

**CHANDLER UNIFIED SCHOOL DISTRICT
ATHLETICS/ACTIVITIES HAZING POLICIES**

The Chandler Unified School District takes a no tolerance position on hazing in any form in our schools. Hazing is defined as any act that injures, degrades or disgraces – or tends to injure, degrade or disgrace – any student.

Students found in violation of the Hazing Policy will be subject to disciplinary action as per Chandler Unified.

**CHANDLER UNIFIED SCHOOL DISTRICT
ATHLETIC/ACTIVITIES HARASSMENT POLICY**

The Chandler Unified School District is committed to a policy of nondiscrimination in relation to race, color, religion, sex, age, national origin and disability. The policy will prevail in all matters concerning staff members, students, the public educational programs and services and individuals with which the district does business.

Students found in violation of harassing another student in any of the above mentioned areas will be subject to disciplinary action as per the Chandler Unified School District policy JICFB.

INFORMED CONSENT

Athletes and their parent/guardian will have the opportunity to view a video outlining the risks of participating in athletics prior to the first practice. It is important to understand that there is some risk of a life threatening injury, permanent disability and a multitude of other injuries when participating in athletic programs. Parents are invited to watch this video with their son or daughter when scheduled at the beginning of each season.

LEGAL GUARDIAN CONSENT

I/we give our permission to participate in organized interscholastic athletics, realizing that such activity involves the potential for injury which is inherent in all sports. I/we 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, these injuries can be so severe as to result in total disability, paralysis, quadriplegia or even death.

My signature also verifies that I am the legal guardian of the above named student.

I HAVE READ AND UNDERSTAND THE ABOVE CONSENTS AND POLICIES.

I HAVE ALSO READ AND UNDERSTAND THE SUMMARY OF A.I.A. BYLAWS CONCERNING MY SON'S/DAUGHTER'S ATHLETIC ELIGIBILITY.

(Print Student Name)

Student Signature

Date

Parent/Guardian Signature

Date