alcohol, and the illegal use or possession of drugs including steroids or be knowingly present while such activity is taking place.
- Use or possession of tobacco/ e-cigarette products is prohibited under this code even when the student reaches their 18th birthday.

Athletic Misconduct

Involvement in the Genesis Prep Academy activities and athletics program is a privilege, not a right. The conduct rules listed below are a 365 policy that apply to all student-athletes at GPA. Violations of the GPA Athletic and Activities Code of Conduct are cumulative for grades 7-8 and 9-12.

Procedures: The investigation of incidents, disciplinary actions and procedural due process shall be the primary responsibility of the Athletic Director and administration.

Determination of Misconduct:

- Student/athletes determined to be in violation of the Genesis Prep Academy Athletic Code and his/her parents shall be notified by the Athletic Director or Administration of the specific violation as well as the consequences.
- If the student-athlete and/or parents do not agree with the decision of the Athletic Director and/or Administration, they may appeal to the Principal within three (3) business days of the decision. The disciplinary action will remain in effect while the Principal studies the appeal.
- Following violations, the student shall be eligible for the reinstatement only after the terms of his/her suspension have been fulfilled and a reentry meeting with the Athletic Director has occurred. The Athletic Director, Administration, and Principal shall have the final authority as to the student's reinstatement of eligibility.

Disciplinary Actions:

- *% of season will be determined by multiplying the number of regular season contests by % and rounding to the nearest whole number. Carry Over Language - if the % is not fulfilled during the present sports season, it will carry over to the next sports season that the athlete completes in good standing.
- ** Student-Athletes are expected to practice, but are unable to travel to away games or dress for home games.

Definitions Pertaining to illegal substances:

- Actual Possession:** The act of having a substance in one's custody or control. Actual possession occurs when the item is in physical custody of the person charged with possession.
- Discovery by investigation:** The process by which an administrator, coach, or advisor initiates an investigation and discovers student involvement in an activity.
- Discovery by Self Report:** Participants who self-report must do so within 2 school days after the event.
- Knowingly Present:** for the purposes of this policy "knowingly present" shall mean that a student attended a gathering of two (2) or more individuals at which one or more of the attendees were illegally using or in possession of drug

paraphernalia, controlled substances, drugs, alcohol or tobacco and the student knew, or reasonably should have known, that such use or possession would occur.

Violations Concerning Behavior Alcohol Tobacco Illegal Drugs			
Prohibited Conduct	First Offense	Second Offense	Third Offense
Flagrant/Volatile one time event or a Pattern of unsportsmanlike conduct. Taunting, physical or verbal abuse, inappropriate gestures, public foul or abusive language, negative or inappropriate social media posts.	Reviewed case by case by Athletic Director and Administration. 1-2 game suspension or removal from team	*Suspended for the season	*Suspended for 1 calendar year
Actual Possession/Use of: Alcohol/illegal drugs or marijuana, tobacco, E-cigs, vaping products or any other illegal drugs including steroids.	<u>Investigative:</u> 25% of season* (Able to practice, but unable to dress for competitions or travel to away competitions) <u>Self Report:</u> 15% of season* (Able to practice, but unable to dress for competitions or travel to away competitions)	<u>Investigative:</u> Dismissal from 100% of season* <u>Self Report:</u> Possible reduction with certain criteria met, (ie substance abuse counseling)	<u>Investigative:</u> 1 calendar year* Loss of letter, awards, or records earned
Knowingly Present of: illegal use of alcohol, illegal drugs, marijuana, tobacco, e-cigs, and vaping products	<u>Investigative:</u> 15% of season* <u>Self Report:</u> 0% of season without usage	<u>Investigative:</u> 30% of season* <u>Self Report:</u> 15% of season without usage*	<u>Investigative:</u> 100% of season* <u>Self-Report:</u> 30% of season without usage*
Illegal Acts: Including hazing of conduct unrepresentative of GPA	Reviewed case by case by Athletic Director /Administration		

I have read and agree to comply with the Genesis Prep Academy Athletic & Activities Code.

Student-athlete signature _____ Date: _____

Parent's signature: _____ Date: _____

STATEMENT OF UNDERSTANDING AND AGREEMENT

- I understand that once signed, the GPA Athletic and Activities Code of Conduct will be in effect for 365 days as long as I am a student and involved in athletics and activities at Genesis Prep Academy.
- I understand that violations are cumulative for grades 7-8 and 9-12.
- I understand that if I falsify any signature on required forms, I will lose eligibility for that activity.

Student-athlete signature _____ Date: _____

Parent's signature: _____ Date: _____



HEALTH EXAMINATION and CONSENT FORM

It is required all students complete a history and physical examination prior to his/her first 9th and 11th grade practice in the interscholastic (9-12) athletic program in the State of Idaho. The exam is at the expense of the student and may not be taken prior to May 1 of the 8th and 10th grade years. This examination is to be done by a licensed physician, physician's assistant or nurse practitioner under optimal conditions. Interim history forms are required during the 10th and 12th grade years and must be submitted to the school administration prior to the first practice.

Name: _____ Sex: M / F Date of birth: _____ Age: _____
Address: _____ Phone: _____
School: _____ Sports: _____ Participation Grade: _____

MEDICAL HISTORY

Fill in details of "YES" answers in space below:

	Yes	No		Yes	No
1. Have you ever been hospitalized?	<input type="checkbox"/>	<input type="checkbox"/>	6. Have you ever had a head injury?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever had surgery?	<input type="checkbox"/>	<input type="checkbox"/>	Have you ever been knocked out or unconscious?	<input type="checkbox"/>	<input type="checkbox"/>
2. Are you presently taking any medication or pills?	<input type="checkbox"/>	<input type="checkbox"/>	Have you ever been diagnosed with a concussion?	<input type="checkbox"/>	<input type="checkbox"/>
3. Do you have any allergies (medicine, bees, other insects)?	<input type="checkbox"/>	<input type="checkbox"/>	Have you ever had a seizure?	<input type="checkbox"/>	<input type="checkbox"/>
4. Have you ever passed out during or after exercise?	<input type="checkbox"/>	<input type="checkbox"/>	Have you ever had a stinger, burned or pinched nerve?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever been dizzy during or after exercise?	<input type="checkbox"/>	<input type="checkbox"/>	7. Have you ever had heat or muscle cramps?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever had chest pain during or after exercise?	<input type="checkbox"/>	<input type="checkbox"/>	Have you ever been dizzy or passed out in the heat?	<input type="checkbox"/>	<input type="checkbox"/>
Do you tire more quickly than your friends during exercise?	<input type="checkbox"/>	<input type="checkbox"/>	8. Do you have trouble breathing or do you cough during or after exercise?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever had high blood pressure?	<input type="checkbox"/>	<input type="checkbox"/>	9. Do you use special equipment (pads, braces, neck rolls, mouth guard or eye guards, etc.)?	<input type="checkbox"/>	<input type="checkbox"/>
Have you been told you have a heart murmur?	<input type="checkbox"/>	<input type="checkbox"/>	10. Have you ever had problems with your eyes or vision?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever had racing of your heart or skipped heartbeats?	<input type="checkbox"/>	<input type="checkbox"/>	Do you wear glasses, contacts or protective eyewear?	<input type="checkbox"/>	<input type="checkbox"/>
Has anyone in your family died of heart problems or a sudden death before age 50?	<input type="checkbox"/>	<input type="checkbox"/>	11. Have you had any other medical problems (infectious mononucleosis, diabetes, ect.)?	<input type="checkbox"/>	<input type="checkbox"/>
5. Do you have any skin problems (itching, rash, acne)?	<input type="checkbox"/>	<input type="checkbox"/>			
12. Have you had a medical problem or injury since your last evaluation?	<input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>			
13. Have you ever sprained/strained, dislocated, fractured, broken or had repeated swelling or other injuries of any of bones or joints?					
<input type="checkbox"/> head <input type="checkbox"/> back <input type="checkbox"/> shoulder <input type="checkbox"/> forearm <input type="checkbox"/> hand <input type="checkbox"/> hip <input type="checkbox"/> knee <input type="checkbox"/> ankle					
<input type="checkbox"/> neck <input type="checkbox"/> chest <input type="checkbox"/> elbow <input type="checkbox"/> wrist <input type="checkbox"/> finger <input type="checkbox"/> thigh <input type="checkbox"/> shin <input type="checkbox"/> foot					
14. Were you born without a kidney, testicle, or any other organ?	<input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>			
15. When was your first menstrual period?	_____				
When was your last menstrual period?	_____				
What was the longest time between your periods last year?	_____				

Explain "YES" answers: _____

CONSENT FORM

(Parent or guardian and student permission and approval)

I hereby consent to the above named student participating in the interscholastic athletic program at his/her school of attendance. This consent includes travel to and from athletic contests and practice sessions. I further consent to treatment deemed necessary by physicians designated school authorities for any illness or injury resulting from his/her athletic participation. I also consent to release of any information contained in this form to carry out treatment and healthcare operations for the above named student.

If the health care provider's exam will be performed without compensation as part of the school's health examination program for participation in high school activities, I agree to the waiver provisions as set forth in Idaho Code Section 39-7703 and agree that the health care provider shall be immune from liability as specified in said section.

PARENT OR GUARDIAN SIGNATURE _____ DATE: _____

This application to compete in interscholastic athletics for the above school is entirely voluntary on my part and is made with the understanding that I have not violated any of the eligibility rules and regulation of the State Association.

SIGNATURE OF STUDENT _____ DATE: _____

Idaho High School Activities Association Physical Examination Form

Name: _____ Date of Birth: _____

Height _____	Weight _____	BP _____ / _____	Pulse _____
Vision R 20 / _____ L 20 / _____		Corrected: Y N	
Normal	Abnormal findings		
Medical			
Pulses			
Heart			
Lungs			
Skin			
Ears, nose, throat			
Pupils			
Abdomen			
Genitalia (males)			
Musculoskeletal			
Neck			
Shoulder			
Elbow			
Wrist			
Hand			
Back			
Knee			
Ankle			
Foot			
Other			

CLEARANCE / RECOMMENDATIONS

Clearance:

- A. Cleared for all sports and other school-sponsored activities.
- B. Cleared after completing evaluation/rehabilitation for:

C. NOT cleared to participate in the following IHSAA sponsored sports /activities:

baseball basketball cheer/dance cross country football golf
soccer softball swimming tennis track volleyball wrestling

NOT cleared for other school-sponsored activities (*example: lacrosse*):

- D. Student is NOT permitted to participate in high school athletics.

Reason: _____

Recommendation:

Name of physician:

Address: _____ Phone: _____

Signature of physician/medical provider: _____ Date: _____

(This Physical Examination Form MUST be signed by a licensed physician, physician assistant or nurse practitioner)



INTERIM QUESTIONNAIRE

It is required all students complete a history and physical examination prior to his/her first 9th and 11th grade practice in the interscholastic (9-12) athletic program in the State of Idaho. The exam is at the expense of the student and may not be taken prior to May 1 of the 8th and 10th grade years. This examination is to be done by a licensed physician, physician's assistant or nurse practitioner under optimal conditions. Interim history forms are required during the 10th and 12th grade years and must be submitted to the school administration prior to the first practice.

Name: _____ Date of birth: _____ Sex: M / F
Address: _____ Phone: _____
School: _____ Participation Grade: _____

MEDICAL HISTORY

SINCE LAST PHYSICAL EXAMINATION, HAS THIS STUDENT:

Fill in details of "YES" answers in space below:	Yes	No
1. Had surgery?	<input type="checkbox"/>	<input type="checkbox"/>
2. Been hospitalized?	<input type="checkbox"/>	<input type="checkbox"/>
3. Been under a physician's care	<input type="checkbox"/>	<input type="checkbox"/>
4. Had serious illness?	<input type="checkbox"/>	<input type="checkbox"/>
5. Had an injury requiring a physician's care?	<input type="checkbox"/>	<input type="checkbox"/>
6. Been rendered unconscious?	<input type="checkbox"/>	<input type="checkbox"/>
7. Been diagnosed with a concussion?	<input type="checkbox"/>	<input type="checkbox"/>
8. Started taking any new medications?	<input type="checkbox"/>	<input type="checkbox"/>
9. Developed any new drug allergies?	<input type="checkbox"/>	<input type="checkbox"/>
10. Developed any health problems?	<input type="checkbox"/>	<input type="checkbox"/>

Explain "YES" answers: _____

CONSENT FORM

(Parent or guardian and student permission and approval)

I hereby consent to the above named student participating in the interscholastic athletic program at his/her school of attendance. This consent includes travel to and from athletic contests and practice sessions. I further consent to treatment deemed necessary by physicians designated school authorities for any illness or injury resulting from his/her athletic participation. I also consent to release of any information contained in this form to carry out treatment and healthcare operations for the above named student.

My child **should** or **should NOT** have a physical examination prior to participation in high school athletics.

Name: _____ Address: _____
City: _____ Zip: _____
Phone: _____

PARENT OR GUARDIAN SIGNATURE _____ DATE: _____

This application to compete in interscholastic athletics for the above school is entirely voluntary on my part and is made with the understanding that I have not violated any of the eligibility rules and regulation of the State Association.

SIGNATURE OF STUDENT _____ DATE: _____

Note: The original copy of this form **MUST** be returned to the school