

# Bayfield Troller Student - Athlete Handbook



2022-2023

### School District of Bayfield Mission Statement

The School District of Bayfield will support the educational and developmental growth of each and every student while utilizing available resources in a respectful and prudent manner.

### School District of Bayfield Athletic Code

Participation in Bayfield Athletics is a privilege. It is an honor to be participating in sports as a member of a Bayfield Troller team(s). Student Athletes represent the entire school; the student body and the School District. As school representatives, students should serve as role models of good sportsmanship and respectable behavior. Above all, student athletes should have a responsibility to their parents/guardians, their school, and to themselves to behave in an exemplary manner as set forth in the Athletic Code.

The Bayfield Athletic Code shall cover all students who participate in interscholastic athletic competitions as athletes, cheerleaders, managers and statisticians. The Athletic Code will be enforced on a year-round (twelve month) basis (WIAA rule), becoming effective the first day of athletic participation. The Code applies to students from their 4th grade year through 12th grade graduation. *Minor violations will not carry over from Middle School to High School. During 8th grade, major violations will carry over from Middle School to High School with no exceptions.* Students with minor violations will start anew in High School Athletics. Athletes and Parents/Guardians are required to read, sign, and submit the Athletic Code every year.

#### High School Sports

**Fall:** Volleyball, Cross Country (male/female), Boys Soccer (co-op with Washburn)

**Winter:** Basketball (male/female), Ski Team (co-op with Washburn), Wrestling (male/female, co-op with Washburn)

**Spring:** Softball, Baseball, Track & Field (male/female), Girls Soccer (co-op with Washburn)

#### Middle School Sports

**Fall:** Cross Country (male/female), Basketball (male/female)

**Winter:** Volleyball, Ski Team (co-op with Washburn)

#### Bad Weather

Snow, lightning, and severe storms: The Athletic Director in consultation with School Administration will make the decisions based on WIAA guidelines and laws for student-athlete safety.

In the event that a competition is canceled due to bad weather, every effort will be made to make parents/guardians and the community aware of the cancellation. Postings will be listed on the school website, facebook, and community through the coaches to the parents/guardians network.

### Team Pictures

A professional photographer will take team and individual photos. These photos will be purchased by the students via the photographer's process.

### Team Fundraising

All team fundraising projects must be presented to and approved by the Principal and Athletic Director. Only after the project has been approved is the team allowed to go ahead with the fundraiser under the Head Coach's supervision and assistance. All fundraising projects must follow the School District of Bayfield's policies and regulations.

### Awards/Banquets

Athletic Banquets will be held at the School District of Bayfield which are WIAA sanctioned or district sponsored. Banquets will be scheduled for the Fall and Winter sports in accordance with the season's endings. Spring sports will be honored at the following year's Fall Banquet.

Awards for athletes will be determined by the coaches and appropriate criteria are met. All awards are at the discretion of the coach.

### Rules of Conduct/Eligibility

These rules of conduct are established in the best interest of the student and the school. A student who complies with these rules demonstrates their desire to better themselves and the athletic program. It will be the responsibility of the individual student to know the Athletic Code and the training rules as they pertain to each sport. Ignorance of this policy is no excuse. Procedure of disciplinary actions/consequences will be adhered to for each athlete.

- The WIAA requires one reading by the end of July each year.
- If the parent/guardian is not able to attend, the student athlete and parent/guardian can talk with the coach, then take the paperwork and read and sign, or go online. Student athletes should turn in all signed paperwork to the Head Coach, District Office and/or Athletic Director.



### General Eligibility Rules

Students who wish to participate in District Athletic programs must comply with the rules and regulations of the Wisconsin Interscholastic Athletic Association (WIAA). These include having a current WIAA physical card, signed by a parent/guardian, and on file with the Athletic Director. Students with no completed WIAA physical may not participate in practices or games, but may observe practices and games.

*The WIAA medical examination is required every two (2) years, in accordance with their physical date, which is on file with the Athletic Director.* The student bears the cost of medical examinations. The second requirement is that a student must comply with the rules and regulations of the coaching staff and the School District of Bayfield. Finally, the student must meet the academic requirements set by the District.

### The Pupil Non-Discrimination Guidelines for Athletes

The School District of Bayfield is committed to equal education opportunities for all students. It is the policy of the District, pursuant to s. 118.13, WI Stats, and Wisconsin Administrative Rule 19, that no person, on the basis of gender, race, national origin, ancestry, religion, creed, pregnancy, marital status, sexual orientation, or physical, mental, emotional, or learning disability, may be denied admission into the District or be denied participation in, be denied benefits of, or be discriminated against in, curricular, extracurricular, recreational, or other programs.

This policy also prohibits discrimination under related federal statutes, including Title VI of the Civil Rights Act of 1964 (race and national origin), Title IX of the Education Amendments of 1972 (gender), and Section 504 of the Rehabilitation Act of 1973.

WIAA Publications is available from: Wisconsin Department of Public Instruction Pupil Nondiscrimination Program P.O. Box 7841 Madison, WI 53707-7841 (608) 267-9157 website: [http://sped.dpi.wi.gov/sped\\_puplnondis](http://sped.dpi.wi.gov/sped_puplnondis)

WIAA 5516 Vern Holmes Dr. Stevens Point, WI 54482 (715) 344-8580 website: <http://www.wiaawi.org>

Implementing Section 118.13 of the Wisconsin Statutes and PI 9 of the Wisconsin Administrative Code.



## Academic Requirements

To participate in any sport, the student must be passing in all subjects. An athlete who is ineligible is expected to attend games or contests (in street clothes) and to sit with the team. An ineligibility list will be prepared by the middle school/high school office.

**Grade Checks:** High School and Middle School grade checks will occur weekly on Friday by noon (12:00 p.m.). The current quarter grades posted on Infinite Campus at that time will determine player eligibility.

The ineligible list procedures will be as follows:

1. Ineligible list will run from Monday through Sunday from the previous Friday posted grades.
2. If a student is included on the ineligible list due to a posting error, the issue needs to be rectified by noon on Monday.
3. Errors need to be rectified with the classroom teacher and the middle school/high school office.

Eligibility requirements are meant to encourage students to maintain satisfactory school achievement and to prevent extra-curricular activities from overriding academic success.

Students in extracurricular school sponsored activities must be eligible in order to be able to participate in and attend activities. Students will not be allowed to practice with the team unless they become habitually ineligible.

## Attendance

Team members must be in school the entire day of and the day after, beginning when the school day starts, of the game, meet, or match in order to compete that afternoon/evening unless determined to be excused per the following:

### Excused Absences

- Medical appointment
- Driver's license exam or driving test
- Social Services or counseling appointment
- Funeral
- Religious holidays or other legitimate observances
- Court appearances or other legal procedures which require the attendance of the student

- Attendance at special events of education value, post secondary or military physicals or exams, extended trips sanctioned by parents, and cultural activities with advance approval from Principal or designee

If a student athlete misses any part of the school day the following guidelines will be enforced:

1. Due to illness, the student *may not* practice or compete or sit with the team that day
2. Student athletes who miss school for part or all of the day without an excused absence *may not attend* an athletic event that night
3. Athletes will not participate in practices or contests while serving an in school suspension or out of school suspension

#### Curfew

Students must abide by local curfews and team policies and rules:

- Red Cliff - the weekend curfew is **10 pm for children 15 and under and midnight for children 16 and over**
- Bayfield - curfew is **11 pm for weekdays and weekends**

#### Travel and Conduct on Trips

- **School travel policy as stated in the Middle School and High School Student Handbook (pg 19):**
  - **Transportation** Students participating in school athletics and school activities must use the mode of transportation provided by the District. A student's parent/guardian may transport their student in special circumstances only with the Principal's permission.

To help foster a sense of team membership, athletes must use the mode of transportation provided by the school to and from events, unless either of the following occurs:

1. The student's parents/guardians make arrangements with the coach to personally transport the student from the event. The parent must speak directly with the coach before leaving the event with the student. Also, the parent/guardian must present the coach with a note, dated and signed, stating that they are taking their child home.

2. The student's parents/guardians notify the school's principal in writing prior to noon on the commencement of the day of the event that another named adult (who is not a student) will be transporting their child(ren) home from the event
3. After verifying or unable to identify the adult's identity, the coach may still determine that the student must return to the District's mode of transportation if he/she reasonably believes that the specified adult is under the influence of alcohol or drugs or is a potential threat to the safety or welfare of the student.
4.
  - a. Exceptions to the above may be made if the principal determines that significant extenuating circumstances exist. Coaches are not to provide approval on their own and may only deviate from this procedure if the coach is informed by a parent/guardian or District representative that a medical or family emergency exists.
  - b. The School District of Bayfield *will not* assume any responsibility for any student who *misses the prescribed mode of transportation to a contest and attempts to travel to a contest site on his/her own*. The student *will not be eligible to participate in the contest*. Exceptions will be made for excused absences as previously stated above, and the Athletic Director or Principal is given a written note from a parent/guardian beforehand. The note will be verified with the parent/guardian.
  - c. Parents may request their child(ren) only to drive personal vehicles to practices at off school sites regardless of the location with prior authorization by the Athletic Director or Principal. A written note with parent/guardian's signature and purpose of request will be noted and a date included. Otherwise, the School District of Bayfield has the right to not allow students to drive personal vehicles to contests or to practices at off school sites regardless of the location. Transportation to and from practices, to games in Washburn will be provided by the district.

**\*\*ALL STUDENT ATHLETES WILL BE REQUIRED TO TURN IN ALL OF THEIR UNIFORMS, PRACTICE JERSEYS, AND OTHER EQUIPMENT BEFORE THEY WILL BE ALLOWED TO START PRACTICING OR PARTICIPATION IN A NEW ATHLETIC SEASON OR SPORT.** Uniforms and equipment are to be turned in to you coach first, secondly to the Athletic Director.

### Bullying

The School District of Bayfield shall maintain and ensure an environment free of bullying. Bullying is not acceptable and will not be tolerated. Bullying is punishable by law under Wisconsin Statutes.



Bullying is repeated and unwelcome physical, verbal, or psychological behaviors directed toward another.

1. Parent/Guardian of the student(s) involved will be notified
2. The student(s) will be warned by the school administration or the Equity Coordinator that his/her behavior is unacceptable and considered to be bullying. Appropriate discipline will be administered and the Parent/Guardian will be notified
3. If the behavior continues, additional consequences will follow, parent/guardian meeting with the school administration (per the Middle School/High School Handbook).

### Hazing Policy

Hazing in any form is neither tolerated nor consistent with any educational or athletic participation at Bayfield High School and within the School District of Bayfield.

“Hazing” refers to any activity expected of someone joining a student organization that humiliates, degrades, or risks emotional and/or physical harm, regardless of the person’s willingness to participate.

Hazing includes any activity that causes or requires the student to perform a task that involves violation of state and federal law or the School District of Bayfield policies or regulations.

### Locker Room Policy

Just as participating in interscholastic athletics at the School District of Bayfield is a privilege, so too is the use of all athletic facilities and equipment. Great care should be taken to be respectful of all facilities, equipment, and resources that are provided for student use.

### Personal Communication Device Policy

- **Personal communications device policy as stated in the Middle School and High School Student Handbook (pg 24-25):**
  - "Personal communication devices" ("PCDs") as used in this policy are defined in Bylaw 0100 - Personal communication devices ("PCDs")

include computers, laptops, tablets, e-readers, cellular/mobile phones, smartphones, and/or other web-enabled devices of any type.

In order to avoid disruption of the educational environment and protect students' right to privacy, student use of PCDs is prohibited on school grounds during school hours,

Students may not use PCDs on school property or at a school-sponsored activity to access and/or view Internet websites that are otherwise blocked to students at school.

Students may use PCDs while riding to and from school on a school bus or other Board-provided vehicles or on a school bus or Board-provided vehicle during school-sponsored activities, at the discretion of the bus driver, classroom teacher, or sponsor/advisor/coach. Distracting behavior that creates an unsafe environment will not be tolerated.

During after-school activities, PCDs shall be powered completely off (not just placed into vibrate or silent mode) and stored out of sight when directed by the administrator or sponsor.

Under certain circumstances, a student may keep his/her PCD "On" with prior approval from the building principal.

If the violation involves potentially illegal activity, the confiscated PCD may be turned over to law enforcement (Keep and Enter the last sentence into handbooks).

PCDs, with cameras or any other recording capabilities, may not be activated or utilized at any time in any school situation where a reasonable expectation of personal privacy exists. These locations and circumstances include, but are not limited to, classrooms, gymnasiums, locker rooms, shower facilities, rest/bathrooms, and any other areas where students or others may change clothes or be in any stage or degree of disrobing or changing clothes. The District Administrator and building principals are authorized to determine other specific locations and situations where the use of a PCD is absolutely prohibited.

Students shall have no expectation of confidentiality with respect to their use of PCDs on school premises/property.

Students may not use a PCD in any way that might reasonably create in the mind of another person an impression of being threatened, humiliated, harassed, embarrassed, or intimidated. See Policy 5517.01 – Bullying. In particular, students are prohibited from using PCDs to (1) transmit material that is threatening, obscene, disruptive, or sexually explicit or that can be construed as harassment or disparagement of others based upon their race, color, national origin, sex (including sexual orientation/transgender identity), disability, age, religion, ancestry, or political beliefs; and (2) engage in "sexting" - i.e., sending, receiving, sharing, viewing, or possessing pictures, text messages, e-mails or other materials of a sexual nature in electronic or any other form. Violation of these prohibitions shall result in disciplinary action. Furthermore, such actions will be reported to local law enforcement and child services as required by law.

Students are also prohibited from using a PCD to capture, record, and/or transmit test information or any other information in a manner constituting fraud, theft, cheating, or academic dishonesty. Likewise, students are prohibited from using PCDs to receive such information.

Possession of a PCD by a student at school during school hours and/or during extra-curricular activities is a privilege that may be forfeited by any student who fails to abide by the terms of this policy, or otherwise abuses this privilege.

Violations of this policy may result in disciplinary action and/or confiscation of the PCD. The building principal will also refer the matter to law enforcement or child services if the violation involves an illegal activity (e.g., child pornography, sexting). Discipline will be imposed on an escalating scale ranging from a warning to an expulsion based on the number of previous violations and/or the nature of or circumstances surrounding a particular violation. If the PCD is confiscated, it will be released/returned to the student's parent after the student complies with any other disciplinary consequences that are imposed, unless the violation involves potentially illegal activity in which case the PCD may be turned over to law enforcement. A confiscated device will be marked in a removable manner with the student's name and held in a secure location in the building's central office until it is retrieved by the parent or turned



over to law enforcement. School officials will not search or otherwise tamper with PCDs in District custody unless they reasonably suspect that the search is required to discover evidence of a violation of the law or other school rules. Any search will be conducted in accordance with Policy 5771 - Search and Seizure. If multiple offenses occur, a student may lose his/her privilege to bring a PCD to school for a designated length of time or on a permanent basis.

A person who discovers a student using a PCD in violation of this policy is required to report the violation to the building principal.

Students are personally and solely responsible for the care and security of their PCDs. The Board assumes no responsibility for theft, loss, or damage to, or misuse or unauthorized use of, PCDs brought onto its property.

Parents are advised that the best way to get in touch with their child during the school day is by calling the school office.

Students may use school phones to contact parents during the school day.

#### Code Violations

#### Honesty Clause

Student athletes, who of their own accord, report their Alcohol, Tobacco, or Other Drug violations to the Athletic Director or Coach will have their suspension reduced by one-half ( $\frac{1}{2}$ ). The honesty reduction is available only once (1) during the athlete's career and results in the student athlete waiving their right to appeal the suspension. The honesty reduction may not apply when the school has been made aware of the violation through another source. If any athlete self-reports a criminal violation of the athletic code, it will be taken into consideration, along with the severity of the offense, when determining the length of the suspension.

#### Minor Violations

1. **Curfew** - for athletes during the sport season in which they are participating will be handled by the Head Coach of the sport.

**1st Offense:** Penalties for minor violations will be determined by the Coach and the Athletic Director

**2nd Offense:** Second offense of a minor violation will be determined by the Coach and the Athletic Director in which the athlete will serve no more than three (3) game/meet/match suspension.

- a. Student athletes cannot just 'quit' the team or not show up during the duration of the suspension. The athlete must attend practices, games and sit by on the players' bench in street clothes. If the student athlete quits the team, and does not finish the season, their penalty will continue to the next sport season they are participating in.

**2. Unsportsmanlike conduct (unacceptable behavior during competitions)**

**1st Offense:** Penalties for minor violations will be determined by the Coach and the Athletic Director

**2nd Offense:** Second offense of a minor violation will be determined by the Coach and the Athletic Director in which the athlete will serve no more than three (3) game/meet/match suspension.

- a. Student athletes cannot just 'quit' the team or not show up during the duration of the suspension. The athlete must attend practices, games and sit by on the players' bench in street clothes. If the student athlete quits the team, and does not finish the season, their penalty will continue to the next sport season they are participating in.

**3. Dress Code -** Student athletes represent themselves, the team, School District of Bayfield and the communities. Therefore, it is important for students to dress appropriately.

- a. Athletic uniforms will be approved by the School District of Bayfield or Coach and authorized by the Athletic Director.

**As written in the Middle School/High School Student Handbook (page 14): Dress and Personal Appearance**

- It is expected that parents/guardians and students use discretion regarding student attire. Clothing and other items of attire must not be disruptive to the educational process.
- Attire with printing or pictures promoting nudity, sex, profanity, drugs/alcohol, weapons, antisocial organizations and tobacco products are not allowed.
- Students may not wear clothing that is deemed indecent or offensive by school personnel. Clothes must cover the stomach, buttocks, and breasts.
- Underwear is unacceptable when worn as outer apparel.
- Footwear, such as shoes, sandals, and boots are required.
- Sunglasses are not allowed.

- Heavy winter jackets are not allowed to be worn in the classroom during the school day.
- Excessively baggy pants, colors, and other gang related clothing is not allowed. If the student has no change of clothes, parents/guardians will be contacted and the student will be sent home.
- Under unusual circumstances, such as a medical need, the Principal may consult with the pupil service team and grant exceptions to these rules.
- Students may be asked to turn clothing inside out or cover it up.

**1st Offense:** Penalties for minor violations will be determined by the Coach and the Athletic Director

**2nd Offense:** Second offense of a minor violation will be determined by the Coach and the Athletic Director in which the athlete will serve no more than three (3) game/meet/match suspension.

- a. Student athletes cannot just 'quit' the team or not show up during the duration of the suspension. The athlete must attend practices, games and sit by on the players' bench in street clothes. If the student athlete quits the team, and does not finish the season, their penalty will continue to the next sport season they are participating in.

**4. Behavior unbecoming an athlete (such as, but not limited to: verbally disrespecting school staff, acts of hatred to other students, and/or threatening actions)**

**1st Offense:** Penalties for minor violations will be determined by the Coach and the Athletic Director

**2nd Offense:** Second offense of a minor violation will be determined by the Coach and the Athletic Director in which the athlete will serve no more than three (3) game/meet/match suspension.

- a. Student athletes cannot just 'quit' the team or not show up during the duration of the suspension. The athlete must attend practices, games and sit by on the players' bench in street clothes. If the student athlete quits the team, and does not finish the season, their penalty will continue to the next sport season they are participating in.

**5. Repeated Minor violations (more than two times) not following the coaches rules**

- a. Penalties that have occurred more than two times and not following coaches rules, will be determined by the Coach and Athletic Director. And with agreement between the Coach and Athletic Director, Repeated Penalties of more than two (2) repeated violations will be an automatic three (3) game/meet/match suspension.
- b. The next repeated minor violation will be moved to the 1st Major violation.



- i. Student athletes cannot just 'quit' the team or not show up during the duration of the suspension. The athlete must attend practices, games and sit by on the players' bench in street clothes. If the student athlete quits the team, and does not finish the season, their penalty will continue to the next sport season they are participating in.

**NOTE: Minor Violations are not appealable**

### Major Violations

#### **1. Possessing and using/consuming alcohol**

**\*If not completed in the present season, the penalty shall carry over to the next season in which the student participates.\***

**1st Offense:** The student will be suspended from 25% of contests for the season.

- i. Student athletes cannot just 'quit' the team or not show up during the duration of the suspension. The athlete must attend practices, games and sit by on the players' bench in street clothes. If the student athlete quits the team, and does not finish the season, their penalty will continue to the next sport season they are participating in.

**2nd Offense:** The student will be suspended from 50% of contests of each sport for twelve (12) months from the time of the violation.

- ii. If not completed in the present season, the penalty shall carry over to the next season in which the student participates.
- iii. The student must complete a professional drug/alcohol assessment (with all costs assumed by the student). The student must do so prior to participating in athletics. After completion, a record of the assessment must be submitted to the Athletic Director.

**3rd Offense:** The student will be suspended from sports (practice and contests) for twelve (12) months of the time of violation.

- iv. The student will be suspended from 50% of contests for each sport for twelve (12) months from the time of the violation. The student must also complete a professional drug/alcohol assessment and follow through with counseling recommendations (with all costs assumed by the student). The student must do so prior to participating in athletics. After completion, the notice of assessment and follow up records must be submitted to the Athletic Director.

**4th Offense:** The student will be permanently suspended from the School District of Bayfield sports for the remainder of their eligibility.

- v. The student will be suspended from sports (practice and contests) for twelve (12) months from the time of the violation. The student must complete a professional drug/alcohol assessment and follow through with counseling recommendations (with all costs assumed by the student). The student must do so prior to participating in athletics. After completion, the notice of assessment and follow up records must be submitted to the Athletic Director.

## **2. Use of tobacco, including chewing:**

**\*If not completed in the present season, the penalty shall carry over to the next season in which the student participates.\***

**1st Offense:** The student will be suspended from 25% of contests for the season.

- i. Student athletes cannot just 'quit' the team or not show up during the duration of the suspension. The athlete must attend practices, games and sit by on the players' bench in street clothes. If the student athlete quits the team, and does not finish the season, their penalty will continue to the next sport season they are participating in.

**2nd Offense:** The student will be suspended from 50% of contests of each sport for twelve (12) months from the time of the violation.

- ii. If not completed in the present season, the penalty shall carry over to the next season in which the student participates.
- iii. The student must complete a professional drug/alcohol assessment (with all costs assumed by the student). The student must do so prior to participating in athletics. After completion, a record of the assessment must be submitted to the Athletic Director.

**3rd Offense:** The student will be suspended from sports (practice and contests) for twelve (12) months of the time of violation.

- iv. The student will be suspended from 50% of contests for each sport for twelve (12) months from the time of the violation. The student must also complete a professional drug/alcohol assessment and follow through with counseling recommendations (with all costs assumed by the student). The student must do so prior to participating in athletics. After completion, the notice of assessment and follow up records must be submitted to the Athletic Director.

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through with counseling recommendations (with all costs assumed by the student). The student must do so prior to participating in athletics. After completion, the notice of assessment and follow up records must be submitted to the Athletic Director.

**3. Use, possession, buying, or selling of controlled substances to include street drugs and performance enhancing substances**

**\*If not completed in the present season, the penalty shall carry over to the next season in which the student participates.\***

**1st Offense:** The student will be suspended from 25% of contests for the season.

- i. Student athletes cannot just 'quit' the team or not show up during the duration of the suspension. The athlete must attend practices, games and sit by on the players' bench in street clothes. If the student athlete quits the team, and does not finish the season, their penalty will continue to the next sport season they are participating in.

**2nd Offense:** The student will be suspended from 50% of contests of each sport for twelve (12) months from the time of the violation.

- ii. If not completed in the present season, the penalty shall carry over to the next season in which the student participates.
- iii. The student must complete a professional drug/alcohol assessment (with all costs assumed by the student). The student must do so prior to participating in athletics. After completion, a record of the assessment must be submitted to the Athletic Director.

**3rd Offense:** The student will be suspended from sports (practice and contests) for twelve (12) months of the time of violation.

- iv. The student will be suspended from 50% of contests for each sport for twelve (12) months from the time of the violation. The student must also complete a professional drug/alcohol assessment and follow through with counseling recommendations (with all costs assumed by the student). The student must do so prior to participating in athletics. After completion, the notice of assessment and follow up records must be submitted to the Athletic Director.

**4th Offense:** The student will be permanently suspended from the School District of Bayfield sports for the remainder of their eligibility.

**4. Stealing, vandalism, gross misconduct, and/or acts of violence**

**\*If not completed in the present season, the penalty shall carry over to the next season in which the student participates.\***

**1st Offense:** The student will be suspended from 25% of contests for the season.



- i. Student athletes cannot just 'quit' the team or not show up during the duration of the suspension. The athlete must attend practices, games and sit by on the players' bench in street clothes. If the student athlete quits the team, and does not finish the season, their penalty will continue to the next sport season they are participating in.

**2nd Offense:** The student will be suspended from 50% of contests for each sport for twelve (12) months from the time of the violation.

- ii. If not completed in the present season, the penalty shall carry over to the next season in which the student participates.
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- iv. The student will be suspended from 50% of contests for each sport for twelve (12) months from the time of the violation. The student must also complete a professional drug/alcohol assessment and follow through with counseling recommendations (with all costs assumed by the student). The student must do so prior to participating in athletics. After completion, the notice of assessment and follow up records must be submitted to the Athletic Director.

**4th Offense:** The student will be permanently suspended from the School District of Bayfield sports for the remainder of their eligibility.

## 5. Any illegal activities

**\*If not completed in the present season, the penalty shall carry over to the next season in which the student participates.\***

**1st Offense:** The student will be suspended from 25% of contests for the season.

- i. Student athletes cannot just 'quit' the team or not show up during the duration of the suspension. The athlete must attend practices, games and sit by on the players' bench in street clothes. If the student athlete quits the team, and does not finish the season, their penalty will continue to the next sport season they are participating in.

**2nd Offense:** The student will be suspended from 50% of contests for each sport for twelve (12) months from the time of the violation.

- ii. If not completed in the present season, the penalty shall carry over to the next season in which the student participates.

- iii. The student must complete a professional drug/alcohol assessment (will all costs assumed by the student). The student must do so prior to participating in athletics. After completion, a record of the assessment must be submitted to the Athletic Director.

**3rd Offense:** The student will be suspended from sports (practice and contests) for twelve (12) months from the time of the violation.

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**4th Offense:** The student will be permanently suspended from the School District of Bayfield sports for the remainder of their eligibility.

- v. The student will be suspended from sports (practice and contests) for twelve (12) months from the time of the violation. The student must complete a professional drug/alcohol assessment and follow through with counseling recommendations (with all costs assumed by the student). The student must do so prior to participating in athletics. After completion, the notice of assessment and follow up records must be submitted to the Athletic Director.

**6. Behavior unbecoming an athlete (such as, but not limited to: repeated acts of listed in the minor violation category, acts that injure another person, etc.)**

**\*If not completed in the present season, the penalty shall carry over to the next season in which the student participates.\***

**1st Offense:** The student will be suspended from 25% of contests for the season.

- i. Student athletes cannot just 'quit' the team or not show up during the duration of the suspension. The athlete must attend practices, games and sit by on the players' bench in street clothes. If the student athlete quits the team, and does not finish the season, their penalty will continue to the next sport season they are participating in.

**2nd Offense:** The student will be suspended from 50% of contests for each sport for twelve (12) months from the time of the violation.

- ii. If not completed in the present season, the penalty shall carry over to the next season in which the student participates.



- iii. The student must complete a professional drug/alcohol assessment (will all costs assumed by the student). The student must do so prior to participating in athletics. After completion, a record of the assessment must be submitted to the Athletic Director.

**3rd Offense:** The student will be suspended from sports (practice and contests) for twelve (12) months from the time of the violation.

- iv. The student will be suspended from 50% of contests for each sport for twelve (12) months from the time of the violation. The student must also complete a professional drug/alcohol assessment and follow through with counseling recommendations (with all costs assumed by the student). The student must do so prior to participating in athletics. After completion, the notice of assessment and follow up records must be submitted to the Athletic Director.

**4th Offense:** The student will be permanently suspended from the School District of Bayfield sports for the remainder of their eligibility.

- v. The student will be suspended from sports (practice and contests) for twelve (12) months from the time of the violation. The student must complete a professional drug/alcohol assessment and follow through with counseling recommendations (with all costs assumed by the student). The student must do so prior to participating in athletics. After completion, the notice of assessment and follow up records must be submitted to the Athletic Director.

**1. Removal from the team or quitting the team will not fulfill the suspension and the athlete may not serve their suspension by going out for a sport that has already started.**

**2. If an athlete has committed one or two minor violations and remains without any major violations for a period of one (1) year, they may be moved back one step of the offenses (example: from step 2 to 1 or 1 to none).**

***Note: If a student transfers to another school during their middle school and high school career, such all records and information will or can be supplied to their new school district per request.***

#### Procedure for Reporting and Handling Violations

1. If after investigation by the Athletic Director, it is determined there is not enough evidence to prove violation the athlete will be eligible to participate.
2. If the athlete is found guilty or pleads guilty to an offense to law enforcement or court officials they will then be ineligible from the date of the court or law enforcement ruling with all penalties being enforced from that date.



3. If the athlete should participate in a contest while ineligible, those contests will be forfeited. Therefore, students are encouraged to come forward to eliminate the possibility of having to forfeit games or tournaments.

#### Procedures for Investigating Alleged Violations

1. The Athletic Director in the performance of his/her duties, shall investigate any information regarding alleged violations.
2. The Athletic Director will serve as fact-finder for reported violations.
3. The Athletic Director will also enforce penalties set herein and have jurisdiction in any matters not listed in the Athletic Code.
4. Matters will be dealt with expeditiously, or as soon as possible.
5. If the Athletic Director is not available and the issue needs to be resolved because of a contest that day or evening, the appropriate administrator should investigate the issue and make a determination if a violation occurred.
6. In the event that the Athletic Director and the appropriate administrator(s) are gone, the other administrator will be responsible to investigate the incident.
7. If the event is not the same day or evening, then the investigation can wait until the Athletic Director returns providing the Athletic Director returns the next day.

#### Violations Reported or Observed by Others

Violations observed or reported by the following:

- Parents
- Adults/Community Members
- Staff Members
- Students
- Fellow Squad Members

**Shall need to put in writing the violation(s) observed and shall be sufficient cause for investigation.**

1. **Signed statement which includes the following: time, place, and violation must be submitted to the Athletic Director within ten (10) days of the alleged violation.**
2. ***Violations that occur during the summer will be dealt with as soon as possible and once school has resumed.***
3. Violations involving the law enforcement investigations, pending or active, will be dealt with as soon as law enforcement officials make a determination, or sufficient evidence is available to the Athletic Director to render a decision.
4. The anonymity of the informant will be assured if requested.

5. The informant may be requested by the Athletic Director to speak at an appeal. In this case, the informant will be questioned at a different time than during the appeal session with the accused student.
6. The Athletic Director will meet with any student accused of any Athletic Code violation, and the athlete(s) parent(s)/guardian will be advised of the alleged allegation the same day.
7. Every student will be afforded due process. Any student who is accused of any Athletic Code violation and after the meeting (stated in #6 above), the athlete has two (2) options:
  - a. Admit the violations and adhere to the prescribed punishment.
  - b. Go through the Appeal Process
    - i. Appeal the case to the Athletic Council for a hearing
    - ii. If a student denies violating the code of conduct, the school must provide an opportunity for the student to be heard prior to any penalty being enforced
    - iii. The student's parent/guardian must be present at the time of the hearing
    - iv. The Athletic Director will select members for the Athletic Council.
      1. The Athletic Council **will consist** of a minimum of four (4) and no more than seven (7) members, formed from a pool of the following people:
        - a. Middle/High School Principal
        - b. Two (2) Coaches (teaching and non-teaching staff)
          - i. Coach is excluded of the team involved
        - c. Teachers on staff (whom do not coach)
    - v. The Athletic Director will inform the student and the parent/guardian of the Council's decision
    - vi. Decisions of the Athletic Council are appealable in writing to the School Board. The School Board will review the information provided and render a decision to hear or to deny a hearing of appeal before the Board.
    - vii. The School Board will notify the student of this decision. The request to appeal the Athletic Council's decision must be made within seven (7) days to the District Administrator.

#### Dual Sport Participation

Students may participate in more than one sport during a season (fall, winter, or spring) under the following conditions:

1. The student and the parent/guardian must declare, in writing, the student's primary and secondary sport before the first game, meet, or match. The student will not be able to switch this preference after the first game, meet, or match.
2. Both Coaches must acknowledge in writing the dual sport athlete and turn in to the Athletic Director.
3. Whenever two contests are scheduled on the same day and there is a conflict, the student must participate in the declared primary sport whenever possible (i.e. issues of forfeiting).
4. There will be a prescribed number of practices in each sport the athlete must attend, decided by the coach and following the WIAA rules and regulations.
5. For a student to participate in two (2) sports, they must pass the courses of the last grading period with a 3.0 grade point average or better. Athletes must also have a 3.0 or better in the current grading period. When it becomes necessary to drop one sport because of grades, the student must drop the secondary sport.

#### Cooperative Teams

*Bayfield students playing on a cooperative team with another school will follow the athletic code of both schools with the strictest athletic code being used in cases of violations.*

#### Changing Sports

A student may not quit a sport and begin another sport during the same season. The exception is when the coach of the team the student wants to join and the Athletic Director agree to change.

#### Accident/Injury Reporting

All accidents must be reported to the coach immediately. The Athletic Director should be notified when the student secures medical treatment. Accident reports must be filled out whether the injury requires medical medication attention or not. The report should be turned in to the Athletic Director as soon as possible.





SCHOOL DISTRICT of BAYFIELD

**Report of Athletic Code Violation**

WHO COMMITTED VIOLATION: \_\_\_\_\_

WHEN DID THEY COMMIT THE VIOLATION: \_\_\_\_\_

WHERE DID THE VIOLATION OCCUR: \_\_\_\_\_

WHAT HAPPENED (I.E. DESCRIPTION OF VIOLATION) BE SPECIFIC: \_\_\_\_\_

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

DOES THE REPORTER WISH TO REMAIN ANONYMOUS?     YES     NO

NAME OF PERSON FILING REPORT: \_\_\_\_\_

SIGNATURE OF PERSON FILING REPORT: \_\_\_\_\_

DATE FILED: \_\_\_\_\_

DATE RECEIVED BY ATHLETIC DIRECTOR: \_\_\_\_\_



SCHOOL DISTRICT of BAYFIELD

**Notice of Dual Sport Intent**

**NAME OF ATHLETE:** \_\_\_\_\_

**CURRENT GRADE POINT AVERAGE:** \_\_\_\_\_

**CUMULATIVE GRADE POINT AVERAGE:** \_\_\_\_\_

**SPORTS:**

**PRIMARY:** \_\_\_\_\_

**SECONDARY:** \_\_\_\_\_

**COACHES' SIGNATURES:**

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

**STUDENT'S SIGNATURE:** \_\_\_\_\_

**PARENT/GUARDIAN'S SIGNATURE:** \_\_\_\_\_

## MEDICAL CONSENT FORM

I hereby give permission for any and all medical attention necessary to be administered to my child in the event of an accident, injury, sickness, etc., under the direction of the Bayfield School District Coaches and Employees until such time as I may be contacted. This release is effective for the time during which my child is participating in the Sports Program for the **2022-2023** season, including traveling to and from competition. I also hereby assume payment of any such treatment.

Student's Name: \_\_\_\_\_

Parent/Guardian Names: \_\_\_\_\_

Home Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Emergency Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

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

Policy Number: \_\_\_\_\_

Child's Physician: \_\_\_\_\_

Physician's Phone Number: \_\_\_\_\_

Child's Dentist: \_\_\_\_\_

Dentist's Phone Number: \_\_\_\_\_

My child's known allergies: \_\_\_\_\_

\_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_



## MEDICAL HISTORY

Has your child or did your child have any of the following? Please explain, on a separate sheet of paper, any yes responses that have present implications for coaching your child. Describe proper first aid requirements if appropriate.

General Conditions	Circle		Circle		Injuries	Circle		Circle	
	One	NO	One/Both	PAST		One	NO	One/Both	PAST
Fainting Spells	YES	NO	PAST	PRESENT	Toes	YES	NO	PAST	PRESENT
Headaches	YES	NO	PAST	PRESENT	Feet	YES	NO	PAST	PRESENT
Convulsions/Epilepsy	YES	NO	PAST	PRESENT	Ankles	YES	NO	PAST	PRESENT
Asthma	YES	NO	PAST	PRESENT	Lower Legs	YES	NO	PAST	PRESENT
High Blood Pressure	YES	NO	PAST	PRESENT	Knees	YES	NO	PAST	PRESENT
Kidney Problems	YES	NO	PAST	PRESENT	Thighs	YES	NO	PAST	PRESENT
Intestinal Disorder	YES	NO	PAST	PRESENT	Hips	YES	NO	PAST	PRESENT
Hernia	YES	NO	PAST	PRESENT	Lower Back	YES	NO	PAST	PRESENT
Diabetes	YES	NO	PAST	PRESENT	Upper Back	YES	NO	PAST	PRESENT
Heart Disease/Disorder	YES	NO	PAST	PRESENT	Ribs	YES	NO	PAST	PRESENT
Dental Plate	YES	NO	PAST	PRESENT	Abdomen	YES	NO	PAST	PRESENT
Poor Vision	YES	NO	PAST	PRESENT	Chest	YES	NO	PAST	PRESENT
Poor Hearing	YES	NO	PAST	PRESENT	Neck	YES	NO	PAST	PRESENT
Skin Disorder	YES	NO	PAST	PRESENT	Fingers	YES	NO	PAST	PRESENT
Allergies (specify)	YES	NO	PAST	PRESENT	Hands	YES	NO	PAST	PRESENT
Joint Dislocation or Separation (specify)	YES	NO	PAST	PRESENT	Wrists	YES	NO	PAST	PRESENT
Other			PAST	PRESENT	Forearms	YES	NO	PAST	PRESENT
Concussion	YES	NO	PAST	PRESENT	Elbows	YES	NO	PAST	PRESENT
					Upper Arms	YES	NO	PAST	PRESENT
					Shoulders	YES	NO	PAST	PRESENT
					Head (specify)	YES	NO	PAST	PRESENT
					Others			PAST	PRESENT

Date of last tetanus booster if known: \_\_\_\_\_

Is your child currently taking any medication?      YES      NO

If yes, describe medication, amount and reason for taking: \_\_\_\_\_

Does your child have any adverse reactions to any medications?      YES      NO

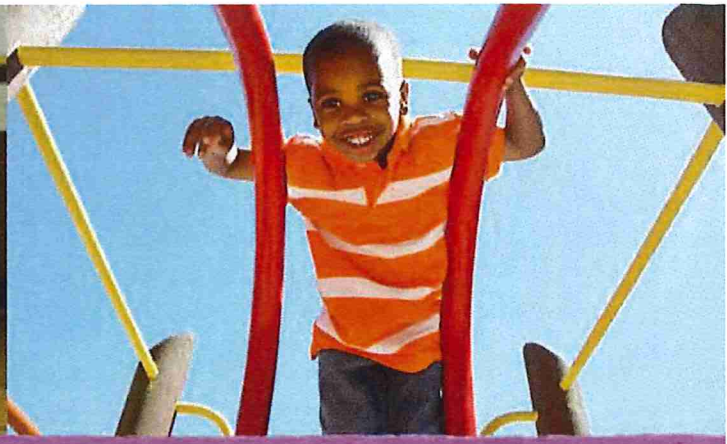
Has a physician placed any restriction on your child's present activity?      YES      NO

Does your child have any existing and/or past medical or emotional conditions that require special concern and attention by a coach?      YES      NO

If yes, please explain: \_\_\_\_\_

Thank you for your time and attention to this form. This form enables coaches to make sure your child gets the best possible care in an emergency situation.





# KNOW YOUR CONCUSSION ABCs

Assess the situation    Be alert for signs and symptoms    Contact a health care provider

## Wisconsin Fact Sheet for Parents

### What is a concussion?

A concussion is a type of brain injury that changes the way the brain normally works. A concussion is caused by a bump, blow, or jolt to the head and can also occur from a blow to the body that causes the head and brain to move rapidly back and forth. Even what seems to be a mild bump to the head can be serious.

Concussions can have a more serious effect on a young, developing brain and need to be addressed correctly.

### What are the signs and symptoms of a concussion?

You can't see a concussion. Signs and symptoms of concussion can show up right after an injury or may not appear or be noticed until hours or days after the injury. It is important to watch for changes in how your child or teen is acting or feeling, if symptoms are getting worse, or if s/he just "doesn't feel right." Most concussions occur without loss of consciousness.

If your child or teen reports **one or more** of the symptoms of concussion listed below, or if you notice the symptoms yourself, seek medical attention right away. Children and teens are among those at greatest risk for concussion.

## SIGNS AND SYMPTOMS OF A CONCUSSION

### SIGNS OBSERVED BY PARENTS OR GURADIANS

- Appears dazed or stunned
- Is confused about events
- Answers questions slowly
- Repeats questions
- Can't recall events prior to the hit, bump, or fall
- Can't recall events after the hit, bump, or fall
- Loses consciousness (even briefly)
- Shows behavior or personality changes
- Forgets class schedule or assignments

### SYMPTOMS REPORTED BY YOUR CHILD

#### Thinking/Remembering:

- Difficulty thinking clearly
- Difficulty concentrating or remembering
- Feeling more slowed down
- Feeling sluggish, hazy, foggy, or groggy

#### Physical:

- Headache or "pressure" in head
- Nausea or vomiting
- Balance problems or dizziness
- Fatigue or feeling tired
- Blurry or double vision
- Sensitivity to light or noise
- Numbness or tingling
- Does not "feel right"

#### Emotional:

- Irritable
- Sad
- More emotional than usual
- Nervous

#### Sleep\*:

- Drowsy
- Sleeps less than usual
- Sleeps more than usual
- Has trouble falling asleep

\*Only ask about sleep symptoms if the injury occurred on a prior day.

Materials adapted from U.S. Dept of HHS Centers for Disease Control and Prevention





# DANGER SIGNS

Be alert for symptoms that worsen over time. Your child or teen should be seen in an emergency department right away if s/he has:

- One pupil (the black part in the middle of the eye) larger than the other
- Difficult to arouse
- Severe headache or worsening headache
- Weakness, numbness, or decreased coordination
- Repeated vomiting or nausea
- Slurred speech
- Convulsions or seizures
- Difficulty recognizing people or places
- Increasing confusion, restlessness, or agitation
- Unusual behavior
- Loss of consciousness (even a brief loss of consciousness should be taken seriously)

Children and teens with a suspected concussion should NEVER return to sports or recreation activities on the same day the injury occurred. They should delay returning to their activities until a health care provider experienced in evaluating for concussion says they are symptom-free and provide written clearance to return to activity. This means, until permitted, not returning to:

- Physical Education (PE) class,
- Sports conditioning, weight lifting, practices and games, or
- Physical activity at recess.

## What should I do if my child or teen has a concussion?

1. Seek medical attention right away. A health care provider experienced in evaluating for concussions can direct concussion management and review when it is safe for your child to return to normal activities, including school (concentration and learning) and physical activity. If your child or teen has been removed from a youth athletic activity because of a suspected or confirmed concussion or head injury, they may not participate again until he/she is evaluated by a health care provider and receives written clearance to participate in the activity from the health care provider.
2. Help them take time to get better. If your child or teen has a concussion, her or his brain needs time to heal. Your child or teen should limit activities while he/she is recovering from a concussion. Exercising or activities that involve a lot of concentration, such as studying, using a computer, texting, or playing video games may worsen or prolong concussion symptoms (such as headache or tiredness). Rest will help your child recover more quickly. Your child may become upset that he/she cannot participate in activities.
3. Together with your child or teen, learn more about concussions. Talk about the potential long-term effects of concussion and the problems caused by returning too soon to daily activities to quickly (especially physical activity and learning/concentration).

## How can I help my child return to school safely after a concussion?

Help your child or teen get needed support when returning to school after a concussion. Talk with your child's school administrators, teachers, school nurse, coach, and counselor about your child's concussion and symptoms. Your child may feel frustrated, sad, and even angry because he/she cannot keep up with schoolwork and learn as well after a concussion. Your child may also feel isolated from peers and social networks. Talk often with your child about these issues and offer your support and encouragement. As your child's symptoms decrease, the extra help or support can be removed gradually. Children and teens who return to school after a concussion may need to:

- Take rest breaks as needed,
- Spend fewer hours at school,
- Be given more time to take tests or complete assignments,
- Receive help with schoolwork, and/or
- Reduce time spent reading, writing, or on the computer.

To download this fact sheet in Spanish, please visit: [www.cdc.gov/Concussion](http://www.cdc.gov/Concussion). Para obtener una copia electrónica de esta hoja de información en español, por favor visite: [www.cdc.gov/Concussion](http://www.cdc.gov/Concussion).

To learn more about concussions go to :

[www.cdc.gov/Concussion](http://www.cdc.gov/Concussion); [www.wiaawi.org](http://www.wiaawi.org); [www.nfhs.org](http://www.nfhs.org)





# PARENT & ATHLETE AGREEMENT

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**As a Parent and as an Athlete it is important to recognize the signs, symptoms, and behaviors of concussions.** By signing this form you are stating that you understand the importance of recognizing and responding to the signs, symptoms, and behaviors of a concussion or head injury.

## Parent Agreement:

I \_\_\_\_\_ have **read** the Parent Concussion and Head Injury Information and **understand** what a concussion is and how it may be caused. I also understand the common signs, symptoms, and behaviors. I agree that my child must be removed from practice/play if a concussion is suspected.

I understand that it is my responsibility to seek medical treatment if a suspected concussion is reported to me.

I understand that my child cannot return to practice/play until providing written clearance from an appropriate health care provider to his/her coach.

I understand the possible consequences of my child returning to practice/play too soon.

Parent/Guardian

Signature \_\_\_\_\_ Date \_\_\_\_\_

## Athlete Agreement:

I \_\_\_\_\_ have **read** the Athlete Concussion and Head Injury Information and **understand** what a concussion is and how it may be caused.

I understand the importance of reporting a suspected concussion to my coaches and my parents/guardian.

I understand that I must be removed from practice/play if a concussion is suspected. I understand that I must provide written clearance from an appropriate health care provider to my coach before returning to practice/play.

I understand the possible consequence of returning to practice/play too soon and that my brain needs time to heal.

Athlete

Signature \_\_\_\_\_ Date \_\_\_\_\_



125 South Webster Street,  
PO Box 7841,  
Madison, WI 53707-7841

PHONE 608-266-3390  
TOLL FREE 800-441-4563  
WEB SITE <http://www.dpi.wi.gov>

# Questions and Contact Information

Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_ County \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Age \_\_\_\_\_ School \_\_\_\_\_ School District \_\_\_\_\_

Check all that apply  
I participate in:

- |                                        |                                            |                                            |                                              |
|----------------------------------------|--------------------------------------------|--------------------------------------------|----------------------------------------------|
| <input type="checkbox"/> Football      | <input type="checkbox"/> Baseball/Softball | <input type="checkbox"/> Basketball        | <input type="checkbox"/> Hockey              |
| <input type="checkbox"/> Soccer        | <input type="checkbox"/> Golf              | <input type="checkbox"/> Volleyball        | <input type="checkbox"/> Wrestling           |
| <input type="checkbox"/> Track & Field | <input type="checkbox"/> Cross Country     | <input type="checkbox"/> Cheerleading      | <input type="checkbox"/> Skiing/Snowboarding |
| <input type="checkbox"/> Gymnastics    | <input type="checkbox"/> Tennis            | <input type="checkbox"/> Swimming & Diving |                                              |
| <input type="checkbox"/> Other _____   |                                            |                                            |                                              |

Name of Current Team \_\_\_\_\_

1. Have you ever had a concussion? \_\_\_\_\_, if yes, how many? \_\_\_\_\_
2. Have you ever experienced concussion symptoms? \_\_\_\_\_ Did you report them? \_\_\_\_\_

## Emergency Contacts:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Please complete this form and return to the person operating the youth athletic activity.

# PREPARTICIPATION PHYSICAL EVALUATION HISTORY FORM

(Note: This form is to be filled out by the patient and parent prior to seeing the physician. The physician should keep this form in the chart.)

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

## THE ATHLETE WITH SPECIAL NEEDS: SUPPLEMENTAL HISTORY FORM

Date of Exam \_\_\_\_\_

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

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

1. Type of disability		
2. Date of disability		
3. Classification (if available)		
4. Cause of disability (birth, disease, accident/trauma, other)		
5. List the sports you are interested in playing		
	Yes	No
6. Do you regularly use a brace, assistive device, or prosthetic?		
7. Do you use any special brace or assistive device for sports?		
8. Do you have any rashes, pressure sores, or any other skin problems?		
9. Do you have a hearing loss? Do you use a hearing aid?		
10. Do you have a visual impairment?		
11. Do you use any special devices for bowel or bladder function?		
12. Do you have burning or discomfort when urinating?		
13. Have you had autonomic dysreflexia?		
14. Have you ever been diagnosed with a heat-related (hyperthermia) or cold-related (hypothermia) illness?		
15. Do you have muscle spasticity?		
16. Do you have frequent seizures that cannot be controlled by medication?		

Explain "yes" answers here

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Please indicate if you have ever had any of the following.

	Yes	No
Atlantoaxial instability		
X-ray evaluation for atlantoaxial instability		
Dislocated joints (more than one)		
Easy bleeding		
Enlarged spleen		
Hepatitis		
Osteopenia or osteoporosis		
Difficulty controlling bowel		
Difficulty controlling bladder		
Numbness or tingling in arms or hands		
Numbness or tingling in legs or feet		
Weakness in arms or hands		
Weakness in legs or feet		
Recent change in coordination		
Recent change in ability to walk		
Spina bifida		
Latex allergy		

Explain "yes" answers here

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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

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

## PHYSICIAN 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* <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>†</sup>		
Skin <ul style="list-style-type: none"> <li>HSV, lesions suggestive of MRSA, tinea corporis</li> </ul>		
Neurologic <sup>‡</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>		

\*Consider ECG, echocardiogram, and referral to cardiology for abnormal cardiac history or exam.  
<sup>†</sup>Consider GU exam if in private setting. Having third party present is recommended.  
<sup>‡</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, a 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/PA/APNP

# ■ PREPARTICIPATION PHYSICAL EVALUATION CLEARANCE FORM

## WISCONSIN INTERSCHOLASTIC ATHLETIC ASSOCIATION – ATHLETIC PERMIT CARD

(Print or Type)

ALL STUDENTS PARTICIPATING IN INTERSCHOLASTIC ATHLETICS MUST HAVE THIS CARD ON FILE AT THEIR SCHOOL PRIOR TO PRACTICE OR PARTICIPATION

Physical examination taken April 1 and thereafter is valid for the following two school years; physical examination taken before April 1 is valid only for the remainder of that school year and the following school year.

NAME (Last) \_\_\_\_\_ (First) \_\_\_\_\_ (Middle Initial) \_\_\_\_\_ Date of Birth \_\_\_\_\_

Age \_\_\_\_\_ Sex \_\_\_\_\_ Grade \_\_\_\_\_ School \_\_\_\_\_ City \_\_\_\_\_

Present Address \_\_\_\_\_ Telephone \_\_\_\_\_

Cleared without restriction       Cleared, with the following qualifications: \_\_\_\_\_

Not cleared       Pending further evaluation       For all 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, a 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) \_\_\_\_\_

SIGNATURE OF LICENSED PHYSICIAN (MD OR DO)/PA/APNP\*: \_\_\_\_\_

Clinic Name \_\_\_\_\_

Address/Clinic \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone \_\_\_\_\_ Date of Examination \_\_\_\_\_

\* Physicians may authorize Nurse Practitioners to stamp this card with the physician's signature or the name of the clinic with which the physician is affiliated.

Parents' Place of Employment \_\_\_\_\_

Family Physician \_\_\_\_\_ Family Dentist \_\_\_\_\_

Name of Private Insurance Carrier \_\_\_\_\_ Telephone \_\_\_\_\_

Subscriber Member Name (Primary Insured) \_\_\_\_\_

### Emergency Information

Allergies \_\_\_\_\_

Other Information (medication, etc.) \_\_\_\_\_

Immunizations     Up to date (see attached documentation)     Not up to date - specify \_\_\_\_\_

(e.g., tetanus/diphtheria; measles, mumps, rubella; hepatitis A, B; influenza; poliomyelitis; pneumococcal; meningococcal; varicella)

1. I hereby give my permission for the above named student to practice and compete and represent the school in WIAA approved interscholastic sports except those restricted on this card.
2. Pursuant to the requirements of the Health Insurance Portability and Accountability Act of 1996 and the regulations promulgated thereunder (collectively known as "HIPAA"), I authorize health care providers of the student named above, including emergency medical personnel and other similarly trained professionals that may be attending an interscholastic event or practice, to disclose/exchange essential medical information regarding the injury and treatment of this student to appropriate school district personnel such as but not limited to: Principal, Athletic Director, Athletic Trainer, Team Physician, Team Coach, Administrative Assistant to the Athletic Director and/or other professional health care providers, for purposes of treatment, emergency care and injury record-keeping.

SIGNATURE OF PARENT/GUARDIAN \_\_\_\_\_ DATE \_\_\_\_\_



WISCONSIN INTERSCHOLASTIC ATHLETIC ASSOCIATION ALTERNATE YEAR ATHLETIC PERMIT CARD

Physical Date \_\_\_\_\_

SCHOOL YEAR 20\_\_\_\_ - 20\_\_\_\_

NAME \_\_\_\_\_ GRADE \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_  
Last First Middle Initial

Present Address \_\_\_\_\_ Telephone \_\_\_\_\_

Parents' Place of Employment \_\_\_\_\_

Family Physician \_\_\_\_\_ Family Dentist \_\_\_\_\_

Name of Private Insurance Carrier \_\_\_\_\_ Telephone \_\_\_\_\_

Subscriber Member Name (Primary Insured) \_\_\_\_\_

1. I hereby give my permission for the above named student to practice and compete and represent the school in WIAA approved sports.
  2. I also attest to the fact that the above named student has had no injury or illness serious enough to warrant a medical evaluation prior to participating this school year.
  3. Pursuant to the requirements of the Health Insurance Portability and Accountability Act of 1996 and the regulations promulgated thereunder (collectively known as "HIPAA"), I authorize health care providers of the student named above, including emergency medical personnel and other similarly trained professionals that may be attending an interscholastic event or practice, to disclose/exchange essential medical information regarding the injury and treatment of this student to appropriate school district personnel such as but not limited to: Principal, Athletic Director, Athletic Trainer, Team Physician, Team Coach, Administrative Assistant to the Athletic Director and/or other professional health care providers, for purposes of treatment, emergency care and injury record-keeping.
  4. It is recommended that information regarding your child's allergies and prescribed medication be made available.
- PARENT: If there is any question that this student may not be qualified for athletic competition without, at least, a partial re-evaluation, contact your medical advisor before signing card.

SIGNATURE OF PARENT \_\_\_\_\_ DATE \_\_\_\_\_

ALL STUDENTS PARTICIPATING IN INTERSCHOLASTIC ATHLETICS MUST HAVE THIS ALTERNATE YEAR CARD ON FILE AT THEIR SCHOOL PRIOR TO PRACTICE OR PARTICIPATION



## Defining Sportsmanship (sports'-man-ship')



**Sportsmanship  
Matters**

Good sportsmanship is viewed by the National Federation as a commitment to fair play, ethical behavior and integrity. In perception and practice, sportsmanship is defined as those qualities which are characterized by generosity and genuine concern for others. The ideals of sportsmanship apply equally to all activity disciplines. Individuals, regardless of their role in activities, are expected to be aware of their influence on the behavior of others and model good sportsmanship.

## Fundamentals of Sportsmanship

1. Show respect for self and others at all times.
2. Show respect for the officials. Sportsmanship implies the willingness to accept and abide by the decisions of the officials.
3. Know, understand and appreciate the rules of the contest. Sportsmanship suggests the importance of conforming to the spirit, as well as the letter of the rules.
4. Maintain self-control at all times. Don't let the desire to win overcome rational, safe behavior.
5. Recognize and appreciate competitive skill regardless of team affiliation.



Wisconsin Interscholastic  
Athletic Association  
5516 Vern Holmes Drive  
Stevens Point, WI 54482-8833  
Phone (715) 344-8580  
Fax (715) 344-4241  
[wiaawi.org](http://wiaawi.org)

**Sportsmanship Reveals Character Regardless of the Final Outcome.**