

TRAINING RULES-INTERSCHOLASTIC ATHLETICS **MAD RIVER LOCAL SCHOOLS**

If at any time a participant violates one or more of the following rules, the athlete shall be denied the privilege of participation:

- **NARCOTICS, MARIJUANA, DRUGS, ALCOHOLIC BEVERAGES, MOOD ALTERING SUBSTANCES, AND DRUG PARAPHERNALIA.** A student shall not possess, use, transmit, sell, or conceal narcotics, marijuana, drugs, alcoholic beverage, and/or mood altering substances of any kind, nor shall a student have the odor of alcohol on or about their person. A student shall not possess, use, transmit, sell, and/or conceal drug paraphernalia.
- **SMOKING, USE, POSSESSION OF TOBACCO OR NON-TOBACCO MATERIALS.** A student shall not smoke, use or possess tobacco, clove cigarettes or other non-tobacco materials that may be used for smoking
- **OUT-OF-SCHOOL SUSPENSION.** A student will be denied participation for the remainder of the season.

If a participant violates one or more of the following rules, the athlete may be denied the privilege of participation:

- **IN-SCHOOL SUSPENSION.** Suspension will be determined by the length of the in-school suspension.
- Unexcused absence from team activities.
- Verbal and/or physical abuse to members of the athletic staff or members of the team.
- Theft and/or willful destruction of school or personal property.
- Violation of established and posted curfew.
- Behavior detrimental to the image of interscholastic athletics in the Mad River Local Schools.

The above rules are in effect during the official beginning and ending date of that activity. Denial of participation will be for a period not to exceed the ending date of that activity.

My signature indicates that I have read the training rules and the expectations for athletic/extracurricular activities. I understand that these rules apply to all interscholastic activities that I participate in during this school year.

STUDENT SIGNATURE _____ DATE _____

PARENT/GUARDIAN SIGNATURE _____ DATE _____

SPORT _____

YEAR _____

NAME _____

FIRST MIDDLE LAST

DATE OF BIRTH _____

MONTH DAY YEAR

PLACE OF BIRTH: County _____ State _____

SCHOOL ATTENDED LAST SEMESTER: _____

GRADE _____ AGE _____

HEIGHT _____ WEIGHT _____

PARENT/GUARDIAN _____

ADDRESS: _____

PHONE NUMBER _____