

NAME: \_\_\_\_\_



## HCHS Athletics Forms

- KHSAA Physical
- FCPS Address Verification
- HIPAA Privacy Release
- Transportation 1
- Transportation 2
- Parent Code of Conduct
- Media Release
- Middle School Verification



**Athletic Participation Form  
Parental and Student Consent and Release  
For High School Level (grades 9-12) participation**

*KHSAA Form GE04  
High School Parental Permission and Consent  
Rev. 7/20, page 1 of 2  
© KHSAA, 2020*

*The student and parents/guardian must read this statement carefully and sign where required. By signing this form, all parties agree that they have accurately completed all sections of the form and have read and agree to the terms of this form as detailed. This form **must** be completed before the student participates (hereinafter including try out for, practice and/or compete) in interscholastic athletics. This form should be kept in a secure location until the student has exhausted eligibility, graduated from high school and reached the age of 19.*

**ATHLETE INFORMATION (This part must be completed by the student and family)**

Name (Last, First, Initial) \_\_\_\_\_ School Year \_\_\_\_\_

Home Address (Street, City, State, Zip): \_\_\_\_\_

Gender \_\_\_\_\_ Grade \_\_\_\_\_ School \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Birth Place (County, State): \_\_\_\_\_

**School Attendance History**

Grade	School Name	School Year	Varsity Play – (Yes/No)?
9			
10			
11			
12			

**I am planning to participate in the following (check all you might try to play):**

- |                                    |                                      |  |                                   |  |                                     |
|------------------------------------|--------------------------------------|--|-----------------------------------|--|-------------------------------------|
| <input type="checkbox"/> Baseball  | <input type="checkbox"/> Basketball  | <input type="checkbox"/> Cross Country | <input type="checkbox"/> Football | <input type="checkbox"/> Golf              | <input type="checkbox"/> Lacrosse   |
| <input type="checkbox"/> Soccer    | <input type="checkbox"/> Softball    | <input type="checkbox"/> Swimming      | <input type="checkbox"/> Tennis   | <input type="checkbox"/> Track and Field   | <input type="checkbox"/> Volleyball |
| <input type="checkbox"/> Wrestling | <input type="checkbox"/> Archery     | <input type="checkbox"/> Bass Fishing  | <input type="checkbox"/> Bowling  | <input type="checkbox"/> Competitive Cheer | <input type="checkbox"/> Dance      |
| <input type="checkbox"/> Esports   | <input type="checkbox"/> Other _____ |  |                                   |  |                                     |

**EMERGENCY CONTACT INFORMATION**

\_\_\_\_\_ Name (please print) \_\_\_\_\_ Relation to Student \_\_\_\_\_

\_\_\_\_\_ Emergency Contact Address, including City, State and Zip \_\_\_\_\_

\_\_\_\_\_ Daytime Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

**REQUIRED INSURANCE INFORMATION (KHSAA Bylaw 12)**

*Prior to participation in practice or contests (including trying for a place on a team) in any sport or sport activity during the limitation of seasons as defined in Bylaw 23, all students are required to have medical insurance with coverage limits of at least \$25,000. If this coverage is provided through the school, contact the Principal or Athletic Director regarding any potential claim. Individual schools and districts may impose additional requirements for insurance or coverage during additional periods for activities outside of Bylaw 23.*

\_\_\_\_\_ Insurance Carrier \_\_\_\_\_ Policy Number / ID Number \_\_\_\_\_ Group Number \_\_\_\_\_ Plan \_\_\_\_\_

**EMERGENCY TREATMENT INFORMATION**

The following information is recorded solely for potential hospitalization and emergency care needs and is not required to be recorded on this form. However, those failing to provide this information should be aware that this might be required by emergency treatment facilities prior to rendering service, and failure to provide could result in lack of appropriate care.

\_\_\_\_\_ Social Security Number \_\_\_\_\_ Birth Date \_\_\_\_\_

**CONSENT INFORMATION TO PARTICIPATE, ACKNOWLEDGMENT OF RISK, ACKNOWLEDGEMENT OF ELIGIBILITY  
RULES, LIABILITY WAIVER AND CONSENT AND RELEASE**

As parent/legal guardian, I agree to allow my child to participate in interscholastic athletics.

The student and parent/legal guardian recognize that participation in interscholastic athletics involves some inherent risks for potentially severe injuries, including but not limited to death, serious neck, head and spinal injuries which may result in complete or partial paralysis, brain damage, serious injury to internal organs, serious injury to bones, joints, ligaments, muscles, tendons, and other aspects of the muscular skeletal system, and

serious injury or impairment to other aspects of the body, or effects to the general health and well being of the child. Because of these inherent risks, the student and parent/legal guardian recognize the importance of the student obeying the coaches' instructions regarding playing techniques, training and other team rules. By signing this form, the student and parent/legal guardian acknowledge that the student's participation is wholly voluntary and to having read and understood this provision.

The student and parent/legal guardian individually and on behalf of the student, hereby irrevocably, and unconditionally release, acquit, and forever discharge the KHSAA and its officers, agents, attorneys, representatives and employees (collectively, the "Releasees") from any and all losses, claims, demands, actions and causes of action, obligations, damages, and costs or expenses of any nature (including attorney's fees) that the student and/or parent/legal guardian incur or sustain to person, property or both, which arise out of, result from, occur during or are otherwise connected with the student's participation in interscholastic athletics if due to the ordinary negligence of the Releasees.

The student and parent/legal guardian acknowledge that they have read and understood the KHSAA Bylaws by distribution under the handbook links at <http://khsaa.org/>. Please be aware that a student is subject to the one-year period of ineligibility the bylaw commonly referred to as the "Transfer Rule," upon participation in any varsity contest regardless of the amount of participation or lack thereof.

The student and parent/legal guardian agree to abide by the KHSAA Bylaws and Due Process Procedure as now enacted or later amended. The student and parent/legal guardian further acknowledge that they agree to abide by the rulings of the Commissioner, Assistant Commissioner, Hearing Officer and Board of Control.

The student and parent/legal guardian acknowledge that the student must have medical insurance coverage up to a limit of \$25,000 in order to be eligible to participate in interscholastic athletics.

The student and parent/legal guardian, individually and on behalf of this student, give the high school, the KHSAA and their representatives permission to release this student's demographic information (including motion picture and still photographic images) and participation statistics (including height, weight and year in school, participation history and other performance based statistics) and other information as may be requested, and agree that the student may be photographed or otherwise digitally or electronically captured during school-based competition. All of this material may be used without permission or compensation specifically related to the KHSAA and its events.

The student and parent/legal guardian consent to this student receiving a physical examination as required by the KHSAA.

The student and parent/legal guardian, individually and on behalf of this student, consent to the high school and the KHSAA and their representatives to use and disclose the necessary personally identifiable information from the student's education records including academic, financial and health care information, to third parties including school representatives, coaches, athletic trainers, medical facilities, medical staffs, KHSAA legal counsel and the media, for the purpose of receiving proper/necessary medical care and complying with the KHSAA bylaws, including making determinations regarding eligibility to participate in interscholastic athletics and any administrative or legal proceedings resulting from participation or attempted participation in interscholastic athletics, without such disclosure constituting a violation of rights under the Family Educational Rights and Privacy Act. The student and parent/legal guardian, individually and on behalf of this student, further release the high school, the KHSAA and their representatives from any and all claims arising out of the use and disclosure of said necessary personally identifiable information, and agree to release to the high school, the KHSAA, and their representatives, upon request, the detailed and completed application for financial aid.

The student and parent/legal guardian, individually and on behalf of the student, hereby acknowledge that they are aware of and will review if desired, the education materials available through the KHSAA, the Centers for Disease Control and other agencies regarding education all individuals with respect to nature and risk of concussion and head injury, including the continuance of play after concussion or head injury.

The student and parent/legal guardian, individually and on behalf of the student, hereby consent to allow the student to receive medical treatment that may be deemed advisable by the high school, the KHSAA, and their representatives in the event of injury, accident or illness while participating in interscholastic athletics, including, but not limited to, transportation of the student to a medical facility.

**STUDENT AND PARENT/GUARDIAN ACKNOWLEDGMENT OF RISK, ELIGIBILITY RULES, LIABILITY WAIVER AND  
CONSENT AND RELEASE AND EMERGENCY PERMISSION FORM**

Students' Name (please print)

School

Student and Parent/Guardian Address including City, State and Zip

Signature of Student

Date

Please list above any health problems/concerns this student may have, including allergies (medications / others) and any medications presently being used

Name of Parent(s)/Guardian(s) who has/have custody of this student (please print)

Emergency Phone Number

Signature of Parent(s)/Guardian(s) who has/have custody of this student

Date

## ■ PREPARTICIPATION PHYSICAL EVALUATION

### MEDICAL ELIGIBILITY FORM

Name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

- Medically eligible for all sports without restriction
- Medically eligible for all sports without restriction with recommendations for further evaluation or treatment of

\_\_\_\_\_  
\_\_\_\_\_

- Medically eligible for certain sports

\_\_\_\_\_  
\_\_\_\_\_

- Not medically eligible pending further evaluation

- Not medically eligible for any sports

Recommendations: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

I have examined the student named on this form and completed the preparticipation physical evaluation. The athlete does not have apparent clinical contraindications to practice and can participate in the sport(s) as outlined on this form. A copy of the physical examination findings are on record in my office and can be made available to the school at the request of the parents. If conditions arise after the athlete has been cleared for participation, the physician may rescind the medical eligibility until the problem is resolved and the potential consequences are completely explained to the athlete (and parents or guardians).

Name of health care professional (print or type): \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Signature of health care professional: \_\_\_\_\_, MD, DO, NP, or PA

### SHARED EMERGENCY INFORMATION

Allergies: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Medications: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Other information: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Emergency contacts: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

## ■ PREPARTICIPATION PHYSICAL EVALUATION

### HISTORY FORM

Note: Complete and sign this form (with your parents if younger than 18) before your appointment.

Name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Date of examination: \_\_\_\_\_ Sport(s): \_\_\_\_\_

Sex at birth (F, M): \_\_\_\_\_

List past and current medical conditions. \_\_\_\_\_

\_\_\_\_\_

Have you ever had surgery? If yes, list all past surgical procedures. \_\_\_\_\_

\_\_\_\_\_

Medicines and supplements: List all current prescriptions, over-the-counter medicines, and supplements (herbal and nutritional). \_\_\_\_\_

\_\_\_\_\_

Do you have any allergies? If yes, please list all your allergies (ie, medicines, pollens, food, stinging insects). \_\_\_\_\_

\_\_\_\_\_

Patient Health Questionnaire Version 4 (PHQ-4)  
Over the last 2 weeks, how often have you been bothered by any of the following problems? (Circle response.)

	Not at all	Several days	Over half the days	Nearly every day
Feeling nervous, anxious, or on edge	0	1	2	3
Not being able to stop or control worrying	0	1	2	3
Little interest or pleasure in doing things	0	1	2	3
Feeling down, depressed, or hopeless	0	1	2	3

(A sum of  $\geq 3$  is considered positive on either subscale [questions 1 and 2, or questions 3 and 4] for screening purposes.)

GENERAL QUESTIONS		
(Explain "Yes" answers at the end of this form. Circle questions if you don't know the answer.)		
	Yes	No
1. Do you have any concerns that you would like to discuss with your provider?		
2. Has a provider ever denied or restricted your participation in sports for any reason?		
3. Do you have any ongoing medical issues or recent illness?		
HEART HEALTH QUESTIONS ABOUT YOU		
	Yes	No
4. Have you ever passed out or nearly passed out during or after exercise?		
5. Have you ever had discomfort, pain, tightness, or pressure in your chest during exercise?		
6. Does your heart ever race, flutter in your chest, or skip beats (irregular beats) during exercise?		
7. Has a doctor ever told you that you have any heart problems?		
8. Has a doctor ever requested a test for your heart? For example, electrocardiography (ECG) or echocardiography.		

HEART HEALTH QUESTIONS ABOUT YOU		
(CONTINUED)		
	Yes	No
9. Do you get light-headed or feel shorter of breath than your friends during exercise?		
10. Have you ever had a seizure?		
HEART HEALTH QUESTIONS ABOUT YOUR FAMILY		
	Yes	No
11. Has any family member or relative died of heart problems or had an unexpected or unexplained sudden death before age 35 years (including drowning or unexplained car crash)?		
12. Does anyone in your family have a genetic heart problem such as hypertrophic cardiomyopathy (HCM), Marfan syndrome, arrhythmogenic right ventricular cardiomyopathy (ARVC), long QT syndrome (LQTS), short QT syndrome (SQTS), Brugada syndrome, or catecholaminergic polymorphic ventricular tachycardia (CPVT)?		
13. Has anyone in your family had a pacemaker or an implanted defibrillator before age 35?		

BONE AND JOINT QUESTIONS	Yes	No
14. Have you ever had a stress fracture or an injury to a bone, muscle, ligament, joint, or tendon that caused you to miss a practice or game?		
15. Do you have a bone, muscle, ligament, or joint injury that bothers you?		
MEDICAL QUESTIONS	Yes	No
16. Do you cough, wheeze, or have difficulty breathing during or after exercise?		
17. Are you missing a kidney, an eye, a testicle (males), your spleen, or any other organ?		
18. Do you have groin or testicle pain or a painful bulge or hernia in the groin area?		
19. Do you have any recurring skin rashes or rashes that come and go, including herpes or methicillin-resistant <i>Staphylococcus aureus</i> (MRSA)?		
20. Have you had a concussion or head injury that caused confusion, a prolonged headache, or memory problems?		
21. Have you ever had numbness, had tingling, had weakness in your arms or legs, or been unable to move your arms or legs after being hit or falling?		
22. Have you ever become ill while exercising in the heat?		
23. Do you or does someone in your family have sickle cell trait or disease?		
24. Have you ever had or do you have any problems with your eyes or vision?		

MEDICAL QUESTIONS (CONTINUED)	Yes	No
25. Do you worry about your weight?		
26. Are you trying to or has anyone recommended that you gain or lose weight?		
27. Are you on a special diet or do you avoid certain types of foods or food groups?		
28. Have you ever had an eating disorder?		
FEMALES ONLY	Yes	No
29. Have you ever had a menstrual period?		
30. How old were you when you had your first menstrual period?		
31. When was your most recent menstrual period?		
32. How many periods have you had in the past 12 months?		

**Explain "Yes" answers here.**

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**I hereby state that, to the best of my knowledge, my answers to the questions on this form are complete and correct.**

Signature of athlete: \_\_\_\_\_

Signature of parent or guardian: \_\_\_\_\_

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



**KENTUCKY HIGH SCHOOL ATHLETIC ASSOCIATION  
SUPPLEMENTAL PRE-PARTICIPATION EXAM  
QUESTIONNAIRE RELATED TO COVID-19 AND  
THE CORONAVIRUS**

KHSAA Form PPE02  
SUPPLEMENTAL PAGE  
Rev.07/21  
Page 1 of 1

*OPTIONAL FORM TO SUPPLEMENT OPTIONAL PPE02 FOR PROVIDERS*

<b>Information Needed</b>	<b>Please complete the information below to provide to your health care provider</b>
Student Name	

**THE FOLLOWING INFORMATION IS TO BE COMPLETED BY THE STUDENT AND FAMILY**

<b>Information Needed</b>	<b>Completed by the student and family</b>
Name of School	

1	Has this student ever been diagnosed with COVID-19 or had a positive test for it?	YES	NO
2	If the answer to Question 1 is "Yes," please give the approximate date of the positive test or diagnosis?		
3	If the answer to Question 1 is "Yes," did the student participate later in the school year in other organized sports or sport-activities?	YES	NO
4	If the answer to Question 1 is "Yes," then it should be considered by the health care provider and parents that the pre-participation physical and return to play protocol be completed by an MD or DO following the KHSAA's Return-to-Play Guidelines for COVID-19 positive student-athletes, which can be found at the following link: <a href="https://bit.ly/2SQDOxm">https://bit.ly/2SQDOxm</a>	YES	NO

<u>Print</u> Name of Person Signing this Form			
Date	Signature	Daytime Phone	

**PARENT/CUSTODIAL FAMILY SIGNATURES AND CERTIFICATIONS**

I attest that the information provided is accurate.	
Student Signature	
<u>Print</u> Name of Student Signing	
Custodial Parent Signature	
<u>Print</u> Name of Person Signing	
Date	

**■ PREPARTICIPATION PHYSICAL EVALUATION**

**PHYSICAL EXAMINATION FORM**

Name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

**PHYSICIAN/STATUTORILY AUTHORIZED PROVIDER REMINDERS**

1. Consider additional questions on more-sensitive issues.
  - Do you feel stressed out or under a lot of pressure?
  - Do you ever feel sad, hopeless, depressed, or anxious?
  - Do you feel safe at your home or residence?
  - Have you ever tried cigarettes, e-cigarettes, chewing tobacco, snuff, or dip?
  - During the past 30 days, did you use chewing tobacco, snuff, or dip?
  - Do you drink alcohol or use any other drugs?
  - Have you ever taken anabolic steroids or used any other performance-enhancing supplement?
  - Have you ever taken any supplements to help you gain or lose weight or improve your performance?
  - Do you wear a seat belt, use a helmet, and use condoms?
2. Consider reviewing questions on cardiovascular symptoms (Q4–Q13 of History Form).

EXAMINATION		
Height:	Weight:	
BP: / ( / )	Pulse:	Vision: R 20/ L 20/ Corrected: <input type="checkbox"/> Y <input type="checkbox"/> N
MEDICAL	NORMAL	ABNORMAL FINDINGS
Appearance <ul style="list-style-type: none"> <li>• Marfan stigmata (kyphoscoliosis, high-arched palate, pectus excavatum, arachnodactyly, hyperlaxity, myopia, mitral valve prolapse [MVP], and aortic insufficiency)</li> </ul>		
Eyes, ears, nose, and throat <ul style="list-style-type: none"> <li>• Pupils equal</li> <li>• Hearing</li> </ul>		
Lymph nodes		
Heart** <ul style="list-style-type: none"> <li>• Murmurs (auscultation standing, auscultation supine, and ± Valsalva maneuver)</li> </ul>		
Lungs		
Abdomen		
Skin <ul style="list-style-type: none"> <li>• Herpes simplex virus (HSV), lesions suggestive of methicillin-resistant <i>Staphylococcus aureus</i> (MRSA), or tinea corporis</li> </ul>		
Neurological		
MUSCULOSKELETAL	NORMAL	ABNORMAL FINDINGS
Neck		
Back		
Shoulder and arm		
Elbow and forearm		
Wrist, hand, and fingers		
Hip and thigh		
Knee		
Leg and ankle		
Foot and toes		
Functional <ul style="list-style-type: none"> <li>• Double-leg squat test, single-leg squat test, and box drop or step drop test</li> </ul>		

\*\* Consider electrocardiography (ECG), echocardiography, referral to a cardiologist for abnormal cardiac history or examination findings, or a combination of those.



Appendix Q

**Fayette County Public Schools  
Address Verification**

I, \_\_\_\_\_, parent/legal guardian of \_\_\_\_\_, verify that  
(Full Name) (Student's Name)

\_\_\_\_\_  
(Street Address)

\_\_\_\_\_  
(City, State ZIP)

is the address where \_\_\_\_\_ resides with me.  
(Student's Name)

I understand that my student athlete must live with me within the \_\_\_\_\_ attendance area or have specific permission to attend \_\_\_\_\_ in accordance with Fayette County Board Policy 9.11 in order to participate in any school activity. I also understand that KHSAA shall not recognize guardianship or similar arrangements for purposes of eligibility.

I understand that if it is discovered that my student is not eligible under this guideline that she/he may be subject to penalty up to and/or including one school year of ineligibility and forfeiture of games won in which she/he played.

My signature below verifies that I have read and understand this information. I also understand that if I or if my child moves while enrolled, I will notify the school in writing and I will personally notify the coach.

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

- DATE OF ENROLLMENT \_\_\_\_\_
- What school(s) did you attend last year (this includes middle school or high school)?  
\_\_\_\_\_
- Have you transferred to a FCPS from another school for this year?(yes or no), if yes what school?  
\_\_\_\_\_
- If you did transfer, did you participate in athletics at your previous school? (yes or no), if yes, varsity or JV?  
\_\_\_\_\_

## HIPAA PRIVACY RULE RELEASE FORM

The University of Kentucky Sports Medicine Center faculty and staff are committed to protecting the privacy of all health information obtained and maintained through this pre-participation physical examination. This "protected health information" (PHI) provides information about

\_\_\_\_\_ 's past and present health. The  
(Insert Student Athlete's Name)

Purpose of this release form is to explain who this information will be released to and to obtain written authorization from the parent(s)/legal guardian(s) for release of this information.

This athlete's PHI will be shared/released to a school official (such as the head coach) to certify approval of physical activity and for treatment purposes if the parent/guardian is not available. For these reasons, this signed form is mandatory for participation in KHSAA Insurance Portability and Accountability Act (HIPAA) at the clinic (details included in clinic Notice of Privacy Practices) and the Family Education Right to Privacy Act (FERPA) that applies at the school.

I have read and understood the information above.

Parent(s)/Legal Guardian(s) signature:

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



FAYETTE COUNTY PUBLIC SCHOOLS

VOLUNTEER DRIVER CHECKLIST

TRIP INFORMATION

DATE: \_\_\_\_\_ SCHOOL: \_\_\_\_\_

PURPOSE OF TRIP: \_\_\_\_\_

DATE OF TRIP: \_\_\_\_\_

TRIP IS TO: \_\_\_\_\_

FROM: \_\_\_\_\_

MAXIMUM #. OF STUDENTS TO BE TRANSPORTED IN VOLUNTEER'S VEHICLE: \_\_\_\_\_

DRIVER SCREENING/INSURANCE REQUIREMENTS

NAME OF DRIVER: \_\_\_\_\_

VEHICLE YEAR/MAKE/MODEL: \_\_\_\_\_ LIC #: \_\_\_\_\_

Please respond to each item with a yes or no answer.

YES/NO

\_\_\_\_\_ I am older than 21 years of age.

\_\_\_\_\_ I have a valid Commonwealth of Kentucky driver's license.

License #: \_\_\_\_\_

Exp. Date: \_\_\_\_\_

\_\_\_\_\_ I have had no vehicle moving violations or at-fault accidents within the last three years. If you have had any, please list:

\_\_\_\_\_ I have never been convicted of any crimes against children or other persons.

\_\_\_\_\_ I carry minimum auto liability limits of \$500,000 per occurrence combined single limit of liability (or \$100,000 per person/\$300,000 per accident Bodily Injury; \$50,000 per accident Property Damage) and uninsured motorist coverage.

Company: \_\_\_\_\_

Policy #: \_\_\_\_\_

\_\_\_\_\_ I am aware that, in the event of an accident while on a school-related activity, any claims will be tendered to my personal automobile insurance company, and my insurance is primary.

(Continued)

**VEHICLE INSPECTION**

Please respond to each item with a yes or no answer.

YES/NO

\_\_\_\_\_ There is a working seat belt for the driver and each passenger, and I enforce the wearing of seat belts by all.

\_\_\_\_\_ My vehicle's brakes, including the emergency brake, are in good working order.

\_\_\_\_\_ My vehicle's tires have legal tread depth (at least 3/32").

\_\_\_\_\_ My vehicle's brake lights, turn indicators, and headlights are in good working order.

\_\_\_\_\_ My vehicle's windows are clear and provide an unobstructed view for the driver.

\_\_\_\_\_ My vehicle has functioning rear view mirrors (center and left side).

\_\_\_\_\_ My vehicle has no other physical defects that would interfere with the safety of the driver and passengers.

\_\_\_\_\_ My vehicle has a rated capacity of ten passengers or less.

\_\_\_\_\_ If my vehicle has dual airbags, I will not seat children under 12 or small persons in front passenger seat.

\_\_\_\_\_ I agree to use booster seats/car seats when required by the Commonwealth of Kentucky state law. The above information is true and accurate to the best of my knowledge. I hereby give my permission for a copy of my personal Motor Vehicle Report to be ordered and used in consideration of my transporting students during field trips.

\_\_\_\_\_  
Signature of Volunteer Driver

\_\_\_\_\_  
Date

\*\*\*\*\*

**ADMINISTRATIVE REVIEW**

\_\_\_\_\_ If the volunteer will drive for more than one day, the district has obtained the information to order a motor vehicle record (MVR) check (three-year comprehensive record) from the Department of Licensing.

\_\_\_\_\_ If the volunteer will drive for more than one day and will have unsupervised student contact, the district has obtained the information to order a Commonwealth of Kentucky background information check.

\_\_\_\_\_ All students have parental permission to ride with a volunteer driver.

\_\_\_\_\_ All "NO" responses have been addressed satisfactorily.

I have reviewed the above information and this driver and vehicle are approved for this trip.

\_\_\_\_\_  
Signature of Administrator/Designee

\_\_\_\_\_  
Date

**FAYETTE COUNTY PUBLIC SCHOOLS**

701 East Main Street  
Lexington, Kentucky 40502  
(859) 381-4100

**PARENTAL PERMISSION FOR  
EXTRA-CURRICULAR ACTIVITY/STUDENT TRANSPORTATION**

*This form is used to establish formal parental permission for student transportation.*

I, \_\_\_\_\_, parent/legal guardian of \_\_\_\_\_,  
hereby grant permission to Fayette County Public Schools to transport my child to the activities  
listed on the attached schedule. My child participates in the extra-curricular activity of  
\_\_\_\_\_ at \_\_\_\_\_ School. I acknowledge the  
attached activity schedule denotes the destination(s), date(s), and departing time(s) from  
school. The return to school will be immediately after the activity has concluded.

In the event Fayette County Public Schools are not providing transportation, I  
acknowledge and understand the mode of transportation is noted on the activity schedule.

By signing this form I am acknowledging and agreeing to the mode of transportation to  
be used. I do further certify that I am of full legal capacity to execute this authorization.

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

\_\_\_\_\_  
PARENT/LEGAL GUARDIAN

## Henry Clay High School Parent Code of Conduct

The Athletic Department at Henry Clay High School seeks to create an environment of growth and competition that is positive in nature and promotes a culture of mutual respect between coaches, athletes, parents, and officials. Parents play a vital role in this equation and should commit to the following guidelines in an effort to promote sportsmanship.

- I will insist my athlete treat other players, coaches, officials, and fans with respect.
- I will talk to the coach, about my concerns, at the appropriate time and place, never before, during, or immediately after a contest. The proper chain of command for concerns should be- coach, athletic director, high school administrator, district athletic director.
- I will do my best to remember my ticket to a school athletic event provides me the privilege of observing the contest, not berating officials, coaches, or players.
- I will show appreciation for outstanding play by either team.
- I will reinforce the HCHS drug and alcohol free policy and refrain from use of alcohol and drugs before or during contests.
- I will place the emotional and physical well-being of my child ahead of my personal desire to win.
- I will insist my athlete play in a safe and healthy environment.
- I will require that my athlete's coach be training in the responsibilities of being a coach and follow the HCHS Coach's Code of Conduct.
- I will support coaches and officials working with my athlete, in order to encourage a positive and enjoyable experience for all.
- I will remember that student-athletes participate to have fun and that the game is for youth, not adults.
- I will refrain from contacting my athlete's coach when I am emotional or upset about an issue.
- I will refrain from coaching my athlete or other players during games or practices.
- I will be a role model of positive sportsmanship to my athlete and other spectators.

*Parents or guests in violation of the code of conduct may be dismissed, suspended, or expelled from future athletic contests at Henry Clay High School.*

Athlete's name: \_\_\_\_\_

Parent Signature: \_\_\_\_\_

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

# FAYETTE COUNTY PUBLIC SCHOOLS

701 EAST MAIN STREET  
LEXINGTON, KY 40502  
(859) 381-4100

## PARENTAL PERMISSION FOR MEDIA OR DISTRICT BROADCAST, WEB OR OTHER PUBLICATION OF STUDENT'S PHOTOGRAPH, LIKENESS, WORK AND/OR VOICE FOR SCHOOL YEAR \_\_\_\_\_

*This form is used to establish formal parental permission for students and their work to be shown in photographs, audio/videotapes, and interviews with the news media, Fayette County Public Schools (FCPS) educational access channel or Web site. Please call your school if you have questions.*

### STUDENT RECOGNITIONS AND SCHOOL PUBLICATIONS

Throughout the year there may be programs, meetings or events (i.e. school-wide assembly or FCPS Board meeting) that are open to the public and where individual or large group photographs or videotapes will be taken by the media or school district staff to recognize student achievement. In addition, your child's name and photograph will appear in school publications such as the yearbook or newsletter. **Your consent to these types of photographs or videotapes is assumed, UNLESS YOU NOTIFY YOUR CHILD'S SCHOOL IN WRITING that you do not want your child included in such photographs or videotapes.**

### MEDIA COVERAGE AND DISTRICT PUBLICATIONS

- > I give permission for my child to be individually photographed, audio/videotaped or interviewed by the media.  
Yes  No
- > I give permission for my child to be individually photographed or audio/video taped by district personnel for broadcast on the FCPS educational access channel, Web site or district publications.  
Yes  No
- > I give permission for my child's work, name, grade, and school to appear on the FCPS educational access channel, Web site or district publications.  
Yes  No

I further release the Board of Education of Fayette County, Kentucky, and any of its employees or agents, from any compensation or damages in its use of photographs, audio/videotapes or interviews for district dissemination via the website, print or cable access channel or the media's use of same. I do further certify that I am of full legal capacity to execute the above authorization and release.

Student's Name: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

FAYETTE COUNTY PUBLIC SCHOOLS  
MIDDLE SCHOOL PARTICIPATION ON HIGH SCHOOL TEAMS FORM  
This Form is to be completed by the parent/guardian and address verified by the high school athletic director.

STUDENT FULL NAME: \_\_\_\_\_

STUDENT'S CURRENT MIDDLE SCHOOL: \_\_\_\_\_

STUDENT'S DISTRICTED HIGH SCHOOL: \_\_\_\_\_

FULL NAME OF LEGAL GUARDIAN / PARENT: \_\_\_\_\_

STUDENT'S PERMANENT ADDRESS \_\_\_\_\_

(Address must match address in Infinite Campus) ZIP \_\_\_\_\_

ADDRESS CONFIRMED BY HIGH SCHOOL AD: \_\_\_\_\_

ATHLETIC DIRECTOR SIGNATURE

CONTACT PHONE FOR PARENTS (DAYTIME) \_\_\_\_\_

GRADE: \_\_\_\_\_

SPORTS IN WHICH YOU WISH TO PARTICIPATE: \_\_\_\_\_

I UNDERTSAND THAT I CANNOT PRACTICE, PLAY OR PARTICIPATE IN ANY MANNER UNTIL CLEARED BY THE FCPS DIRECTOR OF ATHLETICS. I UNDERSTAND THAT I AM ONLY ELIGIBLE AT MY DISTRICT HIGH SCHOOL REGARDLESS OF MY INTENTIONS OF WHERE I WANT TO GO. THIS APPLICATION MUST BE COMPLETED EACH YEAR.

GIVING FALSE INFORMATION ON THIS APPLICATION WILL LEAD TO YOU BEING RULED INELIGIBLE TO PARTICIPATE FOR THE FRESHMAN YEAR OF HIGH SCHOOL.

\_\_\_\_\_  
Parent Signature

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

The Director shall review and rule on these individually. His response shall be e-mailed to the high school athletic director. Please contact your high school AD for additional information.