

KANSAS STATE HIGH SCHOOL ACTIVITIES ASSOCIATION PO Box 495, 601 SW Commerce Place; Topeka, KS 66601-0495; (785) 273-5329

# HISTORY PRE-PARTICIPATION PHYSICAL EVALUATION

Name	Sex	Age	Date of birth		
TO BE COMPLETED	ANNUALLY BY EVERY		ANT AND PAREN	IT OR GUARDIA	N
Grade School	Sport(s)	)			
Address				Phone ( )	
Personal physician		Parent F	Email		
In case of emergency, contact:					
Name	Relationship	Phone	(H)	(W)	
PPE shall not be taken ear STUDENT/PARENT/GUAR Explain "YES" answers	DIAN - answer questio	ons below F	PRIOR TO EXAM	INATION by phys	sician.
YES NO		YES N	0		
1.       Have you had a medical illness check up or sports physical?         Do you have an ongoing or chrom         2.       Have you ever been hospitalized         you gain or lose weight or improved         Have you ever taken any suppleter you gain or lose weight or improved         You gain or lose weight or improved         Have you ever passed out during         Have you ever passed out during         Have you ever been dizzy during         Have you ever had chest pain du         Do you get tired more quickly the exercise?         Have you ever had racing of your h         Have you ever been told you have         Have you ever been told you have         Have you ever been told you have         Have you had asevere viral infection or for sudden death before age 50?         Have you have any current skin prober rashes, acne, warts, fungus, or bl         Have you	ic illness? overnight? cription or non-prescription as or pills or using an ments or vitamins to help ve your performance? ample, to pollen, medicine, ou ever had a rash or hives cor after exercise? ring or after exercise? an your friends do during eart or skipped heartbeats? re or high cholesterol? e a heart murmur? ive died of heart problems ? on (for example, myocarditis t month? stricted your participation ? olems (for example itching, listers)? or concussion? _How many?		devices that aren't u example, knee brace on your teeth, heari Have you had any p Do you wear glasse Have you ever had of a muscle, tendon If yes, check approp Head Back Back Chest Shoulder Upper arm Do you want to wei Do you lose weight for your sport? Has a doctor told y risk for blood disord Were you born with or any other organs Do you feel that you breath with activity Do you have any c with the doctor? ES ONLY Have you begun me If yes, are you ever (i.e., irregularity, pa	problems with your eges, contacts, or protect a sprain, strain, frace box and explain Elbow Forearm Wrist Hand Finger agh more or less than regularly to meet we focu or a family memb ders? Ex: Sickle Cell, nout or are you missin s? u have fatigue or incr y? concerns that you wo enstruation?	port or position (fo t orthotics, retained yes or vision? tive eyewear? ture or dislocation below. Hip Thigh Shin/call Shin/call Ankle Foot you do now? eight requirement over that you are a etc ag a kidney, testicl reased shortness of uld like to discuss

**PPE** 

# PHYSICAL EXAMINATION

# **PRE-PARTICIPATION PHYSICAL EVALUATION**

Name			Date of Birtl	h		
Height	Weight		Pulse	В	lood Pressure	/
Vision	R 20/	L 20/	Corrected: Y N	Pupils: Equal	Unequal	
Date of recer	nt immunizations:	Td	Tdap	Hep B		
		Varicella	HPV	Meningocoo	cal	

	NORMAL	ABNORMAL FINDINGS	INITIALS*
MEDICAL			
Appearance			
Eyes/Ears/Nose/Throat			
Lymph Nodes			
Heart			
Pulses			
Lungs			
Abdomen			
Genitalia/Hernia			
Skin			
MUSCULOSKELETAI	_		
Neck			
Back			
Shoulder/Arm			
Elbow/Forearm			
Wrist/Hand			
Hip/Thigh			
Knee			
Leg/Ankle			
Foot			

\*Station-based examination only

## CLEARANCE

Cleared for all activities	
Not cleared for:	
Reason:	
Recommendations:	

#### I HEREBY CERTIFY THAT I AM QUALIFIED BY TRAINING AND EXPERIENCE TO PROPERLY PERFORM THE EXAMINATION AND MAKE THE EVALUATION REFLECTED ON THIS FORM

Name of healthcare provider (print/type)

Date

Phone (

Address

\_

Signature of healthcare provider

Provider's credentials: MD, DO, DC, PA-C, APRN

# ATTENTION PARENTS AND STUDENTS KSHSAA ELIGIBILITY CHECK LIST

#### PPE shall not be taken earlier than May 1 preceding the school year for which it is applicable.

#### NOTE: Transfer Rule 18 states in part, a student is eligible transfer-wise if:

BEGINNING SEVENTH GRADER—A seventh grader, at the beginning of his or her seventh grade year, is eligible under the Transfer Rule at any school he or she may choose to attend. In addition, age and academic eligibility requirements must also be met.

BEGINNING NINTH GRADERS IN A THREE-YEAR JUNIOR HIGH SCHOOL—So that ninth graders of a three-year junior high are treated equally to ninth graders of a four-year senior high school, a student who has successfully completed the eighth grade of a two-year junior high/middle school, may transfer to the ninth grade of a three-year junior high school at the beginning of the school year and be eligible immediately under the Transfer Rule. Such a ninth grader must then as a tenth grader, attend the feeder senior high school of their school system. Should they attend a different school as a tenth grader, they would be ineligible for eighteen weeks.

ENTERING HIGH SCHOOL FOR THE FIRST TIME—A senior high school student is eligible under the Transfer Rule at any senior high school he or she may choose to attend when senior high is entered for the first time at the beginning of the school year. In addition, age and academic eligibility requirements must also be met.

### For Middle/Junior High and Senior High School Students to Retain Eligibility

**Schools may have stricter rules** than those pertaining to the questions above or listed below. Contact the principal or coach on any matter of eligibility. A student to be eligible to participate in interscholastic activities must be certified by the school principal as meeting all eligibility standards.

All KSHSAA rules and regulations are published in the official *KSHSAA Handbook* which is distributed annually and is available at your school principal's office.

Below Are Brief Summaries Of Selected Rules. Please See Your Principal For Complete Information.

- **Rule 7 Physical Evaluation Parental Consent**—Students shall have passed the **attached evaluation** and have the written consent of their parents or legal guardian.
- Rule 14 Bona Fide Student—Eligible students shall be a bona fide undergraduate member of his/her school in good standing.
- Rule 15 Enrollment/Attendance—Students must be regularly enrolled and in attendance not later than Monday of the fourth week of the semester in which they participate.
- **Rule 16 Semester Requirements**—A student shall not have more than two semesters of possible eligibility in grade seven and two semesters in grade eight. A student shall not have more than eight semesters of possible eligibility in grades nine through twelve, regardless of whether the ninth grade is included in junior high or in a senior high school.

junior high or in a senior high school. NOTE: If a student does not participate or is ineligible due to transfer, scholarship, etc., the semester(s) during that period shall be counted toward the total number of semesters possible.

- Rule 17 Age Requirements—Students are eligible if they are not 19 years of age (16, 15 or 14 for junior high or middle school student) on or before September 1 of the school year in which they compete.
- Rule 19 Undue Influence—The use of undue influence by any person to secure or retain a student shall cause ineligibility. If tuition is charged or reduced, it shall meet the requirements of the KSHSAA.
- **Rules 20/21** Amateur and Awards Rules—Students are eligible if they have not competed under a false name or for money or merchandise of intrinsic value, and have observed all other provisions of the Amateur and Awards Rules.
- Rule 22 Outside Competition—Students may not engage in outside competition in the same sport during a season in which they are representing their school. NOTE: Consult the coach or principal before participating individually or on a team in any game, training session, contest, or tryout conducted by an outside organization.
- **Rule 25 Anti-Fraternity**—Students are eligible if they are not members of any **fraternity** or other organization prohibited by law or by the rules of the KSHSAA.
- **Rule 26 Anti-Tryout and Private Instruction**—Students are eligible if they have not participated in **training sessions or tryouts** held by colleges or other outside agencies or organizations in the same sport while a member of a school athletic team.
- **Rule 30 Seasons of Sport**—Students are not eligible for more than **four seasons** in one sport in a four-year high school, three seasons in a three-year high school or two seasons in a two-year high school.

To be eligible for participation in interscholastic athletics/spirit groups, a student must have on file with the superintendent or principal, a signed statement by a physician, chiropractor, physician's assistant who has been authorized to perform the examination by a Kansas licensed supervising physician or an advanced practice registered nurse who has been authorized to perform this examination by a Kansas licensed supervising physician, certifying the student has passed an adequate physical examination and is physically fit to participate (*See KSHSAA Handbook, Rule 7*). A complete history and physical examination must be performed annually before a student participates in KSHSAA interscholastic athletics/cheerleading. The annual history and the physical examination shall not be taken earlier than May 1 preceding the school year for which it is applicable. The KSHSAA recommends completion of this evaluation by athletes/cheerleaders at least one month prior to the first practice to allow time for correction of deficiencies and implementation of conditioning recommendations.

# Parent or Guardian Consent

I do not know of any existing physical or any additional health reasons that would preclude participation in activities. I certify that the answers to the questions in the **HISTORY** part of the Preparticipation Physical Examination (PPE), are true and accurate. I approve participation in activities. I hereby authorize release to the KSHSAA, school nurse, certified athletic trainer, coach and medical provider of information contained in this document. Upon written request, I may receive a copy of this document for my own personal health care records.

I acknowledge that there are risks of participating, including the possibility of catastrophic injury.

I hereby give my consent for the above student to compete in KSHSAA approved activities, and to accompany school representatives on school trips and receive emergency medical treatment when necessary. It is understood that neither the KSHSAA nor the school assumes any responsibility in case of accident. The undersigned agrees to be responsible for the safe return of all equipment issued by the school to the student.

#### The above named student and I have read the KSHSAA Eligibility Check List and how to retain eligibility information listed in this form.

<b>For Middle/Junior High and Senior High S</b> If a <b>negative</b> response is given to any of the following quest eligibility. This should be done before the student is allowed still exist, the school administrator should telephone the KS of Transfer Form T-E on <b>all</b> transfer students.)	tions, this enrollee shoul to attend his/her first c	d contact his/her administrator ir lass and prior to the first activity	charge of evaluating practice. If questions
YES NO			
<ol> <li>Are you a bona fide student in good standing</li> <li>Did you pass at least five new subjects (the regulation which requires you to pass at least</li> </ol>	nose not previously pa	ussed) last semester? (The KSHS)	AA has a minimum
3. Are you planning to <b>enroll in at least five new</b> ( <i>The KSHSAA has a minimum regulation which</i>			
4. Did you attend this school or a feeder school in Sections a and b.) a. Do you reside with your parents? b. If you reside with your parents, have they The student/parent authorizes the school to release to mation for the purpose of determining student eligibis publish the name and picture of student as a result of and KSHSAA activities or events.	n your district last semes made a permanent and the KSHSAA student	ter? (If the answer is "no" to this que bona fide move into your school's records and other pertinent do ont also authorizes the school of	estion, please answer attendance center? ocuments and infor- and the KSHSAA to
Parent or Guardian's Signature		Date	
Student's Signature	Date	Birth Date	Grade

### **Goessel Unified School District #411 Emergency Medical and Insurance Information for Extracurricular Activities**

			Male Female		
Last Name of Student	First	Initial	Circle One	Grade	Date of Birth
Home Address				Home Phone	
		Parent/Guard	ian Information		
Father	W	ork Number_		Cell Number_	
Mother	V	Vork Number_		Cell Number_	
Emergency contact:		Work Nu	mber	Cell Num	ber
Family Doctor			Phone_		
Dentist			Phone_		
Hospital Preference					
Medicines student is allerg	ic to				
Other factors					
INSURANCE					
Name of the Insurance Cor	npany		Policy Nu	ımber	
We/I, the undersigned, verify the					
coveragefor the above-named s					
extracurricularactivity offered b					
responsibilityfor all medical can					
above-namedstudent as a result FACT THAT MANY INSUR					
PLEASE CHECK YOUR PO	LICY CAREFU	JLLY OR CONSU	ULT YOUR INSU	RANCE CARRIE	<b>R</b> .

#### AGREEMENT TO OBEY INSTRUCTIONS AND ACKNOWLEDGEMENT OF RISK

We/I recognize the importance of following the instructions of coaches and sponsors regarding playing techniques, training and other ruleswhile participating in extracurricular activities. We/I also understand that participation in extracurricular activities may involve risk of injuryand that some contact sports involve greater risk of injury than other sports. Transportation of students shall be in compliance withboard policy and administrative guidelines.

#### **MEDICAL AUTHORIZATION**

We/I the undersigned parent or legal guardian of the above named student, do hereby grant to any hospital, emergency center, doctor, nurse, and/or paramedic, authority to provide emergency medical treatment to my child. Further, should the attending physician determine, after examination, that life-saving surgery or other life-saving procedures are necessary, I do hereby grant permission to administer necessary life-saving surgery or other life-saving procedures.

I have read and fully understand the information on this form.	My signature indicates agreem	ent with the above information.
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Dated and signed at\_\_\_\_\_\_ Kansas, this \_\_\_\_\_\_ day of \_\_\_\_\_\_, 20 \_\_\_\_\_.

Signature of Student

Signature of Parent or Legal Guardian

### **Goessel Unified School District #411 Emergency Medical and Insurance Information for Extracurricular Activities**

#### \*\*\*This form must be on file in the high school office prior to participation\*\*\*

Parents and students should read this form carefully and thoroughly. The Goessel Board of Education, administration, faculty, and staff recognize the importance of safety and responsibilities pertaining to activities. Thank you for your participation.

1. Eligiblity: Students must meet the eligibility requirements of the KSHSAA. In addition, USD 411 recognizes the importance of academics and encourages all students to prioritize their studies over activities. In order to participate in activities at Goessel, a student must be passing all classes in which they are enrolled.

Students who wish to participate must also be in good standing. To be in 'good standing', a student may not use, posess, or distriute any form of tobacco, illegal drugs, alcoholic beverages, or other mind altering substances either on or off school grounds. A student who is suspended short-term or long-term is not considered in "good standing" during the suspension.

2. **Insurance:** Due to the risk of injury in many of activities and especially in football, USD 411 highly recommends that each participant have some type of medical insurance to cover such things as emergency transportation, emergency room, x-ray, and doctor-care costs. Each student who participats in an activity sponsored by the KSHSAA is covered by a catastropic insurance plan purchased by the Association which only covers the portion of medical expenses above \$25,000 and up to \$5 million. This policy is designed to give additional protection above and beyond usual coverage of a student.

USD 411 carries only liability insurance to protect the school district. Personal student insurance is made available for purchase through the high school office.

3. Activity regulations: Each coach has certain rules and regulations that will be explained to each participant at the beginning of each season. In addition, school policy outlined in the student handbook also pertains to activities. This includes personal appearance and dress, respect for personal property, and respect towards fellow students, staff, and patrons of USD 411.

### KSHSAA RECOMMENDED CONCUSSION & HEAD INJURY INFORMATION RELEASE FORM 2014-2015

# This form must be signed by all student athletes and parent/guardians before the student participates in any athletic or spirit practice or contest each school year.

A concussion is a brain injury and all brain injuries are serious. They are caused by a bump, blow, or jolt to the head, or by a blow to another part of the body with the force transmitted to the head. They can range from mild to severe and can disrupt the way the brain normally works. Even though most concussions are mild, <u>all concussions are potentially serious and may result in complications including prolonged brain damage and death if not recognized and managed properly.</u> In other words, even a "ding" or a bump on the head can be serious. You can't see a concussion and most sports concussions occur without loss of consciousness. Signs and symptoms of concussion may show up right after the injury or can take hours or days to fully appear. If your child reports any symptoms of concussion, or if you notice the symptoms or signs of concussion yourself, seek medical attention right away.

owing:
<ul> <li>Amnesia</li> <li>"Don't feel right"</li> <li>Fatigue or low energy</li> <li>Sadness</li> </ul>
<ul> <li>Nervousness or anxiety</li> <li>Irritability</li> <li>More emotional</li> <li>Confusion</li> <li>Concentration or memory problems (forgetting game plays)</li> <li>Repeating the same question/comment</li> </ul>
aches include:
<ul> <li>Shows behavior or personality changes</li> <li>Can't recall events prior to hit</li> <li>Can't recall events after hit</li> <li>Seizures or convulsions</li> <li>Any change in typical behavior or personality</li> <li>Loses consciousness</li> </ul>

Adapted from the CDC and the 3rd International Conference in Sport

#### What can happen if my child keeps on playing with a concussion or returns too soon?

Athletes with the signs and symptoms of concussion should be removed from play immediately. Continuing to play with the signs and symptoms of a concussion leaves the young athlete especially vulnerable to greater injury. There is an increased risk of significant damage from a concussion for a period of time after that concussion occurs, particularly if the athlete suffers another concussion before completely recovering from the first one (second impact syndrome). This can lead to prolonged recovery, or even to severe brain swelling with devastating and even fatal consequences. It is well known that adolescent or teenage athletes will often under report symptoms of injuries. And concussions are no different. As a result, education of administrators, coaches, parents and students is the key for student-athlete's safety.

#### If you think your child has suffered a concussion

Any athlete even suspected of suffering a concussion should be removed from the game or practice immediately. No athlete may return to activity after sustaining a concussion, regardless of how mild it seems or how quickly symptoms clear, without written medical clearance from a Medical Doctor (MD) or Doctor of Osteopathic Medicine (DO). Close observation of the athlete should continue for several hours. You should also inform your child's coach if you think that your child may have a concussion Remember it is better to miss one game than miss the whole season. When in doubt, the athlete sits out!

#### **Cognitive Rest & Return to Learn**

The first step to concussion recovery is cognitive rest. This is essential for the brain to heal. Activities that require concentration and attention such as trying to meet academic requirements, the use of electronic devices (computers, tablets, video games, texting, etc.), and exposure to loud noises may worsen symptoms and delay recovery. Students may need their academic workload modified while they are initially recovering from a concussion. Decreasing stress on the brain early on after a concussion may lessen symptoms and shorten the recovery time. This may involve staying home from school for a few days, followed by a lightened school schedule, gradually increasing to normal. Any academic modifications should be coordinated jointly between the student's medical providers and school personnel. No consideration should be given to returning to physical activity until the student is fully integrated back into the classroom setting and is symptom free. Rarely, a student will be diagnosed with post-concussive syndrome and have symptoms that last weeks to months. In these cases, a student may be recommended to start a non-contact physical activity regimen, but this will only be done under the direct supervision of a healthcare provider.

#### **Return to Practice and Competition**

The Kansas School Sports Head Injury Prevention Act provides that if an athlete suffers, or is suspected of having suffered, a concussion or head injury during a competition or practice, the athlete must be immediately removed from the competition or practice and cannot return to practice or competition until a Health Care Professional has evaluated the athlete and provided a written authorization to return to practice and competition. The KSHSAA recommends that an athlete not return to practice or competition the same day the athlete suffers or is suspected of suffering a concussion. The KSHSAA also recommends that an athlete's return to practice and competition should follow a graduated protocol under the supervision of the health care provider (MD or DO).

For current and up-to-date information on concussions you can go to: <u>http://www.cdc.gov/concussion/HeadsUp/youth.html</u> <u>http://www.kansasconcussion.org/</u>

For concussion information and educational resources collected by the KSHSAA, go to: <a href="http://www.kshsaa.org/Public/General/ConcussionGuidelines.cfm">http://www.kshsaa.org/Public/General/ConcussionGuidelines.cfm</a>

Student-athlete Name Printed	Student-athlete Signature	Date
Parent or Legal Guardian Printed	Parent or Legal Guardian Signature	Date

## **Goessel Jr/Sr High School**

#### Universal Code of Conduct for Extracurricular Activities

#### **1.** Eligibility- same as district policy

a. Ineligible athletes will still practice but will not participate in events. Participants and managers are viewed synonymously and are required to attend home events. Ineligible students will only be permitted to travel with the team if they will not miss any school or other educational requirements by doing so. More so, ineligible managers are expected to perform their normal duties.

#### 2. Drug and Alcohol Policy – same as district policy

#### 3. Attendance

- a. Practice times will be determined by coaches/sponsors. After school sport practices will begin at 3:35. If a player knows in advance that they will miss a practice they need communicate directly with the coach ahead of time. Upon returning, a note from a parent, doctor, etc... is required to have the absence recorded as excused.
- b. Excused absences include: medical appointment, sickness, family trip with prior approval, holiday trips with prior approval, religious convictions/observances, and serious illness or death in immediate family.
- c. Unexcused absences include, but are not limited to: haircuts, personal errands, bank runs, detentions, working, music lessons, going to the fair, hunting, etc...
- d. All absences and tardiness may result in makeup of time missed. Unexcused absences may result in limited participation, opportunities to improve (OTI), suspension from an event, or dismissal from the team. These consequences will be determined by the coach.

#### 4. Transportation

- a. All participants are expected to leave and return for activities on a school sponsored vehicle. This is important team time. If a problem arises and a special request is made, participants can be released to a parent/guardian or authorized person by completing a form and returning to the head coach.
- b. When traveling to events it is permissible to talk quietly to those nearby. Horseplay and loud or disruptive behavior is inappropriate.

#### 5. Playing time

- a. Goessel Jr/Sr High School's goal is to provide equal opportunity to participate for all students who are in good standing at the junior high and junior varsity levels. Student safety, likelihood of student success, and scheduling are factors that may influence participation.
- b. Students will not always be able to play their desired role and assignments will be made by the head coach/sponsor. Understanding that everyone contributes differently is important to recognize as teams strive for success.

#### 6. Lettering – Determined by sport

a. Managers and statisticians who contribute throughout the entirety of the season will be awarded a letter.

#### 7. Dress and appearance

a. Participants are expected to dress according to their team/group policy.

#### 8. Technology

Music is allowed before games, this includes bus rides. Cell phones or other communication outside of the team/group should not occur prior to the event. Using technology to contact parents for reasons related to transportation is permissible after the event. This is important team time and respect should be given to your teammates and coaches/sponsors. Consequences include, but are not limited to: opportunities to improve, confiscation of the device, and limited participation.

## **Goessel Jr/Sr High School**

#### Universal Code of Conduct for Extracurricular Activities

#### 9. Equipment

a. For each activity, participants may be assigned equipment and apparel. It is the responsibility of the participant to return all equipment and gear as it was when it was checked out. Failure to locate the item will result in the participant paying the cost to replace the item, which will most likely be higher than the original cost. Furthermore, athletes are trusted to use equipment in appropriate ways and will be required to pay the cost of the equipment should it be misused and damaged/broken. All dues for equipment must be paid before participating in another activity.

#### 10. In and out of class behavior

- a. Detentions/suspensions may result in makeup of practice, limited participation, OTI, and other disciplinary action as determined by coach/sponsor. General guidelines are offered below:
  - i. 1<sup>st</sup> offense: OTI
  - ii. 2<sup>nd</sup> offense: OTI and 1 game suspension
  - iii. 3<sup>rd</sup> offense: dismissal from team
- b. Avoid unlawful behaviors including drinking, smoking, drugs, or any other illegal act. Being a positive representation of the district and team within the school and community is expected. Consequences are outlined in student handbook.
- c. Digital media: remember that all posts, photos, etc... can be seen on your Facebook, Twitter, YouTube, webpage, or other digital media. Anything that is deemed to be inappropriate or does not promote the success of the team or reflects poorly on the student will be met with consequences including limited participation, OTI, dismissal from team, or other discipline as determined by coach/sponsor.

#### **11.** Communication

- a. Issues should be communicated in the following order
  - i. Student should talk to the head coach/sponsor and discuss outcome with parents
  - ii. Student and parent should talk to the head coach/sponsor
  - iii. Parents, student, coach and administration will meet
  - b. Issues that arise during a contest should be addressed the day after the event by following the chain of command. Resolving issues through direct communication such as a phone call or face-to-face is preferred to an e-mail.

#### 12. Respect for teammates, opponents, facilities, official, custodians, bus drivers, and coaches

- a. Exhibiting good sportsmanship and respect towards those around you is expected. Profanity, poor attitudes, and taunting are a few examples on inappropriate behaviors.
- b. The expectation is to keep the locker rooms, hallways, gyms, buses, and training room spotless. All members of the team/group may suffer consequences as assigned by the head coach/sponsor.
- c. Hazing, bullying, and initiation of any sort are strictly prohibited. A few examples include underclassman doing all preparation/cleanup, intimidating others, and assigning jobs and responsibilities without approval from the head coach/sponsor. Any student that witnesses these problems occurring is encouraged to tell the head coach or administration. Such behavior will be met with any of the following consequences: limited participation, OTI, and dismissal from the team.
- d. All players are expected to support their teammates by attending all home and away contests. Exceptions may be made for family functions and should be communicated to the head coach as soon as known. Coaches/sponsors have discretion in determining which events are required for all participants to attend.

#### 13. Please refer to sport/group policies for additional and more specific guidelines.