

Omaha Public Schools Middle Level Activities Contract

Academic

1. At the start of each season and/or co-curricular activity, the coach/sponsor will provide a master list of participants to teachers and Athletic Directors in order to regularly evaluate students' academic progress.
2. The teachers will fill out the weekly review sheet provided by the Athletic Director for all students and return to the Athletic Director.
3. If a student has two or more "F"s, he/she may not try out for an inter-school athletic team. If a student has one "F", he/she may participate in practices only and will receive academic assistance from the teacher. Students must be passing all classes to be eligible for competition. If, after approximately two weeks, the individual has any "F"s, or has not made any improvements, he/she MAY be dropped from the sport/activity.
4. The coach will ensure that the student who is failing will be receiving academic support to make progress towards improving the failing grade.
5. If the student is not making academic progress in the classroom he/she may be held from competition.

Attendance

1. All student participants should be in attendance for the entire day on the day of competition. Any student absent for any portion of the competition day must have a note from a parent/guardian explaining the cause of the absence, so the absence can be documented correctly within Infinite Campus.
2. Students with ten or more days of absence during a given semester may be ineligible to participate following the 10th day of absence. The students will remain ineligible through the end of the semester.
3. Students who are truant from school or "skip" a class the day of a contest/event will be ineligible to compete/participate that day. Students with excessive tardies to school may be ineligible to compete/participate in activities at the discretion of the building administration.

Citizenship and Behavior

1. Student participants who are suspended from school are ineligible to attend practice or participate in competition/events on the dates of the suspension.
2. Student participants assigned "all day" to the Student Success Center (S.S.C.) or to Suspension After School (S.A.S.) will be ineligible to practice and/or compete on the date(s) of their "all day" S.S.C. or S.A.S. assignment.
3. Cooperation with staff members and the positive representation of _____ is essential. Students may be removed from any level of co-curricular activities if they fail to exhibit acceptable behavior.

Physical Exam, Insurance Coverage, Parent/Student Agreement

1. A physical examination is required for all students participating in practices and competition related to school athletics. The physical card provided by the Omaha Public Schools is recommended, however, it is not the only acceptable form. The signature of a licensed physician stating a student is allowed to participate in a school competitive sports program is sufficient.
2. **Student must have insurance coverage to participate in inter-school athletics.**
 I shall participate in the Athletic Benefit Injury Plan. Forms will be provided by the school.
 I have accident injury coverage.
 - Insurance Company _____
 - Policy Number _____
3. I give my permission for the below named student to represent _____ and to practice, and/or participate in contests at the home school and accompany this team/group to other metro schools. I authorize the school to obtain, through a physician of its choice, any emergency medical care that may be reasonably necessary for this student in the course of the activity or travel. I also agree not to hold the school or anyone acting on its behalf responsible for any injury occurring to the below named student in the course of such activity or travel. **Circle all activities your student is allowed to participate in.**

Cross Country Tackle Football Volleyball Boys Soccer Girls Soccer
 Boys Swimming Girls Swimming Boys Basketball Girls Basketball
 Wrestling Boys Track & Field Girls Track & Field

Student Name: _____

(Please Print)

Parent/Guardian Signature _____ Phone _____ Date _____

Address _____ City/State/Zip _____

Emergency Phone Number (between 3:00 and 5:30 p.m.) _____

Student Signature _____ Phone _____ Date _____