# Bayfield Troller Student - Athlete Handbook



2023-2024

Approved: July 17, 2023

## **TABLE OF CONTENTS**

School District of Bayfield Mission Statement	2
School District of Bayfield Athletic Code	2
Bad Weather	3
Team Pictures	3
Team Fundraising	3
Awards/Banquets	3
Rules of Conduct/Eligibility	3
General Eligibility Rules	4
The Pupil Nondiscrimination Guidelines for Athletes	4
Academic Requirements	5
Attendance	5
Curfew	6
Travel and Conduct on Trips	6
Bullying	7
Hazing Policy	8
Locker Room Policy	8
Personal Communication Device Policy	8
Code Violations	11
Honesty Clause	11
Minor Violations	11
Major Violations	14
Procedure for Reporting and Handling Violations	19
Procedures for Investigating Alleged Violations	20
Violations Reported or Observed by Others	20
Dual Sport Participation	21
Cooperative Teams	22
Changing Sports	22
Accident/Injury Reporting	22
FORMS & INFORMATION SHEETS	23
Athletic Code Agreement Statement	23
Report of Athletic Code Violation	24
Notice of Dual Sport Intent	25
Medical Consent Form	26
Medical History	27
Parental Insurance Waiver	28
Concussion and Head Injury Information	29
Sudden Cardiac Arrest Information	30
Concussion & Cardiac Arrest Information - Student Agreement	32
Concussion & Cardiac Arrest Information - Parent Agreement	33

Sports Physical Forms	34
WIAA Alternative Year Athletic Permit Card	38
Sportsmanship Fundamentals	39

#### School District of Bayfield Mission Statement

The mission of the School District of Bayfield is to provide a respectful and nurturing environment for each student to grow.

#### 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

Wasburn)

#### 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.

#### <u>Awards/Banquets</u>

Athletic Banquets will be held at the School District of Bayfield which are WIAA sanctioned or district sponsored. Banquets will be held on the 1st Wednesday of November for Fall Sports and on the 2nd Wednesday of May for Winter & Spring Sports

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 Nondiscrimination 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 I9, 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: <a href="http://sped.dpi.wi.gov/sped\_puplnondis">http://sped.dpi.wi.gov/sped\_puplnondis</a>
WIAA 5516 Vern Holmes Dr. Stevens Point, WI 54482 (715) 344-8580 website: <a href="http://www.wiaawi.org">http://www.wiaawi.org</a>

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 25):
  - 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.
- 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
- 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.
  - 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
- 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 (½). 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 15): 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.

**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.

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

**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.

#### 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.

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.
- 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 <u>within ten (10) days</u> 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 <u>will consist</u> 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)
          - 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.

#### FORMS & INFORMATION SHEETS

# SCHOOL DISTRICT OF BAYFIELD Athletic Code Agreement Statement

I, the undersigned, have read the understand the penalties for any v	athletic code. I will adhere to this code and riolations.
	student and parent/guardian each and be on file with lent can participate (play or practice) in Bayfield
Student's Name (Print)	Parent/Guardian's Name (Print)
Student's Signature	Parent/Guardian's Signature
Date	

Please return this form to the Athletic Director.



## **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?YESNO
NAME OF PERSON FILING REPORT:
SIGNATURE OF PERSON FILING REPORT:
DATE FILED:
DATE RECEIVED BY ATHLETIC DIRECTOR:



## **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 **2023-2024** 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:	
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 One	Circle One/Both	Injuries	Circle One	Circle One/Both
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/Separation (specify)	YES NO	PAST PRESENT	Wrists	YES NO	PAST PRESENT
Other	YES NO	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
			Other	YES NO	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 for 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.

## **Parental Insurance Waiver**

Dear Parent or Guardian,
We wish to emphasize that the school district does not provide any health or accident insurance for injuries by your child at school.
Since children are particularly susceptible to injuries, we encourage you to review your current health insurance program to determine if your coverage is adequate.
Would you please sign and return the form below if you already have adequate insurance?
Thank you,
Beth Paap District Administrator
Parental Insurance Waiver
Student's Name:
We have adequate insurance to protect our child in case of an accident.
Parent/Guardian's Signature:
Date:

#### **Concussion and Head Injury Information**

Wis. Stat. § 118.293 Concussion and Head Injury

What Is a Concussion? A concussion is a type of head (brain) injury that changes the way the brain normally works. A concussion is caused by a bump, blow, or jolt to the head. Concussions 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. Consequences of severe brain injury (including concussion) include problems with thinking, memory, learning, coordination, balance, speech, hearing, vision, and emotional changes.

What are the signs and symptoms of a concussion? You cannot 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 you as an athlete or your child or teen is acting or feeling, if symptoms are getting worse, or if you/they just "don't feel right." Most concussions occur without loss of consciousness.

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

## These are some SIGNS of concussion (what others can see in an injured athlete):

- o Dazed or stunned appearance
- Unsure of score, game, opponent
- Clumsy
- Answers more slowly than usual
- Shows behavior or personality changes
- Loss of consciousness (even briefly)
- Repeats questions
- Forgets class schedule or assignments

## 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 healthcare provider experienced in evaluating for concussion says it is OK to return to play. This means, until permitted, not returning to:

- Physical Education (PE) class
- Sports practices or games
- Physical activity at recess

## These are some of the more common SYMPTOMS of concussion (what an injured athlete feels):

- Headache
- Nausea or vomiting
- Dizzy or unsteady
- Sensitive to light or noise or blurry vision
- Difficulty thinking clearly, concentrating, or remembering
- o Irritable, sad, or feeling more emotional than usual
- Sleeps more or less than usual

## If you or your child or teen has signs or symptoms of a concussion

Seek medical attention right away. A healthcare provider experienced in evaluating for concussion can determine how serious the concussion is and when it is safe to return to normal activities, including physical activity and school (concentration and learning activities).

After a concussion, the brain needs time to heal. Activities may need to be limited while recovering. This includes exercise and activities that involve a lot of concentration.

Information adapted from the Centers for Disease Control and Prevention's (CDC) Heads Up Safe Brain. Stronger Future.

For more information view the CDC's Heads Up to Youth Sports webpages for athletes, parents, and coaches.





#### **Sudden Cardiac Arrest Information**

Wis. Stat. § 118.2935 Sudden cardiac arrest; youth athletic activities

Sudden cardiac arrest (SCA), while rare, is the leading cause of death in young athletes while training or participating in sport competition. Even athletes who appear healthy and have a normal preparticipation screening may have underlying heart abnormalities that can be life-threatening. A family history of SCA at younger than age 50 or cardiomyopathy (heart muscle problem) places an athlete at greater risk. Athletes should inform the healthcare provider performing their physical examination about their family's heart history.

What is Sudden Cardiac Arrest? Cardiac arrest is a condition in which the heart suddenly and unexpectedly stops beating. If this happens, blood stops flowing to the brain, lungs, and other vital organs.

Cardiac arrest usually causes death if it is not treated with cardiopulmonary resuscitation (CPR) and an automated external defibrillator (AED) within minutes.

Cardiac arrest is not the same as a heart attack. A heart attack occurs if blood flow to part of the heart muscle is blocked. During a heart attack, the heart usually does not suddenly stop beating. In cardiac arrest the heart stops beating.

What warning signs during exercise should athletes/coaches/parents watch out for?

- Fainting/blackouts (especially during exercise)
- Dizziness
- Unusual fatigue/weakness
- Chest pain/tightness with exertion
- Shortness of breath
- Nausea/vomiting
- Palpitations (heart is beating unusually fast or skipping beats)

Stop activity/exercise immediately if you have any of the warning signs of Sudden Cardiac Arrest.

**Speak up and tell** a coach and parent/guardian if you notice problems when exercising.

If an athlete has any warning signs of SCA while exercising, they should seek medical attention and evaluation from a healthcare provider before returning to a game or practice.

The risk associated with continuing to participate in a youth activity after experiencing warning signs is that the athlete may experience SCA, which usually causes death if not treated with CPR and an AED within minutes.

#### What are ways to screen for Sudden Cardiac Arrest (SCA)?

<u>WIAA Pre-Participation Physical Evaluation</u> – the Medical History form includes important heart related questions and is required every other year. Additional screening using an electrocardiogram and/or an echocardiogram may be done if there are concerns in the history or physical examination but is not required (by WIAA). Parents/guardians/athletes should discuss the need for specific cardiac testing with the medical provider performing the review of family history and physical evaluation or after experiencing warning signs of sudden cardiac arrest while exercising. The cost of the pre-participation physical and any follow up examinations or recommended testing including an electrocardiogram is the responsibility of the athlete and their parents/guardians. **Not all cases or causes of SCA in young athletes are detected in the history, examination, or with testing.** 

What is an electrocardiogram, its risks, and benefits? An electrocardiogram (ECG) is one of the simplest and fastest tests used to evaluate the heart. Electrodes (small, plastic patches that stick to the skin) are placed at specific spots on the chest, arms, and legs. The electrodes are connected to an ECG machine by wires. The electrical activity of the heart is then measured, interpreted, and printed out. No electricity is sent into the body. Risks associated with having an ECG are minimal and rare. The benefits include that it





is an easy procedure to do, can be performed in many health care offices and it may detect heart conditions in children with no symptoms. ECGs are good at detecting certain heart conditions that may increase risk for SCA but may not detect all such conditions. If not performed correctly the information is not valid and may lead to more (unnecessary) testing and further examinations. ECGs should be interpreted by experts in reading ECGs in children (i.e., pediatric cardiologists). For more information, view the Johns Hopkins Medicine - Electrocardiogram website.

How may a student athlete and parent/guardian request the administration of an electrocardiogram and a comprehensive physical examination? Athletes participating in WIAA sports are required to have a physical examination and review of family history every other year. Other youth sports have similar requirements. Although the cost of these medical examinations is the responsibility of the athlete's family many school districts can assist students to find low cost or no cost ways to obtain these examinations. Athletes should contact their school athletic director if they need assistance in getting an examination. If an athlete has risk factors, family history of heart disease, or has had warning signs associated with sudden cardiac arrest while exercising, they should tell the medical provider performing the history and physical examination and discuss the possible need for an electrocardiogram.





#### ATHLETE AGREEMENT

As a parent/guardian and as an athlete it is important to recognize the signs, symptoms, and behaviors of concussions and sudden cardiac arrest. By signing this form, you are stating that you have read the Department of Public Instruction's (DPI) and the Wisconsin Interscholastic Athletic Association (WIAA) Concussion and Head Injury information sheet and Sudden Cardiac Arrest Information sheet.

**Athlete Agreement:** 

I,have read the Concussion and Head Injury Information sheet. I have had the opportunity to read more information on concussions on the Centers for Disease Control and Prevention's (CDC) websites. I understand what a concussion is and how it may be caused. I also understand the common signs, symptoms, and behaviors. 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 be evaluated by an appropriate health care provider and provide to my coach written clearance to participate in the activity from the health care provider before I may return to practice/play.
I understand that after a head injury my brain needs time to heal and that it may not heal properly if I return to practice/play too soon.
I have read the Sudden Cardiac Arrest Information sheet. I understand that I should stop activity/exercise immediately if I have any warning signs of sudden cardiac arrest and report the symptoms to my coaches and my parents/guardians.
Athlete Signature
Date





#### **PARENT AGREEMENT**

As a parent/guardian and as an athlete it is important to recognize the signs, symptoms, and behaviors of concussions and sudden cardiac arrest. By signing this form, you are stating that you have read the Department of Public Instruction's (DPI) and the Wisconsin Interscholastic Athletic Association (WIAA) Concussion and Head Injury information sheet and Sudden Cardiac Arrest Information sheet.

Parent Agreement:
have read the DPI's Concussion and Head Injury Information sheet. I have had the opportunity to read more information about concussions on the Centers for Disease Control and Prevention's (CDC) websites. I 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 they are evaluated by an appropriate health care provide and provide written clearance from the health care provider to their coach.
I understand concussions can have a serious effect on a young, developing brain and need to be addressed correctly.
I have read the Sudden Cardiac Arrest information sheet. I understand that my child should stop activity/exercise immediately if they have any warning signs of sudden cardiac arrest. I understand it is recommended if my child has any warning signs of sudden cardiac arrest while exercising, they have a medical examination before exercising or returning to participation in their sport. I understand that I or my child should report a family history of heart problems or warning signs of sudden cardiac arrest to the healthcare provider doing the medical examination.
I understand how to request at my cost the administration of an electrocardiogram, in addition to a comprehensive physical examination required to participate in a youth athletic activity. I understand the athletic director may be able to assist me.
Parent/Guardian Signature





#### ■ PREPARTICIPATION PHYSICAL EVALUATION

#### **HISTORY FORM**

Note: Complete and sign this form (with your parents if youn	nger than 18) before your appointment.
Name:	Date of birth:
Date of examination:	Sport(s):
Sex assigned at birth (F, M, or intersex):	How do you identify your gender? (F, M, or other):
List past and current medical conditions.	
Have you ever had surgery? If yes, list all past surgical proce	edures.
Medicines and supplements: List all current prescriptions, o	over-the-counter medicines, and supplements (herbal and nutritional).
Do you have any allergies? If yes, please list all your allerg	gies (ie, medicines, pollens, food, stinging insects).

Patient Health Questionnaire Version 4 (PHQ-4) Over the last 2 weeks, how often have you been be	othered by any of	the following prob	lems? (Circle response.	)
	Not at all	Several days	Over half the days	Nearly every day
Feeling nervous, anxious, or on edge	0	1	2	3
Not being able to stop or control worrying	0	1	2	3
Little interest or pleasure in doing things	0	1	2	3
Feeling down, depressed, or hopeless	0	1	2	3
(A sum of $\geq 3$ is considered positive on either	subscale [question	ns 1 and 2, or que	stions 3 and 4] for scre	ening purposes.)

(Exp	IERAL QUESTIONS lain "Yes" answers at the end of this form. e questions if you don't know the answer.)	Yes	No
1.	Do you have any concerns that you would like to discuss with your provider?		
2.	Has a provider ever denied or restricted your participation in sports for any reason?		
3.	Do you have any ongoing medical issues or recent illness?		
HEA	RT HEALTH QUESTIONS ABOUT YOU	Yes	No
4.	Have you ever passed out or nearly passed out during or after exercise?		
5.	Have you ever had discomfort, pain, tightness, or pressure in your chest during exercise?		
6.	Does your heart ever race, flutter in your chest, or skip beats (irregular beats) during exercise?		
7.	Has a doctor ever told you that you have any heart problems?		

	RT HEALTH QUESTIONS ABOUT YOU NTINUED)	Yes	No
9.	Do you get light-headed or feel shorter of breath than your friends during exercise?		
10.	Have you ever had a seizure?		
HEA	RT HEALTH QUESTIONS ABOUT YOUR FAMILY	Yes	No
11.	Has any family member or relative died of heart problems or had an unexpected or unexplained sudden death before age 35 years (including drowning or unexplained car crash)?		
12.	Does anyone in your family have a genetic heart problem such as hypertrophic cardiomyopathy (HCM), Marfan syndrome, arrhythmogenic right ventricular cardiomyopathy (ARVC), long QT syndrome (LQTS), short QT syndrome (SQTS), Brugada syndrome, or catecholaminergic polymorphic ventricular tachycardia (CPVT)?		
13.	Has anyone in your family had a pacemaker or an implanted defibrillator before age 35?		

108	NE AND JOINT QUESTIONS	Yes	No		MEDICAL QUESTIONS (CONTINU
4.	Have you ever had a stress fracture or an injury to a bone, muscle, ligament, joint, or tendon that			] F	<ul><li>25. Do you worry about your we</li><li>26. Are you trying to or has any</li></ul>
	caused you to miss a practice or game?		ļ	]	that you gain or lose weight?
5.	Do you have a bone, muscle, ligament, or joint injury that bothers you?				27. Are you on a special diet or certain types of foods or food
VED	DICAL QUESTIONS	Yes	No		28. Have you ever had an eating
6.	Do you cough, wheeze, or have difficulty breathing during or after exercise?				FEMALES ONLY
17.	Are you missing a kidney, an eye, a testicle			1	29. Have you ever had a menstru
	(males), your spleen, or any other organ?				30. How old were you when you menstrual period?
18.	Do you have groin or testicle pain or a painful bulge or hernia in the groin area?				31. When was your most recent
19.	Do you have any recurring skin rashes or rashes that come and go, including herpes or				32. How many periods have you months?
	methicillin-resistant Staphylococcus aureus (MRSA)?			E	xplain "Yes" answers here.
20.	Have you had a concussion or head injury that caused confusion, a prolonged headache, or memory problems?			-       	
21.	Have you ever had numbness, had tingling, had weakness in your arms or legs, or been unable to move your arms or legs after being hit or falling?			-         	
22.	Have you ever become ill while exercising in the heat?			-    -	
23.	Do you or does someone in your family have sickle cell trait or disease?			_	
24.	Have you ever had or do you have any prob- lems with your eyes or vision?			] -	

MEDICAL QUESTIONS (CONTINUED)	Yes	No
25. Do you worry about your weight?		
26. Are you trying to or has anyone recommended that you gain or lose weight?		
27. Are you on a special diet or do you avoid certain types of foods or food groups?		
28. Have you ever had an eating disorder?		
FEMALES ONLY	Yes	No
29. Have you ever had a menstrual period?		
30. How old were you when you had your first menstrual period?		
months personal		
<u>'</u>		
<ul><li>31. When was your most recent menstrual period?</li><li>32. How many periods have you had in the past 12 months?</li></ul>		
<ul><li>31. When was your most recent menstrual period?</li><li>32. How many periods have you had in the past 12 months?</li></ul>		
<ul><li>31. When was your most recent menstrual period?</li><li>32. How many periods have you had in the past 12 months?</li></ul>		
<ul><li>31. When was your most recent menstrual period?</li><li>32. How many periods have you had in the past 12 months?</li></ul>		
<ul><li>31. When was your most recent menstrual period?</li><li>32. How many periods have you had in the past 12 months?</li></ul>		
31. When was your most recent menstrual period? 32. How many periods have you had in the past 12		
<ul><li>31. When was your most recent menstrual period?</li><li>32. How many periods have you had in the past 12 months?</li></ul>		
<ul><li>31. When was your most recent menstrual period?</li><li>32. How many periods have you had in the past 12 months?</li></ul>		
<ul><li>31. When was your most recent menstrual period?</li><li>32. How many periods have you had in the past 12 months?</li></ul>		

I hereb	y state tho	at, to the be	st of my kn	owledge, my	answers to	the questions	on this form	are complete
and co	rrect.							

Signature of athlete:	
Signature of parent or guardian:	
Date:	

© 2019 American Academy of Family Physicians, American Academy of Pediatrics, American College of Sports Medicine, American Medical Society for Sports Medicine, American Orthopaedic Society for Sports Medicine, and American Osteopathic Academy of Sports Medicine. Permission is granted to reprint for noncommercial, educational purposes with acknowledgment.

#### **■ PREPARTICIPATION PHYSICAL EVALUATION**

#### PHYSICAL EXAMINATION FORM

Name: Date of birth:
----------------------

#### **PHYSICIAN REMINDERS**

- 1. 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, e-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-enhancing 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?

Z. Consider i	eviewing que	COHOHO		ar symptoms (Q4–Q13 of Histo	ory rormj.			
EXAMINATIO	N							
Height:		,	Weight:					
BP: /	( /	)	Pulse:	Vision: R 20/	L 20/	Correc	cted: 🗆 Y	□N
MEDICAL							NORMAL	ABNORMAL FINDINGS
myopia, m	itral valve pr	olapse	sis, high-arched [MVP], and aort	palate, pectus excavatum, arac tic insufficiency)	hnodactyly, hyper	·laxity,		
Eyes, ears, no Pupils eque Hearing		at .						
Lymph nodes								
Hearta  Murmurs (	auscultation s	standin	ng, auscultation si	upine, and ± Valsalva maneuve	er)			
Lungs								
Abdomen								
Skin  Herpes sim tinea corpo		ISV), le	esions suggestive	of methicillin-resistant Staphylo	ococcus aureus (M	RSA), or		
Neurological								
MUSCULOSK	ELETAL						NORMAL	ABNORMAL FINDINGS
Neck								
Back								
Shoulder and	arm							
I-u ic								
Elbow and for	earm							
Wrist, hand, o								
Wrist, hand, o								
Wrist, hand, o Hip and thigh	ind fingers							
Wrist, hand, of Hip and thigh Knee Leg and ankle Foot and toes	ind fingers							
Wrist, hand, of Hip and thigh Knee Leg and ankle Foot and toes Functional	and fingers	ingle-la	eg squat test, anc	d box drop or step drop test				
Wrist, hand, a Hip and thigh Knee Leg and ankle Foot and toes Functional Double-leg Consider elect nation of those.	nd fingers squat test, s	ohy (EC	CG), echocardiog	graphy, referral to a cardiologis			ory or examin	nation findings, or a combi-
Wrist, hand, a Hip and thigh Knee Leg and ankle Foot and toes Functional Double-leg Consider elect nation of those.	nd fingers squat test, s	ohy (EC	CG), echocardiog	<u> </u>			Da	te:
Wrist, hand, a Hip and thigh Knee Leg and ankle Foot and toes Functional Double-leg Consider elect nation of those. Name of health	squat test, s rocardiograp	ohy (EC	CG), echocardiog	graphy, referral to a cardiologis			Da	

© 2019 American Academy of Family Physicians, American Academy of Pediatrics, American College of Sports Medicine, American Medical Society for Sports Medicine, American Orthopaedic Society for Sports Medicine, and American Osteopathic Academy of Sports Medicine. Permission is granted to reprint for noncommercial, educational purposes with acknowledgment.

#### ■ PREPARTICIPATION PHYSICAL EVALUATION

#### **MEDICAL ELIGIBILITY FORM**

SIGNATURE OF PARENT/GUARDIAN

#### WISCONSIN INTERSCHOLASTIC ATHLETIC ASSOCIATION - ATHLETIC PERMIT CARD

(Print or Type)

□ Medically eligible for all sports without restriction □ Medically eligible for all sports without restriction with recommendations for further evaluation or treatment of	
☐ Medically eligible for all sports without restriction with recommendations for further evaluation or treatment of	- will
46 19	quire
☐ Medically eligible for certain sports	5 =
111111111111111111111111111111111111111	
□ Not medically eligible pending further evaluation	
□ Not medically eligible for any sports	
Recommendations:	
No. 401	
icipate in the sport(s) as outlined on this form. A copy of the physical exam findings are on record in my office and can be made available to the conditions arise after the athlete has been cleared for participation, the physician may rescind the medical eligiblity until the problem is resolved a	ne school at the request of th
icipate in the sport(s) as outlined on this form. A copy of the physical exam findings are on record in my office and can be made available to the conditions arise after the athlete has been cleared for participation, the physician may rescind the medical eligiblity until the problem is resolved a pletely explained to the athlete (and parents/guardians).  **Name of health care professional (Print/Type)	ne school at the request of th
icipate in the sport(s) as outlined on this form. A copy of the physical exam findings are on record in my office and can be made available to the conditions arise after the athlete has been cleared for participation, the physician may rescind the medical eligiblity until the problem is resolved a pletely explained to the athlete (and parents/guardians).  Name of health care professional (Print/Type)  SIGNATURE OF HEALTH CARE PROFESSIONAL (MD OR DO)/PA/APNP*:	ne school at the request of th
icipate in the sport(s) as outlined on this form. A copy of the physical exam findings are on record in my office and can be made available to the conditions arise after the athlete has been cleared for participation, the physician may rescind the medical eligiblity until the problem is resolved a sletely explained to the athlete (and parents/guardians).  Idame of health care professional (Print/Type)  SIGNATURE OF HEALTH CARE PROFESSIONAL (MD OR DO)/PA/APNP*:	ne school at the request of th and the potential consequenc
icipate in the sport(s) as outlined on this form. A copy of the physical exam findings are on record in my office and can be made available to the conditions arise after the athlete has been cleared for participation, the physician may rescind the medical eligiblity until the problem is resolved a pletely explained to the athlete (and parents/guardians).  Idame of health care professional (Print/Type)  SIGNATURE OF HEALTH CARE PROFESSIONAL (MD OR DO)/PA/APNP*:  Clinic Name  City  State  State	ne school at the request of the and the potential consequence of the poten
icipate in the sport(s) as outlined on this form. A copy of the physical exam findings are on record in my office and can be made available to the onditions arise after the athlete has been cleared for participation, the physician may rescind the medical eligiblity until the problem is resolved a eletely explained to the athlete (and parents/guardians).    Alame of health care professional (Print/Type)	ne school at the request of the and the potential consequence of the poten
icipate in the sport(s) as outlined on this form. A copy of the physical exam findings are on record in my office and can be made available to the onditions arise after the athlete has been cleared for participation, the physician may rescind the medical eligiblity until the problem is resolved a eletely explained to the athlete (and parents/guardians).  Idame of health care professional (Print/Type)  SIGNATURE OF HEALTH CARE PROFESSIONAL (MD OR DO)/PA/APNP*:  Clinic Name  Iddress/Clinic  City  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 conditions are not provided available to the one of the clinic with which the physician's signature or the name of the clinic with which the physician's signature or the name of the clinic with which the physician's signature or the name of the clinic with which the physician's signature or the name of the clinic with which the physician's signature or the name of the clinic with which the physician's signature or the name of the clinic with which the physician's signature or the name of the clinic with which the physician's signature or the name of the clinic with which the physician's signature or the name of the clinic with which the physician's signature or the name of the clinic with which the physician's signature or the name of the clinic with which the physician's signature or the name of the clinic with which the physician's signature or the name of the clinic with which the physician's signature or the name of the clinic with which the physician's signature or the name of the clinic with which the physician with the phy	ne school at the request of the and the potential consequence of the poten
icipate in the sport(s) as outlined on this form. A copy of the physical exam findings are on record in my office and can be made available to the conditions arise after the athlete has been cleared for participation, the physician may rescind the medical eligibility until the problem is resolved a pletely explained to the athlete (and parents/guardians).  Name of health care professional (Print/Type)  SIGNATURE OF HEALTH CARE PROFESSIONAL (MD OR DO)/PA/APNP*:  Clinic Name  Address/Clinic  City  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 parents' Place of Employment	ne school at the request of the and the potential consequence of the poten
icipate in the sport(s) as outlined on this form. A copy of the physical exam findings are on record in my office and can be made available to the conditions arise after the athlete has been cleared for participation, the physician may rescind the medical eligiblity until the problem is resolved a pletely explained to the athlete (and parents/guardians).    Alame of health care professional (Print/Type)	ne school at the request of the and the potential consequence.  Zip Code the physician is affiliated.
cipate in the sport(s) as outlined on this form. A copy of the physical exam findings are on record in my office and can be made available to the onditions arise after the athlete has been cleared for participation, the physician may rescind the medical eligibility until the problem is resolved a letely explained to the athlete (and parents/guardians).    Itame of health care professional (Print/Type)	ne school at the request of the and the potential consequence.  Zip Code the physician is affiliated.
cipate in the sport(s) as outlined on this form. A copy of the physical exam findings are on record in my office and can be made available to the onditions arise after the athlete has been cleared for participation, the physician may rescind the medical eligibility until the problem is resolved a letely explained to the athlete (and parents/guardians).  Itame of health care professional (Print/Type)	ne school at the request of the and the potential consequence.  Zip Code the physician is affiliated.
icipate in the sport(s) as outlined on this form. A copy of the physical exam findings are on record in my office and can be made available to the conditions arise after the athlete has been cleared for participation, the physician may rescind the medical eligibility until the problem is resolved a eletely explained to the athlete (and parents/guardians).    Additional content of the athlete (and parents/guardians).	ne school at the request of the and the potential consequence.  Zip Code the physician is affiliated.
* PHYSICIANS may authorize Nurse Practitioners to stamp this card with the physician's signature or the name of the clinic with which the Parents' Place of Employment	ne school at the request of the and the potential consequence.  Zip Code the physician is affiliated.

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.

DATE \_

## WISCONSIN INTERSCHOLASTIC ATHLETIC ASSOCIATION ALTERNATE YEAR ATHLETIC PERMIT CARD SCHOOL YEAR 20\_\_\_\_\_\_\_ - 20\_\_\_\_\_\_

Physical Date	30.		_
NAME		GRADE	DATE OF BIRTH
Last	First	Middle Initial	
Present Address			Telephone
Parents' Place of Employment			
Family Physician		Family Dentis	st
Name of Private Insurance Carrier			Telephone
<ol> <li>I also attest to the fact that the abov</li> <li>Pursuant to the requirements of the ize health care providers of the stud or practice, to disclose/exchange exprincipal, Athletic Director, Athletic Tof treatment, emergency care and ir</li> <li>It is recommended that information it.</li> </ol>	above named student to practice named student has had no in Health Insurance Portability an lent named above, including emsential medical information regrainer, Team Physician, Team Cnjury record-keeping.	ce and compete and represent the school ir njury or illness serious enough to warrant a nd Accountability Act of 1996 and the regula nergency medical personnel and other simil, garding the injury and treatment of this sturn Coach, Administrative Assistant to the Athlet and prescribed medication be made available.	medical evaluation prior to participating this school year. tions promulgated thereunder (collectively known as "HIPAA"), I author- arly trained professionals that may be attending an interscholastic event dent to appropriate school district personnel such as but not limited to: ic Director and/or other professional health care providers, for purposes
		MUST HAVE THIS ALTERNATE YEAR CARD O	DATE N FILE AT THEIR SCHOOL PRIOR TO PRACTICE OR PARTICIPATION
<b>~</b>			

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

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.



Sportsmanship Matters

## **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