

MUST COMPLETE  
ENTIRE PACKET

Butler Athletics Department  
ELIGIBILITY INFORMATION  
2019-2020

\*SIGNATURES  
USED IN MANY  
PLACES

DO NOT LEAVE ANY BLANKS ON ANY PAGES OF THE PACKET. IT WILL NOT BE PROCESSED IF ANY INFORMATION IS MISSING, AND YOU WILL NOT BE ELIGIBLE TO PLAY!!!! PRINT CAREFULLY, GIVE YOU FULL LEGAL NAME.

Today's Date: \_\_\_\_\_

PRINT YOUR  
LAST NAME \_\_\_\_\_

PRINT YOUR LEGAL  
FIRST NAME \_\_\_\_\_

PRINT YOUR LEGAL MIDDLE INITIAL ONLY \_\_\_\_\_

PRINT THE NAME YOU WANT TO BE CALLED \_\_\_\_\_

PRINT YOUR PARENTS NAME \_\_\_\_\_

HOME TELEPHONE NUMBER (\_\_\_\_) \_\_\_\_\_

PRINT YOUR CITY OF BIRTH \_\_\_\_\_

PRINT YOUR BIRTH COUNTY (NOT COUNTRY) \_\_\_\_\_

THE STATE IN WHICH YOU WERE BORN \_\_\_\_\_

PRINT YOUR ADDRESS \_\_\_\_\_

YOUR ZIP CODE \_\_\_\_\_

EMAIL ADDRESS (for Coach's Distribution List)  
\_\_\_\_\_

WHAT IS YOUR SOCIAL SECURITY NUMBER \_\_\_\_/\_\_\_\_/\_\_\_\_ (MUST INCLUDE)

DATE OF BIRTH (USE NUMBERS) \_\_\_\_/\_\_\_\_/\_\_\_\_

FOR THE SCHOOL YEAR 2019-2020 I WILL BE A (Circle)  
FRESHMAN SOPHOMORE JUNIOR SENIOR 8<sup>th</sup> Grade 7<sup>th</sup> Grade

Race: African American \_\_\_\_ White \_\_\_\_ Asian \_\_\_\_ Hispanic \_\_\_\_ Other \_\_\_\_  
\_\_\_\_ Male Female \_\_\_\_

What sport are you currently trying out for? \_\_\_\_\_  
What school did you attend in the 2018-19 school year? \_\_\_\_\_

*If you are transferring from another high school, eligibility must be granted by the KHSAA or JCPS before any activity is done. Consult the Athletic Director immediately.*

**IF ANY INFORMATION ON THIS PAGE IS MISSING, IT WILL NOT BE PROCESSED, AND YOU WILL NOT BE ELIGIBLE TO PARTICIPATE UNTIL IT IS COMPLETED!**



## BUTLER TRADITIONAL ATHLETIC ELIGIBILITY

To establish eligibility each year, every student-athlete must be on *grade level* (receive the required number of credits) and refer to the guidelines listed below.

Freshmen	Pass at least 5 classes
Sophomores	Pass at least 5 classes
Juniors	Pass at least 5 classes with a 2.0 GPA
Seniors	Pass at least 5 classes with a 2.0 GPA





Parent/Guardian Student-Athlete Concussion Statement 2.0

STUDENT INITIALS

\_\_\_ I understand that it is my responsibility to report all injuries and illnesses to my coach, athletic director, athletic trainer and team doctor.

\_\_\_ I have read and understand the Norton Sports Health Concussion Fact Sheet. After reading the sheet, I am aware of the following information:

Parent/Guardian Initial Each Line

PARENT INITIALS

\_\_\_ A concussion is a brain injury, which I am responsible for reporting to my coach, trainer, or athletic director.

\_\_\_ A concussion can affect my (child's) ability to perform everyday activities, and affect reaction time, balance, sleep, and classroom performance.

\_\_\_ You cannot see a concussion, but you might notice some of the symptoms right away. Other symptoms can show up hours or days after the injury.

\_\_\_ If I suspect a teammate or other student has a concussion, I am responsible for reporting the injury to my coach, team physician, trainer or athletic director.

\_\_\_ I (My child) will not return to play in a game or practice if I have received a blow to the head or body that results in concussion-related symptoms.

\_\_\_ Following a concussion, the brain needs time to heal. You (your child) are much more likely to have a repeat concussion if you return to play before your symptoms resolve.

\_\_\_ In rare cases, repeat concussions can cause permanent brain damage, and even death.

\* \_\_\_\_\_  
Signature of Student

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed name of Student

\* \_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Parent/Guardian

# PREPARTICIPATION PHYSICAL EVALUATION HISTORY FORM



Note: This form is to be filled out by patient and parent prior to seeing the physician, physician assistant, advanced practice registered nurse, or chiropractor (if performed within the scope of practice). The form should be kept with the chart. References to Physician on this form shall reference all permitted providers as detailed above and in KRS 156.070(2)(d)

Date of Exam \_\_\_\_\_  
 Name \_\_\_\_\_ Date of birth \_\_\_\_\_

Sex \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_ School \_\_\_\_\_ Sport(s) \_\_\_\_\_

**Medicines and Allergies:** Please list all of the prescription and over-the-counter medicines and supplements (herbal and nutritional) that you are currently taking

\_\_\_\_\_

\_\_\_\_\_

Do you have any allergies?  Yes  No If yes, please identify specific allergy below.

Medicines  Pollens  Food  Stinging Insects

Explain "Yes" answers below. Circle questions you don't know the answers to.

GENERAL QUESTIONS	Yes	No	MEDICAL QUESTIONS	Yes	No
1. Has a doctor ever denied or restricted your participation in sports for any reason?			26. Do you cough, wheeze, or have difficulty breathing during or after exercise?		
2. Do you have any ongoing medical conditions? If so, please identify below: <input type="checkbox"/> Asthma <input type="checkbox"/> Anemia <input type="checkbox"/> Diabetes <input type="checkbox"/> Infections Other: _____			27. Have you ever used an inhaler or taken asthma medicine?		
3. Have you ever spent the night in the hospital?			28. Is there anyone in your family who has asthma?		
4. Have you ever had surgery?			29. Were you born without or are you missing a kidney, an eye, a testicle (males), your spleen, or any other organ?		
<b>HEART HEALTH QUESTIONS ABOUT YOU</b>	<b>Yes</b>	<b>No</b>	30. Do you have groin pain or a painful bulge or hernia in the groin area?		
5. Have you ever passed out or nearly passed out DURING or AFTER exercise?			31. Have you had infectious mononucleosis (mono) within the last month?		
6. Have you ever had discomfort, pain, tightness, or pressure in your chest during exercise?			32. Do you have any rashes, pressure sores, or other skin problems?		
7. Does your heart ever race or skip beats (irregular beats) during exercise?			33. Have you had a herpes or MRSA skin infection?		
8. Has a doctor ever told you that you have any heart problems? If so, check all that apply: <input type="checkbox"/> High blood pressure <input type="checkbox"/> A heart murmur <input type="checkbox"/> High cholesterol <input type="checkbox"/> A heart infection <input type="checkbox"/> Kawasaki disease Other: _____			34. Have you ever had a head injury or concussion?		
9. Has a doctor ever ordered a test for your heart? (For example, ECG/EKG, echocardiogram)			35. Have you ever had a hit or blow to the head that caused confusion, prolonged headache, or memory problems?		
10. Do you get lightheaded or feel more short of breath than expected during exercise?			36. Do you have a history of seizure disorder?		
11. Have you ever had an unexplained seizure?			37. Do you have headaches with exercise?		
12. Do you get more tired or short of breath more quickly than your friends during exercise?			38. Have you ever had numbness, tingling, or weakness in your arms or legs after being hit or falling?		
<b>HEART HEALTH QUESTIONS ABOUT YOUR FAMILY</b>	<b>Yes</b>	<b>No</b>	39. Have you ever been unable to move your arms or legs after being hit or falling?		
13. Has any family member or relative died of heart problems or had an unexpected or unexplained sudden death before age 50 (including drowning, unexplained car accident, or sudden infant death syndrome)?			40. Have you ever become ill while exercising in the heat?		
14. Does anyone in your family have hypertrophic cardiomyopathy, Marfan syndrome, arrhythmogenic right ventricular cardiomyopathy, long QT syndrome, short QT syndrome, Brugada syndrome, or catecholaminergic polymorphic ventricular tachycardia?			41. Do you get frequent muscle cramps when exercising?		
15. Does anyone in your family have a heart problem, pacemaker, or implanted defibrillator?			42. Do you or someone in your family have sickle cell trait or disease?		
16. Has anyone in your family had unexplained fainting, unexplained seizures, or near drowning?			43. Have you had any problems with your eyes or vision?		
<b>BONE AND JOINT QUESTIONS</b>	<b>Yes</b>	<b>No</b>	44. Have you had any eye injuries?		
17. Have you ever had an injury to a bone, muscle, ligament, or tendon that caused you to miss a practice or a game?			45. Do you wear glasses or contact lenses?		
18. Have you ever had any broken or fractured bones or dislocated joints?			46. Do you wear protective eyewear, such as goggles or a face shield?		
19. Have you ever had an injury that required x-rays, MRI, CT scan, injections, therapy, a brace, a cast, or crutches?			47. Do you worry about your weight?		
20. Have you ever had a stress fracture?			48. Are you trying to or has anyone recommended that you gain or lose weight?		
21. Have you ever been told that you have or have you had an x-ray for neck instability or atlantoaxial instability? (Down syndrome or dwarfism)			49. Are you on a special diet or do you avoid certain types of foods?		
22. Do you regularly use a brace, orthotics, or other assistive device?			50. Have you ever had an eating disorder?		
23. Do you have a bone, muscle, or joint injury that bothers you?			51. Do you have any concerns that you would like to discuss with a doctor?		
24. Do any of your joints become painful, swollen, feel warm, or look red?			<b>FEMALES ONLY</b>		
25. Do you have any history of juvenile arthritis or connective tissue disease?			52. Have you ever had a menstrual period?		
			53. How old were you when you had your first menstrual period?		
			54. How many periods have you had in the last 12 months?		

Explain "yes" answers here

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I hereby state that, to the best of my knowledge, my answers to the above questions are complete and correct.

Signature of athlete \_\_\_\_\_ Signature of parent/guardian \_\_\_\_\_ Date \_\_\_\_\_

# PREPARTICIPATION PHYSICAL EVALUATION PHYSICAL EXAMINATION FORM



6

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

## PROVIDER REMINDERS

- 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, 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 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?
- Consider reviewing questions on cardiovascular symptoms (questions 5–14).

EXAMINATION		
Height _____	Weight _____	<input type="checkbox"/> Male <input type="checkbox"/> Female
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, arm span &gt; height, hyperlaxity, myopia, MVP, aortic insufficiency)</li> </ul>		
Eyes/ears/nose/throat <ul style="list-style-type: none"> <li>Pupils equal</li> <li>Hearing</li> </ul>		
Lymph nodes		
Heart <sup>a</sup> <ul style="list-style-type: none"> <li>Murmurs (auscultation standing, supine, +/- Valsalva)</li> <li>Location of point of maximal impulse (PMI)</li> </ul>		
Pulses <ul style="list-style-type: none"> <li>Simultaneous femoral and radial pulses</li> </ul>		
Lungs		
Abdomen		
Genitourinary (males only) <sup>b</sup>		
Skin <ul style="list-style-type: none"> <li>HSV, lesions suggestive of MRSA, tinea corporis</li> </ul>		
Neurologic <sup>c</sup>		
MUSCULOSKELETAL		
Neck		
Back		
Shoulder/arm		
Elbow/forearm		
Wrist/hand/fingers		
Hip/thigh		
Knee		
Leg/ankle		
Foot/toes		
Functional <ul style="list-style-type: none"> <li>Duck-walk, single leg hop</li> </ul>		

<sup>a</sup>Consider ECG, echocardiogram, and referral to cardiology for abnormal cardiac history or exam.  
<sup>b</sup>Consider GU exam if in private setting. Having third party present is recommended.  
<sup>c</sup>Consider cognitive evaluation or baseline neuropsychiatric testing if a history of significant concussion.

- Cleared for all sports without restriction
- Cleared for all sports without restriction with recommendations for further evaluation or treatment for \_\_\_\_\_
- Not cleared
- Pending further evaluation
  - For any sports
  - For certain sports \_\_\_\_\_
- Reason \_\_\_\_\_
- Recommendations \_\_\_\_\_

I have examined the above-named student and completed the preparticipation physical evaluation. The athlete does not present apparent clinical contraindications to practice and participate in the sport(s) as outlined above. A copy of the physical exam is 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 clearance until the problem is resolved and the potential consequences are completely explained to the athlete (and parents/guardians).

\* Name of physician (print/type) \_\_\_\_\_ Date \_\_\_\_\_

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

Signature of physician \_\_\_\_\_, MD or DO



**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. 4/15, page 1 of 2  
© KHSAA, 2015

*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"/> 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"/> 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 virtually all internal organs, serious injury to virtually all 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



- \* STUDENTS HAVE TO WATCH VIDEO EVERY YEAR
- \* PARENTS HAVE TO WATCH VIDEO ONCE PER HIGH SCHOOL CAREER OF EACH ATHLETE

9

Student Name: \_\_\_\_\_  
 School: \_\_\_\_\_  
 Sports: \_\_\_\_\_

**JEFFERSON COUNTY PUBLIC SCHOOLS  
 SPORTS SAFETY VIDEO FORM  
 Combination Form (Parent and Student)**

\_\_\_\_\_ We certify that we have viewed the JCPS Sports Safety Video in its entirety and understand the contents thereof.

\_\_\_\_\_ We certify that we will abide by all of the recommendations of the JCPS video.

The part of the video that I thought was most helpful was:

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

\_\_\_\_\_ Parent Name (Print)

\_\_\_\_\_ Student Name (Print)

\_\_\_\_\_ School

\_\_\_\_\_ Grade

\_\_\_\_\_ Date

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

\* \_\_\_\_\_ Student Signature

TO WATCH VIDEO:  
 GO TO:  
 jcpsathletics.com  
 CLICK ON THE  
 HIGH SCHOOL ATHLETICS TAB  
 THEN FIND THE JCPS  
 HEALTH + SAFETY VIDEO  
 LINK.

**BUTLER HIGH SCHOOL PARENTS' CODE OF CONDUCT (p. 1 of 3)**

1. I hereby pledge to provide positive support, care, and encouragement for my child participating in sports by following this Parent's Code of Conduct.
2. I promise to help my child enjoy the sport's experience by doing whatever I can; such as attending as many games as possible, being a respectable fan, or sharing in transporting my child to and from practices.
3. I realize that my child's playing time is determined by his/her awareness of the game, his/her ability, his/her maturity and the coaches' evaluations.
4. I will ask my child to treat other players, coaches, fans, and officials with respect regardless of race, sex, creed, or ability.
5. I will encourage good sportsmanship by demonstrating positive support for all players, opponents, coaches, and officials at every game, practice or other sporting event.
6. I will place the emotional and physical well being of my child ahead of my personal desire to win.
7. I will support coaches and officials working with my child, in order to encourage a positive and enjoyable team experience for all.
8. I will do my very best to make sports fun for my child. I will attempt to relieve competitive pressure, not increase it.
9. I will remember that the game is for the students-not the adults.
10. I will conduct myself in such a manner as to bring positive feedback to our athletes, our school, and our community.
11. I will refrain from undermining or spreading ill will by passing on gossip, rumors, and innuendos which would or could destroy team moral or cohesiveness.
12. I will give my child space and time after games, except for encouragement.
13. I will support the 24 hour rule:

**The 24 Hour Rule**

**Parents are not permitted to discuss athletic concerns with the coach for at least 24 hours after an issue arises at a game, practice, or other instance. I will schedule an appointment with the head coach if an issue arises.**

PENALTIES FOR VIOLATION OF PARENT CODE OF CONDUCT (p. 2 of 3)

1<sup>st</sup> violation: Parents will be issued a strict warning for their behavior. Although not required for a first violation, school officials can issue a suspension based upon the seriousness of the infraction.

2<sup>nd</sup> violation: Parents will be suspended from all athletic contests for a time period of no less than 2 games of their child's current season, including post season games. The parents must meet with administration and athletic personnel; the absence of which will result in an indefinite suspension from all athletic events.

3<sup>rd</sup> violation: Parents will be suspended for the remainder of the school year from all athletic competitions from the date of the 3<sup>rd</sup> violation.

It is NEVER acceptable for a parent to attempt to discuss a child's playing time during a game or practice. It is NEVER acceptable for a parent to attempt to discuss another student's playing time or performance.

\_\_\_\_\_  
Child's Name (Please Print)

\* \_\_\_\_\_  
Parent's Printed Name & Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent's Printed Name & Signature

\_\_\_\_\_  
Date

**29 Ways to a Better Experience as a Parent of an Athlete at Butler High School**  
(p. 3 of 3)

1. There is a reason that student comes first in “student athlete”.
2. Respect the game.
3. Be a student of the game. Learn the game. Study its history. Love the game.
4. Never verbally abuse an official.
5. Being a spectator at an athletic event provides you with an opportunity to reveal your character.
6. Let your child’s coach, coach.
7. Don’t be too hard on your child, but don’t let him have a free ride.
8. Encourage your child’s teammates—even if your child doesn’t play.
9. Tell the truth at all times.
10. You love your child very much, he/she doesn’t know more than his coaches. Neither do you.
11. Don’t make excuses for your child. Don’t let him/her make excuses.
12. Life is not fair.
13. Be passionate about your child’s TEAM.
14. Learn to appreciate routine play done to perfection.
15. Show your child how to strive to win within the rules of the game.
16. Help your child accept his/her role on the TEAM.
17. Show your child how to say thank you.
18. Body language screams. It never whispers.
19. Coaches owe you honesty. Be honest with them.
20. Encourage your child to hustle. It doesn’t take any talent to hustle.
21. Show your child how to learn from mistakes.
22. Games are supposed to be fun. Hard work doesn’t change that. Winning and losing doesn’t change that.
23. Your child doesn’t have to be a great athlete to be a good player.
24. Let your child has his/her life. It is not your team or your game.
25. Show your child how to compete.
26. Encourage your child to play the game rather than play to the fans.
27. Learn the difference between a “right” and a “privilege”. Teach the difference to your child.
28. You cannot change what you did yesterday, but you can change what you are going to do today.
29. Teach your child humility. The spotlight is never too small to share.

# BUTLER TRADITIONAL HIGH SCHOOL



2222 Crums Lane  
Louisville, KY 40216

## STUDENT-ATHLETE SOCIAL MEDIA POLICY

Butler High School student-athletes are representatives of their family, their team, their high school, and their community. With that in mind, our student-athletes are expected to exercise good judgment in their use of social media, conducting themselves in a responsible and respectful manner.

- It is impermissible for student-athletes to post information, photos, or other representations of sexual content, inappropriate behavior (e.g., drug or alcohol use), or items that could be interpreted as demeaning or inflammatory.
- Student-athletes are required to abide by all team policies, school policies, and KHSAA rules when utilizing social media.
- It is not permissible to comment on injuries, officiating, coaching decisions or team matters that could reasonably be expected to be confidential to team members.
- Student-athletes are required to follow all respective social media rules.

### Best Practices and Reminders

- Think twice before posting. If you wouldn't want your coach, parents, or future employer to see your post, don't post it.
- Be respectful and positive.
- Remember, many different audiences view your posts including fans, children, local authorities, parents, faculty, etc.
- The internet is permanent. Even if you delete something, it's still out there somewhere. Coaches and administrators monitor social media websites. Potential employers use these social media websites to screen candidates. Use the privacy/security settings made available on these sites.

Violation of the Student-Athlete Social Media Policy may result in disciplinary action— including temporary or permanent suspension from the team—as determined by administration and head coach. By signing below, the athlete and parent agree to abide by these rules.

\* \_\_\_\_\_  
Athlete Signature

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date