



2018-2019 ANNUAL PREPARTICIPATION PHYSICAL EXAMINATION

Name:			Date of Birth:		
Age:			Sex:		
Height:			Weight:		
% Body fat (optional):			Pulse:		
Vision: R20/____	L20/____		BP: ____/____ (____/____, ____/____)		
Pupils: Equal ____	Unequal ____		Corrected: Y ____ N ____		

	Normal	Abnormal Findings	Initials*
Medical			
Appearance			
Eyes/Ears/Throat/Nose			
Hearing			
Lymph Nodes			
Heart			
Murmurs			
Pulses			
Lungs			
Abdomen			
Genitourinary †			
Skin			
Musculoskeletal			
Neck			
Back			
Shoulder/Arm			
Elbow/Forearm			
Wrist/Hand/Fingers			
Hip/Thigh			
Knee			
Leg/Ankle			
Foot/Toes			

* Multi-examiner set-up only.

† Having a third party present is recommended for the genitourinary examination.

NOTES: _____

Cleared Without Restriction

Not Cleared For: All Sports Certain Sports _____ Reason: _____

Recommendations: _____

Name of Physician(Print/Type): _____ Exam Date: _____

Address: _____ Phone: _____

Signature of Physician: _____, MD/DO/NP/PA-C



2018-2019 ANNUAL PREPARTICIPATION PHYSICAL EVALUATION

(The Parent or Guardian should fill out this form with assistance from the student athlete.)

Exam Date: _____

Name:
 Home Address:
 Phone:
 Date of Birth:
 Age:
 Sex:
 Grade:
 School:
 Sport(s):
 Personal Physician:
 Hospital Preference:

In case of emergency, contact:

Name:
 Relationship:
 Phone (Home):
 (Work):
 (Cell):

Name:
 Relationship:
 Phone (Home):
 (Work):
 (Cell):

Explain "Yes" answers on following page.
 Circle questions you don't know the answers to.

Y N

- 1) Has a doctor ever denied or restricted your participation in sports for any reason?
- 2) Do you have an ongoing medical condition (like diabetes or asthma)?
- 3) Are you currently taking any prescription or nonprescription (over-the-counter) medicines or supplements?
 (Please specify):
- 4) Do you have allergies to medicines, pollens, foods, or stinging insects?
 (Please specify):
- 5) Does your heart race or skip beats during exercise?
- 6) Has a doctor ever told you that you have (check all that apply):
 High Blood Pressure A Heart Murmur High Cholesterol A Heart Infection
- 7) Have you ever spent the night in the hospital?
- 8) Have you ever had surgery?

* 9) Have you ever had an injury (sprain, muscle/ligament tear, tendinitis, etc.) that caused you to miss a practice or game? (If yes, circle affected area in the box below):

* 10) Have you had any broken/fractured bones or dislocated joints?
 (If yes, circle affected area in the box below):

* 11) Have you had a bone/joint injury that required x-rays, MRI, CT, surgery, injections, rehabilitation, physical therapy, a brace, a cast, or crutches? (If yes, circle affected area in the box below):

Head	Neck	Shoulder	Upper Arm	Elbow	Forearm
Hand/Fingers	Chest	Upper Back	Low Back	Hip	Thigh
	Knee	Calf/Shin	Ankle	Foot/Toes	

	Y	N
12) Have you ever had a stress fracture?	<input type="checkbox"/>	<input type="checkbox"/>
13) Have you been told that you have or have you had an x-ray for atlantoaxial (neck) instability?	<input type="checkbox"/>	<input type="checkbox"/>
14) Do you regularly use a brace or assistive device?	<input type="checkbox"/>	<input type="checkbox"/>
15) Has a doctor told you that you have asthma or allergies?	<input type="checkbox"/>	<input type="checkbox"/>
16) Do you cough, wheeze, or have difficulty breathing during or after exercise?	<input type="checkbox"/>	<input type="checkbox"/>
17) Is there anyone in your family who has asthma?	<input type="checkbox"/>	<input type="checkbox"/>
18) Have you ever used an inhaler or taken asthma medicine?	<input type="checkbox"/>	<input type="checkbox"/>
19) Were you born without, are you missing, or do you have a nonfunctioning kidney, eye, testicle or any other organ?	<input type="checkbox"/>	<input type="checkbox"/>
20) Have you had infectious mononucleosis (mono) within the last month?	<input type="checkbox"/>	<input type="checkbox"/>
21) Do you have any rashes, pressure sores, or other skin problems?	<input type="checkbox"/>	<input type="checkbox"/>
22) Have you had a herpes skin infection?	<input type="checkbox"/>	<input type="checkbox"/>
23) Have you ever had an injury to your face, head, skull or brain (including a concussion, confusion, memory loss or headache from a hit to your head, having your "bell rung" or getting "dinged")?	<input type="checkbox"/>	<input type="checkbox"/>
24) Have you ever had a seizure?	<input type="checkbox"/>	<input type="checkbox"/>
25) Do you have headaches with exercise?	<input type="checkbox"/>	<input type="checkbox"/>
26) Have you ever had numbness, tingling, or weakness in your arms or legs after being hit, falling, stingers or burners?	<input type="checkbox"/>	<input type="checkbox"/>
27) When exercising in the heat, do you have severe muscle cramps or become ill?	<input type="checkbox"/>	<input type="checkbox"/>
28) Has a doctor told you that you or someone in your family has sickle cell trait or sickle cell disease?	<input type="checkbox"/>	<input type="checkbox"/>
29) Have you ever been tested for sickle cell trait?	<input type="checkbox"/>	<input type="checkbox"/>
30) Have you had any problems with your eyes or vision?	<input type="checkbox"/>	<input type="checkbox"/>
31) Do you wear glasses or contact lenses?	<input type="checkbox"/>	<input type="checkbox"/>
32) Do you wear protective eyewear, such as goggles or a face shield?	<input type="checkbox"/>	<input type="checkbox"/>
33) Are you happy with your weight?	<input type="checkbox"/>	<input type="checkbox"/>
34) Are you trying to gain or lose weight?	<input type="checkbox"/>	<input type="checkbox"/>
35) Has anyone recommended you change your weight or eating habits?	<input type="checkbox"/>	<input type="checkbox"/>
36) Do you limit or carefully control what you eat?	<input type="checkbox"/>	<input type="checkbox"/>
37) Do you have any concerns that you would like to discuss with a doctor?	<input type="checkbox"/>	<input type="checkbox"/>

Females Only

Explain "Yes" Answers Here

	Y	N
38) Have you ever had a menstrual period?	<input type="checkbox"/>	<input type="checkbox"/>
39) How old were you when you had your first menstrual period?		
40) How many periods have you had in the last year?		



2018-2019 ANNUAL PREPARTICIPATION PHYSICAL EVALUATION

(The Physician should fill out this form with assistance from the Parent or Guardian.)

Student Name:

Date of Birth:

Patient History Questions: Please tell me about your child...

	Y	N
1) Has your child fainted or passed out DURING or AFTER exercise, emotion or startle?		
2) Has your child ever had extreme shortness of breath during exercise?		
3) Has your child had extreme fatigue associated with exercise (different from other children)?		
4) Has your child ever had discomfort, pain or pressure in his/her chest during exercise?		
5) Has a doctor ever ordered a test for your child's heart?		
6) Has your child ever been diagnosed with an unexplained seizure disorder?		
7) Has your child ever been diagnosed with exercise-induced asthma not well controlled with medication?		

Family History Questions: Please tell me about any of the following in your family...

	Y	N
8) Are there any family members who had sudden, unexpected, unexplained death before age 50? (including SIDS, car accidents, drowning, or near drowning)		
9) Are there any family members who died suddenly of "heart problems" before age 50?		
10) Are there any family members who have unexplained fainting or seizures?		
11) Are there any relatives with certain conditions, such as:		
Enlarged Heart		
Hypertrophic Cardiomyopathy (HCM)		
Dilated Cardiomyopathy (DCM)		
Heart Rhythm problems:		
Long QT Syndrome (LQTS)		
Short QT Syndrome		
Brugada Syndrome		
Catecholaminergic Polymorphic Ventricular Tachycardia (CPVT)		
Arrhythmogenic Right Ventricular Cardiomyopathy (ARVC)		
	Y	N
		Marfan Syndrome (Aortic Rupture)
		Heart Attack, age 50 or younger
		Pacemaker or Implanted Defibrillator
		Deaf at Birth (Congenital Deafness)

Explain "Yes" Answers Here

I hereby state that, to the best of my knowledge, my answers to all of the above questions are complete and correct. Furthermore, I acknowledge and understand that my eligibility may be revoked if I have not given truthful and accurate information in response to the above questions.

 Signature of athlete

 Signature of parent/guardian

 Date

 Signature of MD/DO/ND/NMD/NP/PA-C/CCSP

 Date:



Arizona Interscholastic Association, Inc.

Mild Traumatic Brain Injury (MTBI) / Concussion

Annual Statement and Acknowledgement Form

I, _____ (student), acknowledge that I have to be an active participant in my own health and have the direct responsibility for reporting all of my injuries and illnesses to the school staff (e.g., coaches, team physicians, athletic training staff). I further recognize that my physical condition is dependent upon providing an accurate medical history and a full disclosure of any symptoms, complaints, prior injuries and/or disabilities experienced before, during or after athletic activities.

By signing below, I acknowledge:

- My institution has provided me with specific educational materials including the CDC Concussion fact sheet (http://www.cdc.gov/concussion/HeadsUp/youth.html) on what a concussion is and has given me an opportunity to ask questions.
• I have fully disclosed to the staff any prior medical conditions and will also disclose any future conditions.
• There is a possibility that participation in my sport may result in a head injury and/or concussion. In rare cases, these concussions can cause permanent brain damage, and even death.
• A concussion is a brain injury, which I am responsible for reporting to the team physician or athletic trainer.
• A concussion can affect my ability to perform everyday activities, and affect my reaction time, balance, sleep, and classroom performance.
• Some of the symptoms of concussion may be noticed right away while other symptoms can show up hours or days after the injury.
• If I suspect a teammate has a concussion, I am responsible for reporting the injury to the school staff.
• I 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.
• I will not return to play in a game or practice until my symptoms have resolved AND I have written clearance to do so by a qualified health care professional.
• Following concussion the brain needs time to heal and you are much more likely to have a repeat concussion or further damage if you return to play before your symptoms resolve.

Based on the incidence of concussion as published by the CDC the following sports have been identified as high risk for concussion; baseball, basketball, diving, football, pole vaulting, soccer, softball, spiritline and wrestling.

I represent and certify that I and my parent/guardian have read the entirety of this document and fully understand the contents, consequences and implications of signing this document and that I agree to be bound by this document.

Student Athlete:

Print Name: _____ Signature: _____

Date: _____

Parent or legal guardian must print and sign name below and indicate date signed.

Print Name: _____ Signature: _____

Date: _____

**DUNCAN SCHOOLS
P.O. BOX 710; DUNCAN AZ 85534**

Student Name _____ Grade _____ School Year _____

ATHLETIC PARTICIPATION AUTHORIZATION

I/We, the parent or legal guardian of the student listed above, hereby give permission for our son/daughter to participate in organized interscholastic athletics, realizing that such activity involves the potential for injury, which is inherent in all sports. I acknowledge that even with the best coaching, use of the most advanced protective equipment, and strict observance of rules, injuries are still a possibility. On rare occasions the injuries can be so severe as to result in total disability, paralysis, quadriplegia, or even death.

I acknowledge that I have read and understand the warning and hereby give permission for my son/daughter, named above, to participate in any athletics until such permission is rescinded by written notice.

Also, I fully understand that the Duncan schools does not provide any accident or health insurance coverage for my child while participating in interscholastic athletics. I understand that it is my responsibility to provide insurance coverage for my son/daughter.

Duncan schools has information available about athletic insurance coverage for students not presently covered by insurance. Please contact the Duncan Schools office at 359-2472 for further information.

_____ My child is NOT presently covered by medical insurance.

_____ My child is covered by medical insurance.

NAME OF COMPANY _____ POLICY # _____

ADDRESS OF COMPANY _____ GROUP# _____

I understand it is my responsibility to notify Duncan Schools if there are any changes in the present insurance coverage for my child. I further acknowledge that I have read and understand this insurance waiver and agree to abide by the regulations contained therein.

EMERGENCY INFORMATION

Parent/Guardian Name: _____

Home Address _____

Home# _____ Cel# _____ Work# _____

STUDENT PARTICIPATION
RULES

The following rules and guidelines are provided for your personal information and for the benefit of the entire team or membership. These guidelines are based on state and federal laws that address conduct and safety. The sponsors, coaches, and administration work within these guidelines. Please be knowledgeable of the rules, as your conduct will directly effect your participation in athletic or other extra-curricular programs sponsored by the school district and the Arizona Interscholastic Association (AIA).

If you have any questions or concerns please clarify them with the head coach or sponsor prior to the development of problems.

Our desire is to provide you the best program possible. This should also be your desire, not only for yourself, but your teammates and your school.

STUDENT COMMITMENT

I understand that participation in interscholastic activities is entirely voluntary on my part and is made with the commitment to, and understanding that I will make every effort to abide by the Athletic Training Code rules and regulations governing these activities. Further that participation in extra-curricular activities is governed by the Arizona Interscholastic Association (AIA) and the school, thus participation is a privilege and not an educational right guaranteed by the school district or state law.

STUDENT SIGNATURE

DATE

(PLEASE RETURN TO HEAD COACH OR SPONSOR FOR FILE)

PARENT AND STUDENT ARE TO RETAIN PAGES 3 TO 11 FOR THEIR
INFORMATION, REFERENCE, AND USE.

Person to be notified in an emergency-only if parents cannot be reached:

Name _____ **Phone** _____

Name _____ **Phone** _____

Family Doctor _____ **Phone** _____

(No student will be allowed to practice or participate in any organized school athletics until all forms are completed and returned to the school office.)

CONSENT FOR EMERGENCY CARE

BE IT KNOWN that I, the undersigned parent/guardian of the student named above, do hereby give and grant unto any medical doctor or hospital, my consent and authorization to render such aid, treatment or care to said student as, in the judgment of said doctor or hospital may be required, on an emergency basis, in the event said student should be injured or stricken ill while participating in an interscholastic activity, sponsored or sanctioned by ARIZONA INTERSCHOLASATIC ASSOCIATION, INC. of which DUNCAN HIGH SCHOOL is a member.

It is hereby understood that the consent and authorization hereby given and granted and continuing, and are intended by me to extend throughout the current school year.

DATED THE _____ DAY OF _____ 20____, at Duncan, Arizona

Parent/Guardian Signature

Signature of School Office Witness

Parents, please do not fill out this page---Thank you.

**DUNCAN SCHOOLS
PO BOX 710
DUNCAN, ARIZONA 85534
(928) 359-2474-HIGH SCHOOL
(928) 359-2471-ELEMENTARY**

Under regulations adopted by the Arizona Interscholastic Association and Duncan Unified Schools, before a student can start practice or be issued equipment, he/she must have completed the following requirements:

Verified By:

PRINCIPAL'S OFFICE –

- 1.____ Have an official copy of birth certificate or equivalent on file.
- 2.____ Athletic Fee must be paid prior to participation. \$60.00 per student per year for High school and \$50.00 for Junior High.
- 3.____ Have academic requirements completed. (See eligibility policy). Students must meet Arizona Interscholastic Association (AIA) and Duncan High school requirements.

ATHLETIC DIRECTOR-

- 4.____ Have an Athletic Physical/Consent Form completed
- 5.____ Student Participation/Commitment Form – (Student Signature required)

Athletic Director/Designee

SUBMIT COMPLETED DOCUMENTS TO PRINCIPAL'S OFFICE

EXTRA (OR) CO-CURRICULAR ACTIVITIES ELIGIBILITY GUIDELINES

Extra or co-curricular activities are not requirement for graduation and, as such, participation in these activities is not required, rather participation is elected by the student as a privilege, not a right. Therefore, the following guidelines will apply.

I ACADEMICS

- A. Students must pass All courses.
- B. Grades will be checked on a weekly basis throughout the school year.
- C. Ineligibility in one or more courses will cause the student to be ineligible for the following week. Ineligibility will start on the Monday following the grade check and extend for one full week, including Saturdays and Sunday.
- D. The student will be notified by the counselor or primary sponsor for the activity of the pending ineligibility and a notice will be mailed to the parent.
- E. If the student feels the grade is incorrect he/she may discuss the matter with the teacher awarding the grade. Arizona law allows only the teacher awarding the grade to change such grade. Therefore, the teacher's decision stands as valid.
- F. If an athlete is declared ineligible three consecutive times during the season of sport (start of practice to conclusion of competition) he/she will be dismissed from the team to concentrate on academic requirements.

II. BEHAVIOR AND CONDUCT

- A. Students are required to maintain a standard of conduct in keeping with the behavior guidelines outlined in the student handbook.
- B. Failure to comply with the behavior guidelines may result in ineligibility. The length of the ineligibility will depend upon the severity of the offense.
- C. Misconduct may also result in loss of a leadership position and/or participating in any extra or co-curricular activity sponsored by the school.

III. DISCIPLINE

- A. In addition to regular school policy disciplinary actions, the following ineligibility guidelines apply to all extra and co-curricular participation.

Note: In all offenses involving Drugs, Alcohol, or Tobacco, the discipline or ineligibility will begin on the day that the infraction is made known to a school official, regardless of when or where the infraction actually occurred. Notification to the school may result from individual confession, parent notification, police or probation notification, or a report of visual verification by an adult who was at the scene of the infraction.

1. DRUGS: Possession, use, sale, transaction or providing any prescription or illegal drug to another, whether or not on school premises.

1st Offense...Loss of eligibility for one year from the date the infraction is made known to a school official.
2. ALCOHOL: Possession, use, sale, transaction or providing of to another, whether or not on school premises.

1st Offense...(During the season of sport) - Dismissal from that sport.
(Outside the season of sport) - Four (4) weeks ineligibility.

2nd Offense...Loss of eligibility for remainder of the school year.
3. TOBACCO: Possession, use, sale, transaction or providing of to another whether or not on school premises.

1st Offense...Two (2) weeks ineligibility.

2nd Offense...Four (4) weeks ineligibility.

3rd Offense...Loss of eligibility for remainder of the school year.

In cases where eligibility is taken for the "remainder of the school year" due to alcohol or tobacco misuse, the ineligibility may carry over to the following school year if the offense occurs at the end of the year or during a summer event. This will allow for a

minimum of one season of ineligibility. In addition, a two or four week suspension may carry over to the following school year. Other than these carry-over circumstances, students will be given a clean slate at the beginning of each school year.

4. WEAPONS: Use or possession of any weapon defined as dangerous by law or school policy while on school premises or at school sponsored/related events.

1st Offense...Four (4) weeks ineligibility or longer depending upon severity of violation and probationary status.

2nd Offense...Twelve (12) weeks ineligibility or loss of eligibility for the remainder of the school year.

IV GENERAL CONDUCT

- A. Any violation of the district disciplinary guidelines or as may be defined in the student handbook may result in ineligibility for extra or co-curricular activities depending upon the severity.

1. SUSPENSION: A student under any suspension for violation of school rules shall be ineligible for a number of days equal to those of the suspension or longer depending upon the severity of the violation.

2. MISCONDUCT: Any violation of school disciplinary guidelines may subject a student to loss of eligibility depending upon the severity or repetition of such misconduct.

V SCHOOL ATTENDANCE

- A. Students must be present for at least part of the day in order to participate in that days event. In addition, the portion of the day that is missed must be verified as an excused absence in order for participation to occur.

- B. Any student absent from school on Friday will not be eligible to compete in a Saturday activity. Any exception to this rule must be cleared through the principal's office by the coach or sponsor, if special circumstances exist.

VI DISMISSAL OR QUITTING A TEAM

- A. Any student who quits or is dismissed from a team will not be permitted to go out for another sport until the sport from which he/she quit, or was dismissed from, is completed. A coach may release the athlete to another sport if the reason is appropriate.**
- B. A student not completing the season due to dismissal or quitting will not letter; neither will that student be eligible for any honors or awards associated with that activity.**

VII DESTROYING PUBLIC OR PRIVATE PROPERTY

- A. Athletes are expected to respect and take good care of all equipment and other property. All equipment issued which is lost or not returned shall be paid for by the athlete. Athletes shall pay for any personal or school property damaged.**
- B. This rule applies to the property of others as well, including the schools you may be visiting.**
- C. Violations may result in dismissal or other disciplinary action as deemed appropriate by the coach or administration.**

VIII DRESS AND APPEARANCE

- A. Each student represents not only themselves, but also the school and community.**
- B. Reasonable and appropriate attire will be worn as directed by the coach or advisor.**
- C. Clothing or travel attire should be clean and in good repair. Collared dress or knit shirts, slacks (new type jeans are acceptable) and nice shoes should be worn to events, home or away. This does NOT include faded, torn or stone washed jeans, pajamas or slippers.**
- D. Male and female athletes will keep hair well-groomed. Male and female athletes must insure that hair is out of the face and controlled during participation. Facial hair must be well-groomed.**

- E. Personal jewelry, rings, necklaces, earrings, etc. shall not be worn during participation for the safety of the player and also the opponents.

IX ILLEGAL OR DEGRADING ACTIONS

- A. Students are expected to conduct themselves in a proper manner at all times.
- B. Courtesy, sportsmanship and good manners are characteristic of the educational process.
- C. Any violation of the rules observed or reported by a responsible citizen are subject to review for appropriate disciplinary actions.
- D. Any action that occurs while on a trip or participating in an extra-curricular activity that brings shame or disgrace to our school or community will result in swift and severe punishment as determined by the administrator in charge of that activity.

X PRACTICE

- A. Students should not miss practice without good reason. If the student must miss practice, the student or parent should notify the head coach or assistant coach during the school day.
- B. Any student that misses practice without prior notification of the coach or advisor, or misses practice on a regular basis is subject to appropriate disciplinary action by the coach or advisor. Such action may include probation or dismissal when appropriate.

XI SHOPLIFTING OR STEALING

- A. Students are not to steal.
- B. Students taken into custody by authorities may require their parents to secure their release.
- C. Any violation in this area subjects the student to dismissal from the program or activity for the remainder of that activity, season, or longer depending upon severity of act.

XII TEAM/GROUP TRAVEL

- A. Students will ride to and from all activities in a school-authorized vehicle.
- B. Students must return home with the team unless written, parental permission is granted and given to the head coach or advisor.
- C. Students will be released only to the parent or to another adult authorized by the parent.
- D. Under no circumstances will students be released to a minor.
- E. If the student is released to the parent or adult authorized by the parent, the school is released from all liability and responsibility for the student(s) in granting the parent's request.

XIII PARTICIPATION IN MORE THAN ONE SPORT

- A. The student athlete must have mutual consent of both involved coaches.
- B. Student athlete must designate "one" sport as the primary participation area, in case of a conflict of events, and must attend that designated sports daily practices and contests.
- C. The secondary sport should be an individual sport where the lack of daily practice would not negatively impact the team. Attendance at this secondary sports practices or contests should never interfere with participation in the primary sport.
- D. Students transferring from one sport to another must have consenting permission of both sports coaches.

XIV PARTICIPATION LEVEL BY GRADE

- A. Freshmen can compete on any level according to their individual ability.

DISCIPLINARY ACTIONS

Student participants are required to comply with all school conduct guidelines in addition to those that may apply

specifically to the athletic or extra-curricular program.

The ranges of disciplinary actions are discussed in the eligibility section of this document and the student handbook.

DUE PROCESS (OR) APPEAL

Certain disciplinary actions may be brought before the Athletic/Activity Council for review at the student's or parent's request. This request must be presented to the head coach or advisor within five (5) school days of the disciplinary action to be reviewed. A request form is attached or may be secured from the Athletic Director. The decision of the review council is final at the high school level of appeals.

ATHLETIC/EXTRA-CURRICULAR REVIEW COUNCIL

The Council shall consist of:

1. Community Member
2. Teacher
3. Sponsor/Coach Not Involved in Program
4. Student Body President
5. Principal's Designee

ATHLETIC EXTRA-CURRICULAR
APPEAL REQUEST

Name: _____ Grade: _____ Date: _____

Ineligible period: _____ to _____

Reason for Ineligibility: Academic _____ Conduct _____

Other _____ (explain)

Hearing Board Request Date: _____ Time: _____

Council Members Agreed to by the Student and Principal:

Community Member: _____

Teacher: _____

Sponsor/Coach Not Involved in Program: _____

Other Council Members:

Student Body President: _____

Principal's Designee: _____

Principal will conduct the meeting and issue findings of appeal process.

Please write in your own words the reason you are requesting the appeal. (Use additional paper as necessary.)

ARIZONA INTERSCHOLASTIC ASSOCIATION
SPORTSMANSHIP RULE

Ejection from a Contest - If an AIA contest official determines that a coach or player has acted in an unsportsmanlike manner during either a period or intermission, the coach or player may be ordered to leave the contest.

Penalties for Ejection - A coach or player ejected from a contest for any reason shall be subject to the following without appeal:

First Violation - Ineligible for the next regularly scheduled contest at that level of competition and all other contests during that interim at any level.

Any person ejected from a contest shall not participate the remainder of that day.

Second Violation - Ineligible for the next two regularly scheduled contests at that level of competition and all other contests during that interim at any level.

Any person ejected from a contest shall not participate the remainder of that day.

Third Violation - A similar infraction by the same player during the same season will result in cessation of the season for the player concerned.

End-of-Season Violation - If a penalty is imposed at the end of the sport season and no contest remains, the penalty shall be enforced at the beginning of the subsequent season of competition in which the coach or player participates, regardless of the sport.

Leaving Bench Area - When two or more persons (including coaches, nonplaying contestants and nonparticipating school personnel) leave their team's bench area to initiate a confrontation, or during an altercation in progress, the following shall occur without appeal:

The contest officials shall eject any person they determine to be in violation of the above paragraph.

The contest officials may terminate the contest.

If the contest is terminated, the team(s) that left the bench area must forfeit the contest and record a loss.

If the contest is terminated during a tournament or post-season play, the offending team(s) will be removed from further tournament or post-season competition.

Further penalties may be imposed against the offending team(s) by the AIA Executive Board, as set forth in Article 16, Section 16.1 of the AIA Bylaws.

A.I.A. Art. 16-Sec. 3
03/31/94