



## HOUGHTON LAKE HIGH SCHOOL ATHLETIC TRAINING RULES

Participation in athletics is considered a privilege in which athletes in all sports must follow the rules outlined below, as well as those established by the respective coaches as they relate to their particular sport, plus those established by the Michigan High School Athletic Association (MHSAA).

These rules are in effect for all athletes beginning with the first day of 9<sup>th</sup> grade Fall sports through the last day of completion of competition in the 12<sup>th</sup> grade. Rules are in effect in and out of season. Off-season violations will carry over to the next sport season. Disciplinary action can carry over to the next school year.

### TRAINING RULES

1. No possession or use of alcohol
2. No possession or use of tobacco (including chewing tobacco)
3. No possession or use of controlled drugs
4. No possession or use of illegal drugs
5. No possession or use of performance enhancing substances as defined by the MHSAA (MHSAA Handbook, page 110)
6. Theft
7. Violation of state, federal, or local laws (misdemeanors other than stated above excluded)
8. Other infractions of training rules or misconduct result in disciplinary action as determined by the coach, and/or Athletic Director, and/or the Principal
9. All athletes are responsible for school issued equipment and uniforms. A replacement charge will be issued for items not turned in. (This includes items lost, stolen or needing repair).
10. Athletes must ride school transportation to and from contests on weekdays. Athletes may ride home with their parent or legal guardian with parent written permission. Written permission must be approved by Athletic Director and Coach prior to departure of contest.
11. Athletes must be in school one-half school day (3 ½ hours) in order to either practice or participate in a game. If a student is unexcused for part of the day, they may not participate in any after school activity. Athletes who leave school early due to illness, may not participate in a practice or contest that day. Exception may be made with a Doctor's note.
12. Per Board Policy #2431, athletes agree by signing these training rules, they agree to participate in a reasonable suspicion drug-testing program conducted and paid for by the District, during the term of the athletic program in which the student will be participating.

### DISCIPLINARY ACTION

Violation of training rules 1 through 7 will result in the following disciplinary action, along with guidelines found in the student handbook:

1. **FIRST OFFENSE:** Suspension for 20% of the games of the sports seasons he/she will be participating in. Suspension begins the date of offense.
2. **SECOND OFFENSE:** Immediate suspension for the remainder of the sports season he/she is participating in, plus 20% of the next sport the athlete participates in, extending into the next sports season, if applicable.
3. **THIRD OFFENSE:** Immediate suspension from all sports participation for one calendar year.
4. Violations of any training rules will require referral to an appropriate agency for evaluation and counseling.

**PARTICIPATION FEE**

The participation fee is \$100.00 per sport, per student, per year. All checks should be made payable to: Houghton Lake High School.

Participation fees are not a guarantee of playing time nor do they confer authority to make demands of the school related to the athletic department. Playing time is based on the coaches' decision. This fee does not in any way alter the policies of the Board of Education for HLCS, the Student Athletic Code, individual team rules or the MHSAA regulations.

An athlete cannot participate in a contest unless all signatures are secured below and fees have been paid. Other arrangements can be made if needed – please see the Athletic Director.

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We understand and agree to work within the Houghton Lake High School Training Rules. By signing this form, permission is also granted for emergency first aid and/or treatment in case of an injury or illness.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent or Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Home Phone

\_\_\_\_\_  
Parent Cell Phone

\_\_\_\_\_  
Insurance Company

\_\_\_\_\_  
Policy Number/Group Number

\_\_\_\_\_  
Emergency Contact Name

\_\_\_\_\_  
Emergency Contact Phone Number

\_\_\_\_\_  
Allergies (Athlete)

\_\_\_\_\_  
Hospital of Choice

\_\_\_\_\_  
Doctor

\_\_\_\_\_  
Doctor Phone Number

\_\_\_\_\_  
Dentist

\_\_\_\_\_  
Dentist Phone Number

PARENTS: Please check all that apply:

\_\_\_\_\_ Yes, I would like to be contacted to volunteer.

\_\_\_\_\_ Yes, I would like to receive email sport blasts from the Athletic Director.

Email: \_\_\_\_\_