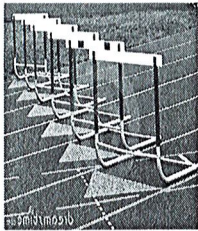


VALDERS MIDDLE AND



HIGH SCHOOL

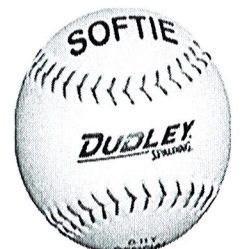
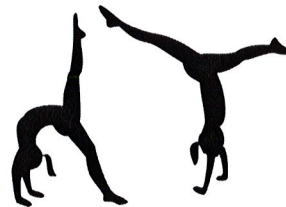
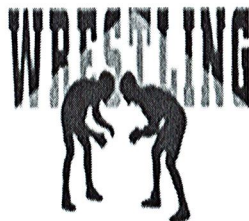
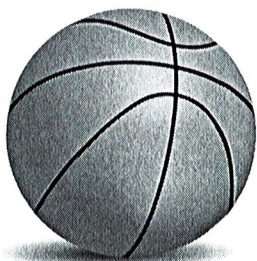
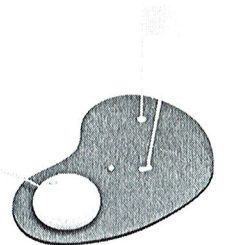


CO-CURRICULAR PARENT/STUDENT

ATHLETE

HANDBOOK

2023-2024



Co-curricular activities are an integral part of the total educational process at Valders Middle School and Valders High School. Being involved in co-curricular activities provides student-athletes with opportunities to develop leadership skills and learn the benefits of hard work, teamwork and respectful behavior and time management which are necessary to be a successful member of society. This experience should also provide student-athletes with the unique opportunities of self-discipline, self-sacrifice, and loyalty to the school, the team and the community. Always keep in mind the goals of Valders

Middle School and Valders High School co-curricular programs:

- To display respect.
- To promote teamwork.
- To experience a variety of activities.
- To foster the development of self-confidence.
- To promote the ideals of good sportsmanship.
- To practice self-discipline.
- To understand and accept what your role is.
- To generate a sense of pride.
- To develop leadership skills.

Our vision is to provide student-athletes the opportunity to participate in a quality experience that allows them to grow academically and athletically. I ask that you let the coach's coach, officials officiate and support your daughter and/or son in all that they participate in.

I am eager to work with the student-athletes in the Valders Area School District and look forward to much continued success.

Sincerely,

Kelly Isselmann
Middle and High School Athletic Director

EXPECTATIONS OF THE STUDENT-ATHLETE

- Academics come first. You are a student before you are an athlete.
- Respect is vital to each other, your coaches, the officials, the opposing team and their coaches.
- Understand what your role is on the team and accept it.
- Display positive teamwork throughout the season.
- Take care of the equipment and facilities at Valders and other school districts.

EXPECTATIONS OF THE PARENTS/GUARDIANS

- Support your student-athlete.
 - Support the program.
 - Emphasize that academics come first.
 - Keep athletics in perspective.
 - Model positive behavior.
 - Follow the procedures when a problem arises:
1. Encourage student-athlete to discuss the situation with the coach first.
 2. Call to set up an appointment with the coach. PLEASE do not attempt to confront a coach before, during or after a practice, game, match, contest etc.
 3. Call to set up an appointment with the coach and athletic director or another administrator.

BE A GREAT FAN AND ROLE MODEL

1. Cheer for your team, but don't ridicule the opposing team.
2. Learn the rules of the game. It will help you understand why certain situations take place.
3. Be respectful of the referee's decisions.
4. If you are a parent, be a "team" fan, not a "my kid" fan.
5. Be a good role model, both through your own actions and by censuring those around you whose behavior is unbecoming.
6. People may not remember the final score, but they will remember the person in Section Three who embarrassed himself.

REQUIREMENTS OF THE STUDENT-ATHLETE

The student-athlete and parent/guardian must attend a meeting that will discuss important information related to the sports seasons. The student-athlete will not participate in practices, games, meets, events etc. until the following are turned in to the athletic director's secretary:

- Valders Area School District Athletic Code
- WIAA Physical Examination Cards or Alternate Year Athletic Permit Cards
- Valders Area School District Athletic Emergency Form
- Concussion Form
- Bellin Athletic Forms
- Participation Fee

High School is \$50.00 paid to Jane Linzmeier in the middle school office before the first competition.

NO PAY! NO PLAY!

Middle School is \$40.00 paid to Jane Linzmeier in the middle school office before the first competition.

NO PAY! NO PLAY!

HANDBOOK

Each coach for each season will have a handbook that will discuss student-athlete expectations and consequences.

The handbook will contain any information that the student-athlete will need to know for that sports season.

AWARDS

Each coach for their sport has specific criteria to meet in order to letter. The coach will discuss the criteria at the beginning of the season. The following awards will be given:

- A chenille letter when lettering for the first time in any sport.
- A sports pin when lettering in other sports throughout the year.
- First year non-lettering student-athletes receive a certificate.
- Sophomore student-athletes receive a Viking head pin.

- Third year non-lettering student-athletes receive a certificate.
- Fourth year non-lettering student-athletes receive a chenille letter and certificate.
- A lifetime pass if a student-athlete letters in the same sport for four years.
- Most Valuable Player.
- Captain Pins.
- Outstanding Male and Female Senior Athlete-must of been in at least two sports.
- Male and Female Coaches Award-must be in at least two sports.

ANY STUDENT-ATHLETE THAT HAS A CODE VIOLATION WILL NOT BE ELIGIBLE FOR ANY OF THE ABOVE AWARDS FOR THAT SPORTS SEASON OR ANY ALL-CONFERENCE OR ALL-STATE HONORS.

SPORTS PICTURE DATES

Wednesday, September 20th

Wednesday, December 13th

Wednesday, February 14th

Wednesday, April 17th

SCHEDULES

To find the middle and high school sports schedules, go to the Valders Area School District Website. Valders.k12.wi.us
Click on Athletics-Schedules-click on the sport.

WIAA START DATES

Please see the following pages for WIAA start dates, regional, sectional and state dates.

CONTACT INFORMATION

Kelly Isselmann, Middle and High School Athletic Director

kisselmann@valders.k12.wi.us

920-775-9520 ext. 2005

Jane Linzmeier, Athletic Director Secretary

jalinzmeier@valders.k12.wi.us

920-775-9520 ext. 2000

Co-Curricular Code of Conduct

STATEMENT OF PHILOSOPHY

Participation on Valders co-curricular activities are an integral part of the Valders Middle/High School curriculum, which is a privilege and should elicit great pride in both the student and his/her family. While our number one goal as a school district is to provide a sound academic experience for all of our students, co-curricular activities provide unique opportunities for students to promote their mental, physical, social and emotional development. By providing a strong co-curricular program, Valders extends the privilege of enriching the mind and body to any student meeting district, Wisconsin Interscholastic Athletic Association (WIAA), and any applicable governing body's requirements. Like anything of value, it comes with a price tag. That price tag is a commitment from you to follow established rules. Co-curricular participants who comply with this code of conduct demonstrate a desire to dedicate themselves to self-improvement as well as to enhance the best interests of fellow teammates, advisors/coaches and school. If accepted, this privilege carries certain responsibilities, and this co-curricular code presents these responsibilities.

ELIGIBILITY

These *Rules of Eligibility* are presented as an abbreviated version established by the Wisconsin Interscholastic Athletic Association (WIAA) and are supplemented with Valders Area School District rules.

1. Enrollment in the Valders Area School District as a full-time student.
2. A current physical exam form or alternate year card to participate in physical co-curricular activities as determined by a licensed physician. The physical exam form must be completed every other year, with April 1st as the earliest day of the examination to be applied to the following school year. The alternate year card with parent or guardian signature is used in the second year.
3. An emergency medical form must be completed each year.
4. Yearly attendance by Parent/Guardian at a co-curricular code meeting to sign co-curricular participant code of conduct contract with the athlete.
5. Athletes need to have a signed acknowledgement of receipt of the WIAA Guidelines for Athletic Eligibility
6. Payment of sports fee applicable to all sporting seasons.

GOALS

Co-curricular activities are an integral part of our educational curriculum. It provides opportunities for learning experiences difficult to duplicate in other school activities. Valders co-curricular activities have the following goals:

1. To develop leadership skills and responsibility
2. To show team spirit, encourage others and contribute to good morale.
3. To be fair and treat others as one wishes to be treated.
4. To keep commitments to team.
5. To experience a variety of activities, to offer an outlet for a wide variety of students' abilities and interests.
6. To treat all persons respectfully regardless of individual differences and to show respect for legitimate authority (e.g. Coaches, Officials, Captains).
7. To accept responsibility to set a good example for teammates, peers, younger students, fans and school community.
8. To understand the necessity of abstaining from the use of alcohol, tobacco, and other drugs in order to achieve the positive benefits of interscholastic athletics.
9. To help student athletes realize that participation in interscholastic athletics is a privilege with accompanying responsibilities.
10. To generate a sense of pride and unity in co-curricular programs for students, staff and community.

WIAA GUIDELINES for Athletic Participation

1. An athlete must meet residency requirements and school and DPI definitions of a full-time student.
2. An athlete must remain in good academic standings in order to compete in any sport.
3. An athlete must be an amateur in all recognized sports of the WIAA in order to compete in any sport.
4. An athlete may not receive reimbursement for play in the form of salary, cash or merchandise.
5. An athlete may not accept merchandise awards such as jackets, sweaters, watches, rings, billfolds, balls, etc.
6. An athlete may not permit the use of his/her name, picture, or personal appearance, as an athlete, in the promoting of any commercial endeavor.
7. An athlete may not play in a contest under a name other than his/her own.
8. An athlete may not play in a non-school contest while he/she is a member of a school team in that sport.
9. An athlete shall be suspended from interscholastic athletics (competition) for acts at any time (including summer) involving buying, selling, use and/or possession of alcohol, tobacco or other drugs.
10. A full time student may be afforded up to eight consecutive semesters of interscholastic eligibility upon entry into grade 9. Transferring schools at any time may result in restrictions being imposed on eligibility. An athlete may not compete if she/he becomes nineteen (19) before August 1 of any school year.

Note: A complete list of WIAA guidelines and procedures for review are available on the WIAA website.

RESPONSIBILITIES

It is important to understand that participating in co-curricular activities is a privilege and not a right. You are also expected to share in the responsibility for such an opportunity that is provided, that shall include:

Responsibilities to You: The most important of these responsibilities is to broaden and develop strength of character. You owe it to yourself to derive the greatest benefit from your high school experiences. To live a healthy lifestyle and to respect your health both physically and mentally at all times.

Responsibility to your Academic Studies: Your academic studies and your participation in other co-curricular activities prepare you for your life as an adult. Co-curricular activities while very important to young people, is only a small part of life.

Responsibilities to Your School: Another responsibility you assume as a team member is to your school. Valders Middle/High School cannot maintain its position as having outstanding schools unless you do your best in the activity in which you are engaged and are a good role model. Other students and faculty are watching you. They know who you are and what you do. Make them proud. Be an example. Do not do anything to let them down.

Responsibility to your Community: The community and school tax monies make this co-curricular activity experience possible. For that reason, we must remember that we hold a clear and paramount responsibility to our community. You assume a leadership role when you are involved with a co-curricular activity. The student body and citizens of the community know you. You are very visible with the spotlight on you. The student body, the community and other communities judge our schools by your conduct and attitude, both on and off the playing field. Because of this leadership role, you can contribute significantly to school spirit and community pride. Our desire is that our students are a class act, not for the fact that we win, rather that we are known as a program of character and excellence. Make Valders and the surrounding communities proud of you and of your school, by your consistent demonstration of these ideals.

Responsibility to Others: As a team member you also bear a heavy responsibility to your home. If you never give your parents anything to be ashamed of, you will have measured up to that ideal. When you know in your heart that you have lived up to all of the training rules, that you have practiced to the best of your ability everyday and that you have participated in the activity "all out", you can keep your self-respect and your family can be justly proud of you, win or lose.

Responsibility to Younger Students: The younger students in the Valders Area School District are watching you. They know who you are and what you do. Co-curricular participants are role models for the young students that will come after you. Make them proud. Be an example. They will copy you in many ways. Set good examples for them.

CODE OF CONDUCT RULES, MISDEMEANORS, AND VIOLATIONS

As a co-curricular participant it must be understood that this code of conduct program is not designed to be a punishment but a deterrent to your becoming involved in risky and dangerous behaviors. It is also to insure that you have the best possibilities to succeed in your activity and to learn the valuable lessons that co-curricular activities can teach. Your mental and physical well-being is essential to your success, and we want you to reach your full potential. Therefore, we are asking you to become an active part of the solution, not to become part of the problem.

CODE OF CONDUCT RULES

The following rules will apply to each co-curricular participant and will be in effect at all times during the co-curricular season. Each activity advisor/coach also has the prerogative to establish and implement additional rules specific to his/her particular program. Advisors/coaches are expected to share these in writing with their participants and their parents/guardians on or before the first day of practice. A copy of these additional guidelines and expectations will be on file with the Athletic Director.

Academic: A student must be enrolled as a full-time student and pass all classes to be eligible to compete in co-curricular activities. If a student receives a grade of "F" for high school or 1.5 for middle school in any class at the end of the quarter, he/she will be ineligible to compete in co-curricular activities for a minimum of 15 school days or 21 calendar days and nights. A grade of incomplete will be treated as an "F" until the grade is completed. A student who becomes academically ineligible may regain eligibility on the 16th scheduled school day by meeting the academic standards (passing all his/her classes), following a period of 15 scheduled school days and nights of ineligibility. At the end of 15 days, the student is eligible to apply for reinstatement. Any student who receives two or more failing grades at the end of a grading period will be ineligible for competition until the next grading period removes these deficiencies. The student may not participate, practice, or compete in any co-curricular sporting event during the term of ineligibility. Fall sport ineligibility as a result of a spring grading period failure will begin with the date of the earliest allowed competition in a sport or the first day of school for students, whichever comes first. The 21 consecutive calendar days shall not exceed one-third of the maximum number of games/meets allowed in a sport.

Attendance: A co-curricular participant must be in attendance for periods 6-8 in order to be eligible to compete. Exceptions to this rule would include: School-sponsored activity, family emergencies, doctor/dentist appointments and/or others at administration's discretion. Unexcused absences **WILL NOT** be tolerated. A participant suspended or expelled from school shall be barred from participation in co-curricular activities during that period of time.

When a student joins a co-curricular activity, he/she may be expected to dedicate the time specified for practice by the advisor/coach. If practice is required, regular attendance at practice is required to remain as part of the team. Any participant in co-curricular sports must also be in attendance in school for periods 6-8 to attend practice. It is the athlete's responsibility to notify the coach, in advance, of any circumstances which would prohibit attendance at practice(s) or contest(s) other than absence from school. Failure to comply may result in disciplinary action ranging from a verbal warning to dismissal from the team dependent upon the nature and/or frequency of the offense.

Dress: Every co-curricular participant is expected to maintain appropriate standards of dress and grooming while representing their school or team.

Cell Phone Privacy: It is the practice of Valders Area School District to ensure the privacy of all individuals during the time they occupy locker room facilities at school and during school sponsored events. All cell phones are prohibited in any school locker room. If a cell phone is found the advisor/coach has the right to confiscate the phone. If compromising photos are found to be taken with the phone, it may result in immediate removal from the co-curricular activity and law enforcement may be called.

Transportation: All students participating in co-curricular activities are expected to ride the bus to and from competitions. Students may ride home with a parent/guardian if the parent/guardian follows the coach's procedures for signing out the athlete after the contest. Students wanting to ride home with parents other than their own must provide the advisor/coach alternate transportation arrangements in writing, at least a day in advance. It is the advisor/coach's decision to accept or deny a parental written notice. Students are NOT permitted to ride home with another student, sibling, or any other person under the age of 18.

Injury: Every participant in athletics is required to report any injury, however slight, to the coach at the time it occurs. (School insurance may be invalid if this is not done). The coach will fill out an accident report form.

Equipment: Co-curricular participants are responsible for any uniforms and/or equipment issued to them. Each co-curricular participant is financially responsible for all lost, damaged (through negligence), or unreturned items issued by school officials in that student's name. Students will not be allowed to participate, practice, or compete in another sport until he/she has returned or paid for all uniforms and equipment that was issued to them in a previous season.

Quitting: A student who quits or is dropped from a team/activity for disciplinary reasons is not eligible to compete in another activity for the same season without the mutual agreement by both advisors/coaches and the activities director. A student who quits does not receive credit for serving a suspension. Any student who is cut from an activity may request to participate in another activity during that season, which will be dependent upon roster availability.

Honesty Clause:

1. The co-curricular participant shall be truthful and shall not be deceptive.
2. The co-curricular participant shall be forthcoming with information.
3. The co-curricular participant shall be cooperative.

If a Valders District Administrator or Activities Director has a reasonable suspicion that a specific co-curricular participant may have violated the district's code of conduct, he/she may question that student about a possible violation. In responding to any such questioning about his/her personal actions, **it is expected that the student shall answer truthfully**. Also during the questioning process, a student may not attempt to mislead or misrepresent himself/herself, which may impede the investigation. If a student's answer is subsequently found to be untrue, disciplinary action/penalty will be doubled. (Example: a half season suspension will become a full season.)

If a student-athlete, parent/guardian, staff member, etc. witnesses inappropriate behavior a signed statement will need to be given the Athletic Director in order for an investigation to occur.

CODE OF CONDUCT MISDEMEANORS

The following misdemeanors will apply to each co-curricular participant and will be in effect at all times during the co-curricular season. These violations accumulate only during each school year. The following misdemeanors are unacceptable and the principal and/or Activities Director reserves the right to impose a penalty as deemed appropriate by the severity of the infractions which may include the suspension from practice and/or competition. Each activity advisor/coach also has the prerogative to establish and implement additional misdemeanors specific to his/her particular program.

Behavior and Conduct: Respect, courtesy, manners and good sportsmanship are basic to good citizenship and shall form the basis for all behavior. Since co-curricular participants represent the school in public, their behavior frequently determines the opinion outsiders have of the school and community. It is expected that the conduct of co-curricular participants will be exemplary at all times. Any situation or problem that may arise that is not specifically covered by the conduct language stated below may be reviewed by the high school administration for possible action. Below is a list of examples that are considered behavior unbecoming of a co-curricular participant, but is not an exhausted list:

- Unexcused absences
- Academic dishonesty
- Bullying/Cyber bullying/Harassment

- Vandalism or Property Destruction
- Poor sportsmanship including name calling, obscene gestures, and/or fighting.
- Any racist comments
- Being suspended from school
- Hazing/Initiation Ceremony: Valders Area School District will not permit, nor will any co-curricular participant stage any type of "initiation ceremony" or hazing for co-curricular participants at any time and on any level. This prohibition includes locker room/shower pranks, etc.
- Engaging in or being an accomplice to any other immoral or unacceptable conduct contrary to the philosophy of this Code, the regulations within WIAA, or the ideals, principles and standards of the Valders Area School District.
- **IF A SPECTATOR IS EVICTED FROM A CONTEST, THEY WILL NOT BE ABLE TO ATTEND THE NEXT CONTEST.**

CODE OF CONDUCT VIOLATIONS

Code of Conduct Violations will apply to each student athlete on a year-round (12 month) basis in all locations, including non-school activities. Violation of the Code will result in penalties, which are consistent with those identified within the code, as determined by the School Board and Activities Director. All Code of Conduct Violations will be cumulative beginning with a student's initial participation on a freshman, junior varsity, or varsity team.

- **Criminal Behavior:** An athlete who participates in activities resulting in his/her arrest or formal charges being filed in a court of law will be issued a conduct violation. If the school district has adequate and competent evidence that the student participated in the offense for which he or she is charged, a penalty may be imposed pursuant to this Code prior to completion of the criminal proceeding. **If the school district does not have such evidence and the student is convicted of a crime (misdemeanor or felony), the penalty pursuant to this code will be imposed upon conviction.** In the latter case, the athlete may continue to participate in his/her sport until resolution of the matter by the judicial system.
- **Chemical Health Violation:** A chemical health violation includes Possession, Use, Buying, Selling and/or Being under the Influence of Any Drug and Drug Paraphernalia: (Note drugs are defined as tobacco, **vaping**, alcohol, illegal drugs, performance enhancing drugs, or medications without a prescription or use not in accordance to prescription directions.)
- **Presence in a bar or tavern:** Being present or loitering in a bar or tavern without the participant's parents/guardian.
- **In the Presence of** at a party or gathering where alcohol or drugs are being illegally consumed: If a co-curricular participant attends a party where alcohol or drugs are being illegally dispensed, the student must **LEAVE IMMEDIATELY**. To remain in the presence of this illegal activity shall constitute a violation.*
Note: Co-curricular participants should encourage as many classmates as possible to leave with them.
*The intent of the "presence at a party" is not to deny participation with adult family members in gatherings such as weddings, anniversaries or other family gatherings.
- **Hosts of Parties Lose the Most:** There may be a **greater consequence** for a co-curricular participant, if it is determined that the participant is involved in the organization, facilitation, promotion, or hosting of any gathering or social event where alcohol or drugs were known to be available or used.
- **Cyber Image Policy:** Any identifiable image, photo or video which implicates a co-curricular participant to have been in possession or presence of alcohol and/or drugs or portrays actual use, or out of character behavior or crime, shall be confirmation of a violation of the code. Since there is no way to establish a time-frame for when or location of where the image was taken, it shall be a responsibility that the co-curricular participant must assume.

It must also be noted that there may be persons, who would attempt to implicate a co-curricular participant, by taking such images, to place them in a situation where they might be in violation of this code standard. This is our rationale for demanding that our co-curricular participant not place themselves in such environments.

PENALTIES FOR CODE OF CONDUCT VIOLATIONS

- The penalty for that season will be imposed immediately following the violation.
- When calculating the number of contests to be forfeited, any amount that results in a decimal remainder of .5 or greater will round to the next whole number.
- The student will be ineligible for all activities during the period of suspension and prior to a reinstatement request.
- During the period of the suspension, the student is required to attend team meetings and practices and must participate in every team/group activity, but may not compete.
- For sporting activities in which the number of contests forfeited is greater than the number that remains in the season, the remainder will be carried over to the next sporting season in which the athlete participates. Number of performances may vary yearly. The actual penalty will be determined using the actual schedule for the current school year. The number of contests forfeited will be recalculated when the forfeiture involves two different sports, allowing a prorated penalty to take effect.

First Violation: Automatic suspension from the competitive team for 25% of that competitive season's scheduled contests.

Second Violation: Automatic suspension from the competitive team for 50% of that competitive season's scheduled contests.

Third Violation: Automatic suspension from all co-curricular activities for the rest of high school career.

CODE OF CONDUCT VIOLATIONS REINSTATEMENT

All students must seek reinstatement after any code of conduct violation to regain eligibility.

1. The student must attend all practices/meetings and be present at all competitions while under suspension.
2. A written request for reinstatement must be submitted by the student to the activities director. Letter should include the understanding of why suspended, how to plan to remain in good standing and the benefits for the student to return competitive performance.
3. Must make a verbal apology to team and resign the code of conduct contract.

CODE OF CONDUCT VIOLATIONS REPORTING PROCEDURE

A violation of the co-curricular code of conduct must be reported to an administrator in the district (including the activities director) within the school year of the alleged violation. The report should indicate the nature, date and time (if appropriate) of the violation. Alleged violation during the summer months must be reported in writing or by phone to a school administrator or the activities director within the first fifteen (15) school days.

CO-CURRICULAR COMMITMENTS

WIAA sports activities are recognized as full year athletic commitments, and as such recognized as a full calendar year commitments until termination of Valders Middle/High School sports participation. Other activities sponsored by Valders Middle/High School will be recognized as periods of participation with pre-determined start and end dates, and as such the Co-Curricular activity commitments will be recognized during participation periods only for the specific activities. Students who participate in multiple activities that run concurrently with sports will have the penalty for any violation imposed on every activity in which the student is currently participating, in addition to a current sports season. In the case that the violation occurs outside a sports season of participation, the penalty will be carried over to the next sporting season in which the student participates, again recognizing the full year athletic commitment of Valders Middle/High School athletes.

CODE OF CONDUCT VIOLATIONS APPEAL PROCESS

The School Board, administration, and co-curricular staff support the philosophy of the WIAA which states participation in competitive high school athletics and co-curricular activities is a privilege, not a right. The accused student does have the right to be heard as outlined below.

1. Upon receipt of a report of violation(s) of the Valders Middle/High School Co-Curricular Code, the athletic director or supervisory personnel shall formalize the accusation in writing and give a copy to the accused. The report must be returned to the athletic director or supervisory personnel. It is understood that by signing the disciplinary report the parents and student waive their rights to any further appeal and accept the disciplinary measures for the period indicated in the code.
2. Any student charged with an offense must request a hearing within seven (7) calendar days following the date the student receives the written charge. The student remains ineligible pending further action. The co-curricular review board will consist of three (3) administrators.
 - A. Parents of the accused student are urged to be present.
 - B. The information concerning the violations will include the following:
 1. Nature of the violation
 2. Place of the violation
 3. Date of the violation
 4. Approximate time of the violation
 5. Circumstances pertinent to the violation
3. The decision of the hearing shall be in writing and a copy sent to the student and his/her parents if the student is a minor within five (5) business days.
4. Any student may request a hearing with the School Board within seven (7) calendar days following the date the student receives the written decision of the co-curricular board. The decision of the Board shall be in writing and a copy sent to the student and parents if the student is a minor within five (5) business days.

**GRADE CHECKS AND QUARTER/SEMESTER GRADES
DUE DATES FOR 2023-2024**

Reports	Grade Period Ending	Grade Input End Date	Time
QUARTER 1			
Mid-Quarter Grade Check	Thursday, September 28	Monday, Oct. 2	8:00 am
Qtr 1 Grades	Thursday, November 9	Monday, Nov 13	8:00 am
QUARTER 2			
Mid-Quarter Grade Check	Friday, December 15	Tuesday, Dec. 19	8:00 am
Qtr 2/Semester 1 Grades	Friday, Jan. 19	Tuesday, Jan. 23	8:00 am
QUARTER 3			
Mid-Quarter Grade Check	Tuesday, Feb. 27	Friday, March 1	8:00 am
Qtr 3 Grades	Thursday, April 4	Monday, April 8	8:00 am
QUARTER 4			
Mid-Quarter Grade Check	Friday, May 3	Tuesday, May 7	8:00 am
Qtr 4/Semester 2 Grades	Thursday, June 6	Thursday, June 6	4:00 pm

WIAA Calendar

Official for 2023-2024; Tentative for 2024-2025 and 2025-2026

(See Page 11 for Equivalent Dates in Future Years)

Area Meetings	2023-24	2024-25	2025-26
Greenfield.....	September 11	THESE	THESE
Mauston.....	September 12	DATES	DATES
Oconomowoc.....	September 13	WILL BE	WILL BE
Rice Lake.....	September 18	ANNOUNCED	ANNOUNCED
Antigo.....	September 19	LATER	LATER
Mount Horeb.....	September 20		
Fox Valley Lutheran.....	September 25		

Special Dates	2023-24	2024-25	2025-26
Labor Day.....	September 4	September 2	September 1
*Rosh Hashanah.....	September 16-17	October 3-4	September 23-24
*Yom Kippur.....	September 25	October 12	October 2
Thanksgiving.....	November 23	November 28	November 27
Christmas.....	December 25	December 25	December 25
Ash Wednesday.....	February 14	March 5	February 18
Good Friday.....	March 29	April 18	April 3
Easter.....	March 31	April 20	April 5
Annual Meeting.....	April 24	TBD	TBD
Memorial Day.....	May 27	May 26	May 25

*Jewish holidays begin on the evening before and end the evening of the day listed.

Football	2023-24	2024-25	2025-26
Earliest Day to Issue Equipment (11 player).....	August 1	August 6	August 5
Earliest Day for Practice (11 player).....	August 1	August 6	August 5
Earliest Day to Issue Equipment (8 player).....	August 8	August 13	August 12
Earliest Day for Practice (8 player).....	August 8	August 13	August 12
Earliest Day for First Game (11 player).....	August 17	August 22	August 21
Earliest Day for First Game (8 player).....	August 24	August 29	August 28
Latest Day for Final Game (Playoff Teams).....	October 13	October 18	October 17
Level 1.....	October 20-21	October 25-26	October 24-25
Level 2.....	October 27-28	November 1-2	October 31-November 1
Level 3.....	November 3-4	November 8-9	November 7-8
Level 4.....	November 10-11	November 15-16	November 14-15
State Finals (8-Player).....	November 11	November 16	November 15
State Finals (Week 20) (11-Player).....	November 16-17	November 21-22	November 20-21

Girls Golf	2023-24	2024-25	2025-26
Earliest Day for Practice (Week 6).....	August 7	August 12	August 11
Earliest Day for First Meet.....	August 10	August 15	August 14
Regionals.....	September 27-28	October 2-3	October 1-2
Sectionals.....	October 2-3-4	October 7-8-9	October 6-7-8
State (Week 15).....	October 9-10	October 14-15	October 13-14

Girls Tennis	2023-24	2024-25	2025-26
Earliest Day for Practice (Week 6).....	August 8	August 13	August 12
Earliest Day for First Meet.....	August 12	August 17	August 16
Subsectionals.....	October 2-3	October 7-8	October 6-7
Sectionals.....	October 4-5	October 9-10	October 8-9
Individual State (Week 15).....	October 12-13-14	October 17-18-19	October 16-17-18
Team State (Week 16).....	October 20-21	October 25-26	October 24-25

Cross Country (Boys and Girls)	2023-24	2024-25	2025-26
Earliest Day for Practice (Week 7).....	August 14	August 19	August 18
Earliest Day for First Meet (Week 8).....	August 22	August 26	August 25
Sectionals (Week 16).....	October 20-21	October 25-26	October 24-25
State (Week 17).....	October 28	November 2	November 1

	2023-24	2024-25	2025-26
Girls Volleyball			
Earliest Day for Practice (Week 7).....	August 14	August 19	August 18
Earliest Day for First Match (Week 8).....	August 22	August 27	August 26
Regionals (Divisions 2-3-4) (Week 16).....	October 17, 19 & 21	October 22, 24 & 26	October 21, 23 & 25
Regionals (Division 1) (Week 16).....	October 19 & 21	October 24 & 26	October 23 & 25
Sectionals (Week 17).....	October 26 & 28	October 31 & November 2	October 30 & November 1
State (Week 18).....	November 2-3-4	November 7-8-9	November 6-7-8
Boys Volleyball			
Earliest Day for Practice (Week 7).....	August 14	August 19	August 18
Earliest Day for First Match (Week 8).....	August 22	August 27	August 26
Regionals (Week 16).....	October 20	October 25	October 24
Sectionals (Week 17).....	October 24 & 28	October 29 & November 2	October 30 & November 1
State (Week 18).....	November 2-3-4	November 7-8-9	November 6-7-8
Girls Swimming & Diving			
Earliest Day for Practice (Week 6).....	August 8	August 13	August 12
Earliest Day for First Meet.....	August 16	August 21	August 20
Sectionals.....	November 3-4	November 8-9	November 7-8
State (Week 19).....	November 10-11	November 15-16	November 14-15
Boys Soccer			
Earliest Day for Practice (Week 7).....	August 14	August 19	August 18
Earliest Day for First Game (Week 8).....	August 22	August 27	August 26
Regionals (Divisions 1-2) (Week 16).....	October 17 & 21	October 22 & 26	October 21 & 25
Regionals (Divisions 3-4) (Week 16).....	October 17, 19 & 21	October 22, 24 & 26	October 21, 23 & 25
Sectionals (Week 17).....	October 26 & 28	October 31 & November 2	October 30 & November 1
State (Week 18).....	November 2-3-4	November 7-8-9	November 6-7-8
Basketball (Girls)			
Earliest Day for Practice (Week 19).....	November 6	November 11	November 10
Earliest Day for First Game (Week 20).....	November 14	November 19	November 18
Regionals (all divisions) (Week 34).....	February 20, 23 & 24	February 25, 28 & March 1	February 24, 27 & 28
Sectionals (Week 35).....	February 29 & March 2	March 6 & 8	March 5 & 7
State (Week 36).....	March 7-8-9	March 13-14-15	March 12-13-14
Basketball (Boys)			
Earliest Day for Practice (Week 20).....	November 13	November 18	November 17
Earliest Day for First Game (Week 21).....	November 21	November 26	November 25
Regionals (all divisions) (Week 35).....	February 27, March 1 & 2	March 4, 7 & 8	March 3, 6 & 7
Sectionals (Week 36).....	March 7 & 9	March 13 & 15	March 12 & 14
State (Week 37).....	March 14-15-16	March 20-21-22	March 19-20-21
Wrestling (Boys and Girls)			
Earliest Day for Practice (Week 20).....	November 13	November 18	November 17
Earliest Day for First Meet.....	November 24	November 29	November 28
Regionals.....	February 10	February 15	February 14
Team Sectionals.....	February 13	February 18	February 17
Individual Sectionals.....	February 17	February 22	February 21
State Boys Individual (Week 34).....	February 22-23-24	February 27-28-March 1	February 26-27-28
State Girls Individual (Week 34).....	February 22-23-24	February 27-28-March 1	February 26-27-28
State Team (Week 35).....	March 1-2	March 7-8	March 6-7
Boys Swimming & Diving			
Earliest Day for Practice (Week 20).....	November 13	November 18	November 17
Earliest Day for First Meet.....	November 21	November 26	November 25
Sectionals.....	February 9-10	February 14-15	February 13-14
State (Week 33).....	February 16-17	February 21-22	February 20-21
Gymnastics			
Earliest Day for Practice (Week 19).....	November 6	November 11	November 10
Earliest Day for First Meet (Week 22).....	November 30	December 5	December 4
Sectionals (Week 34).....	February 22-23-24	February 27-28-March 1	February 26-27-28
State (Week 35).....	March 1-2	March 7-8	March 6-7

	2023-24	2024-25	2025-26
Hockey (Boys and Girls)			
Earliest Day for Practice (Week 19)	November 6	November 11	November 10
Earliest Day for First Game	November 17	November 22	November 21
Regionals	February 13, 15 & 16	February 18, 20 & 21	February 17, 19 & 20
Sectionals	February 20, 23 & 24	February 25, 28 & March 1	February 24, 27 & 28
State Boys (Week 35)	February 29, March 1-2	March 6-7-8	March 5-6-7
State Girls (Week 35)	February 29 & March 2	March 6 & 8	March 5 & 7
Track & Field (Boys and Girls)			
Earliest Day for Practice (Week 36)	March 4	March 10	March 9
Earliest Day for First Meet (Week 37)	March 12	March 18	March 17
Regionals (Week 47)	May 20	May 27	May 25
Sectionals (Week 47)	May 23	May 30	May 28
State (Week 48)	May 31 & June 1	June 6-7	June 5-6
Softball			
Earliest Day for Practice (Week 37)	March 11	March 17	March 16
Earliest Day for First Game (Week 38)	March 19	March 25	March 24
Regionals (Divisions 2-3-4-5) (Week 46 & 47)	May 16, 21 & 23	May 22, 27 & 29	May 21, 26 & 28
Regionals (Division 1) (Week 47)	May 21 & 23	May 27 & 29	May 26 & 28
Sectionals (Week 48)	May 28 & 30	June 3 & 5	June 2 & 4
State (Week 49)	June 6-7-8	June 12-13-14	June 11-12-13
Lacrosse			
Earliest Day for Practice (Week 37)	March 11	March 17	March 16
Earliest Day of First Game (Week 38)	March 19	March 25	March 24
Regional Quarterfinal (if needed)	May 21	May 27	May 26
Regionals – Girls (Week 47 & 48)	May 23 & 28	May 29 & June 3	May 28 & June 2
Regionals – Boys (Week 47 & 48)	May 24 & 28	May 30 & June 3	May 29 & June 2
Sectionals (Week 47 & 48)	May 30 & June 1	June 5 & 7	June 4 & 5
State (Week 49)	June 8	June 14	June 13
Girls Soccer			
Earliest Day for Practice (Week 38)	March 18	March 24	March 23
Earliest Day for First Game (Week 39)	March 26	April 1	March 31
Regionals (Divisions 1-2) (Week 48)	May 28 & June 1	June 3 & 7	June 2 & 6
Regionals (Divisions 3-4) (Week 48)	May 28, 30 & June 1	June 3, 5 & 7	June 2, 4 & 6
Sectionals (Week 49)	June 6 & 8	June 12 & 14	June 11 & 13
State (Week 50)	June 13-14-15	June 19-20-21	June 18-19-20
Baseball			
Earliest Day for Practice (Week 38)	March 18	March 24	March 23
Earliest Day for First Game	March 26	April 1	March 31
Regionals (Divisions 2-3-4)	May 23, 28 & 29	May 30, June 4 & 5	May 29, June 3 & 4
Regionals (Division 1)	May 28 & 30	June 4 & 6	June 3 & 5
Sectionals (Divisions 1-2-3-4)	June 4	June 10	June 9
State (Week 50)	June 10-11-12-13	June 16-17-18-19	June 15-16-17-18
Boys Tennis			
Earliest Day for Practice (Week 39)	March 25	March 31	March 30
Earliest Day for First Meet	March 29	April 4	April 3
Subsectionals	May 20-21	May 26-27	May 25-26
Sectionals	May 22-23	May 28-29	May 27-28
Individual State (Week 48)	May 30-31-June 1	June 5-6-7	June 4-5-6
Team State (Week 49)	June 7-8	June 13-14	June 12-13
Boys Golf			
Earliest Day for Practice	March 25	March 31	March 30
Earliest Day for First Meet	March 28	April 3	April 2
Regionals	May 21-22	May 27-28	May 26-27
Sectionals	May 28-29	June 3-4	June 2-3
State	June 3-4	June 9-10	June 8-9

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
1. Has a doctor ever denied or restricted your participation in sports for any reason?		
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: _____		
3. Have you ever spent the night in the hospital?		
4. Have you ever had surgery?		
HEART HEALTH QUESTIONS ABOUT YOU	Yes	No
5. Have you ever passed out or nearly passed out DURING or AFTER exercise?		
6. Have you ever had discomfort, pain, tightness, or pressure in your chest during exercise?		
7. Does your heart ever race or skip beats (irregular beats) during exercise?		
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: _____		
9. Has a doctor ever ordered a test for your heart? (For example, ECG/EKG, echocardiogram)		
10. Do you get lightheaded or feel more short of breath than expected during exercise?		
11. Have you ever had an unexplained seizure?		
12. Do you get more tired or short of breath more quickly than your friends during exercise?		
HEART HEALTH QUESTIONS ABOUT YOUR FAMILY	Yes	No
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)?		
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?		
15. Does anyone in your family have a heart problem, pacemaker, or implanted defibrillator?		
16. Has anyone in your family had unexplained fainting, unexplained seizures, or near drowning?		
BONE AND JOINT QUESTIONS	Yes	No
17. Have you ever had an injury to a bone, muscle, ligament, or tendon that caused you to miss a practice or a game?		
18. Have you ever had any broken or fractured bones or dislocated joints?		
19. Have you ever had an injury that required x-rays, MRI, CT scan, injections, therapy, a brace, a cast, or crutches?		
20. Have you ever had a stress fracture?		
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)		
22. Do you regularly use a brace, orthotics, or other assistive device?		
23. Do you have a bone, muscle, or joint injury that bothers you?		
24. Do any of your joints become painful, swollen, feel warm, or look red?		
25. Do you have any history of juvenile arthritis or connective tissue disease?		

MEDICAL QUESTIONS	Yes	No
26. Do you cough, wheeze, or have difficulty breathing during or after exercise?		
27. Have you ever used an inhaler or taken asthma medicine?		
28. Is there anyone in your family who has asthma?		
29. Were you born without or are you missing a kidney, an eye, a testicle (males), your spleen, or any other organ?		
30. Do you have groin pain or a painful bulge or hernia in the groin area?		
31. Have you had infectious mononucleosis (mono) within the last month?		
32. Do you have any rashes, pressure sores, or other skin problems?		
33. Have you had a herpes or MRSA skin infection?		
34. Have you ever had a head injury or concussion?		
35. Have you ever had a hit or blow to the head that caused confusion, prolonged headache, or memory problems?		
36. Do you have a history of seizure disorder?		
37. Do you have headaches with exercise?		
38. Have you ever had numbness, tingling, or weakness in your arms or legs after being hit or falling?		
39. Have you ever been unable to move your arms or legs after being hit or falling?		
40. Have you ever become ill while exercising in the heat?		
41. Do you get frequent muscle cramps when exercising?		
42. Do you or someone in your family have sickle cell trait or disease?		
43. Have you had any problems with your eyes or vision?		
44. Have you had any eye injuries?		
45. Do you wear glasses or contact lenses?		
46. Do you wear protective eyewear, such as goggles or a face shield?		
47. Do you worry about your weight?		
48. Are you trying to or has anyone recommended that you gain or lose weight?		
49. Are you on a special diet or do you avoid certain types of foods?		
50. Have you ever had an eating disorder?		
51. Do you have any concerns that you would like to discuss with a doctor?		
FEMALES ONLY		
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 _____

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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

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

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 _____

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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 • Marfan stigmata (kyphoscoliosis, high-arched palate, pectus excavatum, arachnodactyly, arm span > height, hyperlaxity, myopia, MVP, aortic insufficiency)		
Eyes/ears/nose/throat • Pupils equal • Hearing		
Lymph nodes		
Heart* • Murmurs (auscultation standing, supine, +/- Valsalva) • Location of point of maximal impulse (PMI)		
Pulses • Simultaneous femoral and radial pulses		
Lungs		
Abdomen		
Genitourinary (males only) ^b		
Skin • HSV, lesions suggestive of MRSA, tinea corporis		
Neurologic ^c		
MUSCULOSKELETAL		
Neck		
Back		
Shoulder/arm		
Elbow/forearm		
Wrist/hand/fingers		
Hip/thigh		
Knee		
Leg/ankle		
Foot/toes		
Functional • Duck-walk, single leg hop		

*Consider ECG, echocardiogram, and referral to cardiology for abnormal cardiac history or exam.
^bConsider GU exam if in private setting. Having third party present is recommended.
^cConsider 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

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)/APNP*: _____

Clinic Name _____

Address/Clinic _____ City _____ State _____ Zip Code _____

Telephone _____ Date of Examination _____

* Physicians may authorize Nurse Practitioners or Physician Assistants 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 _____

Dual Sport Participation Agreement

It is the intention of the student-athlete named below to participate in two sports during the same season. In order for this to occur, an agreement must be made between the student-athlete, coaches, parents and Athletic Director. A meeting will be arranged to schedule games/meets/invites and practices. The athlete must declare which sport is primary and which is secondary.

Name of Athlete _____

Primary Sport _____

Secondary Sport _____

Practice and Game/Meet/Invite Requirements

- There needs to be major communication and commitment from the student-athlete.
- Primary sport practices will take precedence when both practice on the same night unless coaches agree otherwise.
- Primary sport games will take precedence when both have games on the same night unless coaches agree otherwise.
- Secondary sport games will take precedence over primary sport practices.
- Student-athlete agrees to make up for any practices missed at the coaches discretion. Coaches are not being paid any extra to stay past a practice. They are not expected to stay late to accomodate secondary sport athletes.
- Student-athlete needs to pay a \$50.00 sports fee for primary sport.
- If code violation occurs, the student-athlete will serve the code violation for both sports. Student-athletes will have to sit out 25% for the first offense, 50% for the second and will have an automatic suspension from all sports in their high school career for the third offense.
- Spring weather is always an issue during this season. The reschedule of games, meets, and invites based on what is best for all student-athletes. Not the dual sport student-athlete.
- Fall Sports declared by August 1st, Winter Sports declared by November 1st, Spring Sports declared by March 1st.

Signature of Athlete **Date**

Signature of Parent/Guardian **Date**

Signature of Primary Coach **Date**

Signature of Secondary Coach **Date**



2023-2024

Activities Eligibility Form

ALL GRADES MUST FILL OUT

This form must be completed and returned to the athletic office prior to participation in any co-curricular activity. All forms must be signed off by the Activities Director or her designee. To read the Valders Area School District Co-Curricular Code Handbook, please visit the District website or stop in the Athletic Office for a copy.

SPORT/ACTIVITY PARTICIPATING IN: _____
FALL WINTER SPRING

STUDENT EMERGENCY INFORMATION

Student Name: _____ DOB: _____ Grade: _____

Home Address: _____ Home Phone: _____

Parent(s) or Guardian(s) who may be contacted during the school day:

Name: _____ Home/Cell Phone: _____ Work Phone: _____

Name: _____ Home/Cell Phone: _____ Work Phone: _____

Physician: _____ Address: _____ Phone: _____

Dentist: _____ Address: _____ Phone: _____

Hospital Preference: _____

Name of relative/neighbor who we may contact in case of emergency:

1. _____ Phone: _____

Special Remarks (any information pertaining to the health of your child that we should know: allergies, asthma, etc.)

In case of accident or serious illness, I request the school to contact me. If the school is unable to reach me, I hereby authorize the school to call the doctor, hospital emergency center listed on this card, or the ambulance and to follow their instructions:

_____ Yes Signature: _____

_____ No Signature: _____

Co-Curricular Code Participant and Parent Acknowledgement

I hereby acknowledge that I have read the Valders Co-Curricular Code and understand the rules and penalties for infraction of the rules as stated in the Code. As a student, I understand that my participation in a co-curricular activity is a privilege and therefore, I hereby agree to abide by these rules and regulations. I further acknowledge that if I have not understood any information contained in this Code, I have sought and received an explanation of the information prior to signing this form.

It is understood that playing sports and/or participating in other activities include inherent risks with such participation and can cause harm to anyone who engages in them. Because of these dangers, I recognize the importance of following coaches'/advisors' instructions regarding playing techniques, training and other team/activity rules and agree to obey such instructions.

In consideration of the Valders Area School District (VASD) permitting a student to try out for a team(s) and/or participate in activities, I hereby assume all risks associated with participation and agree to hold VASD harmless from any and all liability which may arise in connection with participation in sports and other activities. I do voluntarily choose to participate in spite of any inherent risks.

Participant's Signature / Date: _____ Graduation Year: _____

Parent/Guardian Signature: _____ Date: _____

Concussion Acknowledgement and Agreement

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/Guardian Acknowledgement and Agreement:

I, _____ have read the Valders Area School District concussion information and understand what a concussion is and how it may be caused. I also understand the common signs, symptoms, and behaviors of a concussion. 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 athletic director.
- I **understand** the possible consequences of my child returning to practice/play too soon.

Parent/Guardian Signature: _____ Date: _____

Athlete Agreement:

I, _____ have read the Valders Area School District concussion 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/guardians.
- 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 athletic director 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.

Participant's Signature/Date: _____ Graduation Year: _____

2023-2024

Athlete Name: _____

WIAA ALTERNATE YEAR CARD INFORMATION

This card must be filed every other year before participation can begin in any athletic program.

Date of Student's Most Recent Medical Sports Physical Exam: _____
(If unsure, check with the Athletic office for date of last card on file)

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.

Parent/Guardian Signature

Date



HEALTH INFORMATION DISCLOSURE AUTHORIZATION – STUDENT ATHLETE

 Full Student Name (First, Middle, and Last) emancipated minor _____
 Date of Birth

 Address _____
 City, State, Zip

 Parent's Phone Number

 Name of School attended by Student _____
 Anticipated Date of Graduation (month/year)

AUTHORIZES: Bellin Health Licensed Athletic Trainers, Physical Therapists, and Certified Strength and Conditioning Specialists
1970 S. Ridge Road
Green Bay, WI 54304

TO RELEASE: Information concerning my health that impacts my ability to participate in sports or classroom activities. This may include information about injuries (such as, but not limited to, sprains, strains, or concussions), surgeries (such as, but not limited to, ACL reconstruction, rotator cuff repair), test results (such as, but not limited to, MRI or ImpACT results), or medical conditions (such as, but not limited to, asthma).

TO: Officials of the school I attend. This would include all coaching staff, athletic directors, and educational faculty (including school administrators) who are involved in my return to normal academic progression or sporting activities.

THE PURPOSE OF THE RELEASE OF THIS INFORMATION IS:

- To inform the coaching staff and/or educational faculty of my health-related limitations and abilities to continue to participate in sporting events, physical education, and classroom activities.
- To provide the coaching staff and/or educational faculty with information on how to help me safely participate in sporting events, physical education, and the academic environment.

INFORMATION RELEASE FOR CONTINUED CARE: I authorize the release of my medical information for continued medical care, in accordance with federal HIPAA laws.

EXPIRATION DATE OF THIS AUTHORIZATION: If not previously revoked, this authorization will expire on September 1 of the subsequent academic year, or upon graduation or departure from the school system, whichever occurs first.

I have had an opportunity to review and understand the content of this two-sided authorization form. By signing this form, I understand and agree with the content.

 Signature of person legally authorized (date/time)
 to sign for minor student, or signature of
 the student if his/her age is 18 or greater

If other, indicate relationship:
 Custodial Parent
 Court Appointed Guardian
 Health Care Agent
 Personal Representative

 Printed name of person signing above

I have received a copy of Bellin Health's Notice of Privacy Practices. _____
 Initials



CORAUT

REDISCLASURE: I understand that School Faculty and/or Coaching Staff are not health care providers, and do not have to follow federal privacy standards. The health information disclosed as a result of this authorization may no longer be protected by the federal privacy standards and my health information may be redisclosed without obtaining my authorization.

YOUR RIGHTS WITH RESPECT TO THIS AUTHORIZATION:

- **Right to Receive a Copy of this Authorization:** If I agree to sign this authorization, I must be provided with a signed copy of the form.
- **Right to Refuse to Sign this Authorization:** I understand that I am under no obligation to sign this form. If I chose not to sign this form, this may limit my ability to participate in sports because coaching staff need to be made aware of student health issues that impact students' participation in athletic events.
- **Right to Withdraw this Authorization:** I understand written notification is necessary to cancel this authorization. To obtain information on how to withdraw my authorization or to receive a copy of my withdrawal, I may contact Bellin Health at the address noted above. I realize that if I cancel this authorization, it will not affect disclosures of my information that have already occurred based upon my authorization.

Photocopy/fax copy is as valid as the original.

Note to the student and recipient of information: This disclosed information is protected under Federal Law titled Standards for Privacy of Individually Identifiable Health Information 45 CFR Parts 160 & 164 and by Wisconsin Statute 146.82 and 146.83. Federal regulations prohibit you from making any further disclosure of this information without specific written authorization of the person to whom it pertains or as otherwise permitted by such regulations. A general authorization for the release of medical or other information is not sufficient for this purpose.



TREATMENT CONSENT – STUDENT ATHLETE

Full Student Name emancipated minor
(First, Middle, and Last)

Date of Birth

Address

City, State, Zip

Parent’s Phone Number

Name of School attended by Student

Anticipated Date of Graduation (month/year)

CONSENT TO TREATMENT: As a result of athletic/school participation, treatment may be necessary for the student. I give consent to Bellin Health Licensed Athletic Trainers, Physical Therapists, and Certified Strength and Conditioning Specialists to evaluate, treat, and manage any injuries, and activate emergency care as indicated within their scope of practice for my child named above. I also give consent to Bellin Health Licensed Athletic Trainers, Physical Therapists, and Certified Strength and Conditioning Specialists to instruct my above named son/daughter in performance enhancing or corrective exercise techniques or programs.

EXPIRATION DATE OF THIS CONSENT: If not previously revoked, this consent will expire on September 1 of the subsequent academic year, or upon graduation or departure from the school system, whichever occurs first.

I have had an opportunity to review and understand the content of this consent form. By signing this form, I understand and agree with the content.

Signature of person legally authorized (date/time)
to sign for minor student, or signature of
the student if his/her age is 18 or greater

- If other, indicate relationship:
- Custodial Parent
 - Court Appointed Guardian
 - Health Care Agent
 - Personal Representative

Printed name of person signing above