**Extra-Curricular Activity Rules and Academic Eligibility Contract**

I have read and fully understand my/our student athlete's responsibility regarding the Extra-Curricular Code of Conduct and academic eligibility. I understand that he/she has a responsibility to abide by these rules and if he/she does not, disciplinary action will result. I agree to support the school in this effort.

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent or Guardian Signature

I have read the Lyons Central School District Extra-Curricular Code of Conduct and my coach/activity advisor has reviewed them with me and my parents/guardians. I promise to live by the Extra-Curricular Code of Conduct and understand that if I violate this contract, the result will be disciplinary actions as outlined.

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student’s Signature Print Name

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Coach’s/Activity Advisor’s Signature

**Note:** A copy of this contract will be filed with the District. The Extra-Curricular Code of Conduct is in effect during the entire school year, which is from July 1 through June 30. Students who do not have a contract on file will not be eligible to participate until this document is signed and filed with the District.

**Lyons Central School District**

**Athletic Department**

Lyons Middle High School

10 Clyde Road

Lyons, N.Y. 14489

(315) 946-2250 Mr. Stephen Veeder

Athletic Director



Dear Athlete and Parent:

An honest attempt has been made to inform the student athlete as to “where he/she stands.” A committee comprised of students, coaches, administrators, and a Board of Education member have developed minimum standards, which must be maintained for participating in athletics at Lyons. Individual coaches may wish to vary these rules, but the participants and parents will be notified of these variances (Coaches cannot vary below minimum).

Your knowledge of these standards will certainly enhance the athletic program at the school. Likewise, your adherence to these rules will make better participants of all. Parental awareness and assistance is necessary to provide the athlete and the school with an excellent member of a team, a family, and society.

Coaches have the primary responsibility for the enforcement of the standards. Athletes have a like responsibility in the adherence to the same. A committee has been formed to handle special cases as required. This committee consists of the high school principal, the Athletic Director and the appropriate coaches. **The rules for athletic participation can be viewed on the schools website under athletics. However, by request you may have a hard copy.**

“Your cooperation is needed so that our athletic program is conducted in a sound educational manner.”

Welcome to the team and best wishes for a fine and rewarding season.

Sincerely yours,

Donald Putnam, Superintendent

Stephen J. Veeder

Athletic Director

PARENT AND ATHLETE:

PLEASE BE AWARE THAT THERE IS A POSSIBILITY THAT YOUR CHILD MAY SUFFER A SEVERE INJURY THAT COULD INCLUDE PERMANENT PARALYSIS OR DEATH, AS A RESULT OF PARTICIPATING IN ATHLETIC ACTIVITIES.

Please return this form to your perspective coach!

**LYONS CENTRAL SCHOOL**

**LYONS, NEW YORK 14489**

**Dear Parent/Guardian of Interscholastic Sports Participant:**

In the event your child were to be injured while participating in an interscholastic sports program, the cost of services provided by a physician, a hospital, an emergency room, etc., must first be reported to your health care provider, for example Blue Cross/Blue Shield.

The Lyons Board of Education does maintain a Student Accident Policy with Pupil Benefits Plan, but its coverage is limited.

The District’s Student Accident Insurance can only be used if:

1. You, as a parent or guardian, have NO hospital or medical protection insurance.
2. The Student Insurance Policy provides some limited coverage that may not be provided by your insurance carrier.
3. Claims not covered by your health care provider or the Pupil Benefits Plan is the sole responsibility of the parent/guardian.

If you would like a brochure that fully describes the coverage that is provided under the school district’s student accident policy, please contact Mrs. Jill Harper, School Nurse, at the middle/high school. Accidents must be reported to Mrs. Harper within 30 days of the accident.

To signify that you are aware of the above matter concerning student insurance protection, please sign where indicated below and return to your child’s coach.

Thank you for your cooperation.

Sincerely,

Donald Putnam

Superintendent

Athlete’s Signature Parent’s Signature Date Sport

**PARENT AND ATHLETE:**

**PLEASE BE AWARE THAT THERE IS A POSSIBILITY THAT YOUR CHILD MAY SUFFER A SEVERE INJURY THAT COULD INCLUDE PERMANENT PARALYSIS OR DEATH, AS A RESULT OF PARTICIPATING IN ATHLETIC ACTIVITIES.**

Please return this form to your perspective coach!

**EMERGENCY INFORMATION CARD**

**Lyons Central School**

**Please Print**

Player’s Name

(Last) (First)

Birth Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Grade: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Sport Participating in: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Level: \_\_\_\_\_\_\_\_\_\_

Address Home Phone

Where can parents be reached if not at home?

Mother’s Address: Phone

Father’s Address: Phone

**List two neighbors or nearby relatives who will assume temporary care of your child if you**

**can not be reached.**

1. Name:

Address: Phone:

1. Name:

Address: Phone:

**Signature of Parent or Guardian:**

Remarks: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Local Physician’s Name:

Address:

Office Telephone: Home Telephone:

Insurance Company’s name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please return this form to your perspective coach!