



## Morrow County School District –Heppner Jr/Sr High School

**Matt Combe**  
Principal

**Dirk Dirksen**  
Superintendent

**Greg Grant**  
Athletic Director

### **EXTRA-CURRICULAR STUDENT CODE OF CONDUCT**

The Morrow County School District believes that the \*extra-curricular programs provided in the schools of Morrow County are an important part of the educational process and that these activities encourage and support the academic programs.

The following athletic code has been adopted by the Heppner High School administration and athletic director and is in accord with the policy of the Morrow County Board of Education. It is also consistent with the suggested policy of the O.S.A.A. This code shall apply to all students participating in extracurricular activities sponsored by Heppner High School. Any student not conforming to the letter of this code shall be subject to disciplinary action as prescribed.

*To be eligible to participate in extra-curricular activities a student must comply with the following:*

#### **General Guidelines**

1. Maintain good citizenship by developing leadership and setting positive examples for other students in the school; by demonstrating good sportsmanship both on and off the field/court/mat; by respecting the rights, abilities and efforts of others, and being loyal to school, team and friends.
2. Abstain from excessive (chronic or one major) discipline problem
3. Refrain from the use of drugs, alcohol and tobacco. (Students violating this will be dealt with according to the Morrow County Conduct Code as well as the local school conduct and athletic codes.)
4. Participate in drug testing as set forth by this policy.
5. Be in attendance the day of a particular activity unless pre-arranged per building policy. (Emergencies or exceptions are only granted upon the appeal to the administration.)
6. Adhere to the policies, procedures and student expectations set forth in the “Heppner Jr/Sr Student Handbook”.
7. Refrain from cyber bullying, hazing, harassment, intimidation and bullying as defined in the “Heppner Jr/Sr Student Handbook”.
8. Member of the student body as determined by purchasing an ASB card.

#### **Drug, Alcohol, Tobacco Policy**

Students will comply with the district drug, alcohol, tobacco policy. Please see student handbook.

#### **Consequences**

The student recognizes that violation of the above policies may result in immediate suspension and/or dismissal from the team/activity. Students may also forfeit their rights pertaining to any leadership role they possess within the given team/activity. Students and parents must understand that coaches/advisors reserve the right to have more restrictive team rules than this code of conduct.

**I/WE HAVE READ THE ABOVE AND UNDERSTAND IT. I/WE UNDERSTAND THAT THE UNDERSIGNED STUDENT’S COMPLIANCE WITH THE ABOVE TERMS ARE A CONDITION OF HIS/HER PARTICIPATION IN SPORTS AND OTHER CO-CURRICULAR ACTIVITIES WITHIN HEPPNER JR/SR HIGH SCHOOL. THIS DOCUMENT CONSTITUTES A CONTRACT, AND THE UNDERSIGNED STUDENT AGREES TO SPECIFIED TERMS.**

*\*(Extra-curricular activities are defined as those activities under the sponsorship or direction of the school for which participation is voluntary.)*

Please complete and sign the Sports & Activity Permission on other side.

## Heppner Jr/Sr High School Sports & Activity Permission

\_\_\_\_\_

Student Name

We understand that in order to participate in Sports and Extra Curricular Activities at Heppner Jr/Sr High School, students must have the following:

- 2.0 or above GPA during the sporting or activity season – (All)
- Signed Drug Testing Policy on file – (All)
- Paid ASB Fee – (All)
- No bills owing to HHS – (All)
- Paid PTP fee – (Sports only)
- Current Physical on file - (Sports only)

We have read and understand the Extra Curricular Code of Conduct on back of this form.

This student has permission to attend school-sponsored activities and field trips.

In the event of a medical emergency Heppner Jr/Sr High School has my permission to administer first aid, obtain medical treatment, and /or transport to a medical facility if necessary. **I understand that I will be financially responsible for all expenses incurred.**

Family physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Our Insurance provider is: \_\_\_\_\_

Policy # is: \_\_\_\_\_

By signing below, we are stating that all the above information is true and HHS policies are understood.

\_\_\_\_\_

Parent/Guardian

\_\_\_\_\_

Date

\_\_\_\_\_

Student Signature

\_\_\_\_\_

Date