

# **MENASHA HIGH SCHOOL**

## **CO-CURRICULAR ACTIVITY PARTICIPANT GUIDELINES**

*Revised July 2011*

### **PHILOSOPHY**

Students participating in a school board sponsored co-curricular activity in grades 9-12 have certain responsibilities. It is a privilege, not a right, as a registered, eligible student in the Menasha Joint School District to participate in co-curricular activities. Because it is a privilege, participation in co-curricular activities carries with it certain responsibilities and expectations that promote growth toward becoming a responsible member of society.

The Menasha community expects participants to be a credit to themselves, their family, their school, and their community. As such, all participants must abide by all rules and responsibilities at all times (24 hours a day/365 days per year) in order to continue participating in co-curricular activities.

It is recognized that personal problems can interfere with the health and well being of students and their ability to participate in co-curricular activities. This code therefore includes provisions for support, intervention, and referral in order to help students achieve their full potential.

Parents/guardians have a responsibility to cooperate with the school district in assuring that the student will comply with the rules and standards of the co-curricular program.

### **GOALS OF CO-CURRICULAR ACTIVITY PARTICIPATION**

The co-curricular activity program is an important part of the educational experience. It provides opportunities for learning experiences difficult to duplicate in regular school activities. Co-curricular participation has the following major objectives:

- To teach attitudes of responsibility and cooperation and to help students realize that participation in co-curricular activities is a privilege with accompanying responsibilities.
- To help students learn good habits of health, personal hygiene, and safety.
- To provide activities that help to create school unity.
- To provide activities for learning self-discipline, loyalty, team play, personal pride, pride in the organization, respect for the rights of others, and the will to be successful.
- To provide students with opportunities for competition.
- To provide students with opportunities to place the unit, team, squad, class, and school above personal desires.

### **ATTENDANCE**

Unless excused, a participant must be in school for the entire day in order to participate in that day's practice or event. Participants with an unexcused absence during any part of a school day following an event will be ineligible to participate in that evening's practice or event. Illness is considered an unexcused absence when pertaining to participation in a practice or event. Any participant with an unexcused absence for any period of time during a school day is ineligible to participate in that day's practice or event.

Excused absences are family emergencies, **documented** medical or dental appointments, approved school activities such as field trips, and pre-planned absences in which a planned absence form has been completed and is on file in the attendance office.

### **ACADEMIC ELIGIBILITY**

Eligibility requirements shall commence upon initial enrollment in the first co-curricular activity. In order to be academically eligible for co-curricular activities, a participant must satisfy district, DPI, and if applicable, WIAA requirements defining a full-time student. Additionally, each participant must have passed all classes (grades in incomplete classes shall count as Fs until complete) and have obtained a minimum 1.5 GPA in the most recently completed grading period.

Eligibility may be regained after a participant demonstrates passing work in all classes after the first ten (10) scheduled school days into the grading period. An ineligible participant cannot participate in any program's events during the period of ineligibility (participants may practice at the discretion of the coach and Activity Director).

The high school administration reserves the right to void eligibility requirements in special situations. The participant, his/her parent/guardian, and the coach must schedule a meeting with the administration in such instances.

For fall sports the ineligibility period will be the lesser of:

- 21 calendar days after the earliest allowed competition in that activity.
- 1/3 of the total number of events in an activity.

**NOTE:** A participant must be academically eligible to participate before they may start serving a code violation.

## **INSURANCE**

The Menasha Joint School District does not sponsor an insurance plan. The school district makes available an insurance plan through a local agency, that can be picked up at any time in the activities office, the main office of the high school, or when they register. If the participant's family does have adequate insurance, a completed "Insurance Waiver Form" must be on file in the activities office.

## **PARTICIPANT INJURIES**

- Any participant who is injured during a practice or event must report the injury immediately to the coach/advisor, who will refer him/her to the Licensed Athletic Trainer. The LAT has the final say on the participant's return unless a physician is seen.
- If the injury requires a physician's care, an accident report must be filed by the coach/advisor with the activities office and a physician's permission to return letter must be presented before the participant is allowed to return.
- Should an injury be discovered after the athlete has returned home, the coach/advisor should be contacted as soon as possible.
- In the event of any serious injury during a practice or event, the nearest emergency medical service will be obtained.

## **PARTICIPANT TRAVEL**

All participants in an activity scheduled away from school must travel to the event and return home from the event under school approved supervision. Exceptions to this rule are as follows:

- The parent/guardian must make prior approved arrangements with the Activity Director in advance of the trip for the athlete to travel with them. Release forms are available from the activities office, and this form must be on file in the activities office the day before the event with a copy given to the coach.
- In case of a medical emergency or catastrophic event, if a parent/guardian is present at an out-of-town site, the parent/guardian may request the student to return with them. This request must be made in writing by the parent/guardian to the coach/advisor in charge.

## **EQUIPMENT**

It is expected that participants will take excellent care of their equipment. Each participant is responsible for the school equipment issued. The participant is financially responsible for all lost, misplaced or stolen equipment. Each participant will be responsible for the return of the original equipment issued. Substitutions will not be allowed.

- School equipment and/or uniforms may be worn on the day of the athletic event during school hours as directed by the head coach. It may not be worn during any physical education classes or any other period of exercise outside the time required for practice sessions and/or game situations.

- Any participant who is found to be in possession of any school equipment from any other competing school will be subject to the provisions of the Code of Conduct.
- A participant will not be allowed to participate in another activity until he/she has either returned or paid for all equipment that was issued to him/her.

### **PRE-SEASON MEETING**

This code shall be distributed in the Menasha High School Student Handbook as well as made available to each participant during the specific activities' pre-season meeting or on the first day that he/she reports for a co-curricular activity. Copies shall be placed on file with the activity director and/or principal. Participants should read all items and ask for clarification from the coach or advisor of any items not understood.

- Parental/guardian attendance at pre-season meetings (if applicable) is required and involvement throughout the season is encouraged. Failure of a minimum of one parent/guardian to attend the pre-season meeting will make the participant ineligible for participation in events until the parents/guardians have satisfied the required replacement activity for missing the meeting.
- Additional standards determined by each coach or advisor shall also be written and distributed to each participant and parents/guardians at this time.
- Requirements for receiving athletic awards and special program awards for participating in an activity (if such awards are given) shall be presented at the pre-season meeting or made available to the participants and parents/guardians by the advisor at the group's first organizational meeting.

### **DEFINITION OF CO-CURRICULAR ACTIVITIES**

Co-curricular activities include any school-related, organized activity that is offered outside of academic class requirements. Co-curricular activities are divided into three distinct categories, each of which will be explained in the sections that follow. School district policies and school rules govern all student activities. In addition, each category has unique rules and expectations, which regulate participation. Suspensions will be cumulative over a participant's high school career.

### **GUIDELINES FOR MINIMUM PENALTIES**

All code penalties are superseded by the Menasha Joint School District's policy, which specifies penalties dealing with students who sell, possess, exchange, distribute or illegally use alcohol or drugs on school premises or at a school-related activity. A participant suspended or expelled from school shall be barred from participation in co-curricular activities during that period of time. However, if the suspension is for a shorter period of time than the co-curricular code dictates, the code penalty shall prevail.

Failure to abide by established rules shall result in withdrawal of the privilege to participate. Suspension from activities will be based on a percentage of the number of contests/events scheduled for that season. The activities that allow for multiple-school meets at the high school level will be based on the total number of contests. All other activities will be based on the number of scheduled events.

An official athletic season ends on the date of the sport specific athletic banquet or the date at which individual and team awards are presented.

For any violation, the following guidelines are established, setting forth the minimum penalty that shall be imposed. The high school administration expressly reserves the right to impose a penalty it deems appropriate for each individual situation and case.

### **CATEGORY 1 – ATHLETICS, SPIRIT TEAM, & PERFORMANCE TEAM**

Interscholastic athletics are governed by the Menasha Joint School District co-curricular code and the Wisconsin Interscholastic Athletic Association (WIAA). The WIAA is a voluntary, incorporated, and nonprofit organization located in Stevens Point, Wisconsin. All public high schools in the State of Wisconsin with interscholastic athletic programs are members. All WIAA and other pertinent national and state governing regulations as published will apply, and are available upon request. The WIAA website, which lists their regulations as well as additional athletic information, is [www.wiaawi.org](http://www.wiaawi.org).

**Fall:** Boys - Cross Country, Football, Soccer, Spirit Team  
Girls – Cross Country, Tennis, Volleyball, Spirit Team

**Winter:** Boys – Basketball, Performance Team, Wrestling  
Girls – Basketball, Performance Team, Wrestling

**Spring:** Boys - Baseball, Golf, Tennis, Track  
Girls – Soccer, Softball, Track

### **CATEGORY 1 ACTIVITIES~ DISCIPLINARY ACTIONS**

Participants will be suspended from all Category 1 activities in which they are involved at the time of the suspension or their next activity season if they are not currently out for an activity. **Note: Any non-sanctioned event by the WIAA does not count as part of the suspension. Also, any student who attends a school sponsored event or is on school district property under the influence or in possession of alcohol or any other drug will have their suspension automatically increased to the next highest possible penalty.**

- 1. First Offense** – The participant will be suspended from 25% of the season with carry-over into the next season if necessary **and must also have an AODA assessment completed through student services prior to returning to activity.** Attendance at all practices is required during the suspension, and the participant must complete the season in good standing.
- 2. Second Offense** – The participant will be suspended from 50% of the season with carry-over into the next season, if necessary. Attendance at all practices is required during the suspension, and the participant must complete the season in good standing. **If the offense is AODA related, the participant must have a formal AODA assessment completed (paid for by participant) at this time.** Without the assessment, the participant will be suspended for one calendar year (twelve months from the date of the offense).
- 3. Third and Subsequent Offenses** – The participant will be suspended for one calendar year (twelve months from the date of the offense).

### **CATEGORY 2 – COMPETITIVE, LEADERSHIP, & PUBLIC RECOGNITION ACTIVITIES**

Activities that are competitive in nature or which may include tryouts, as well as activities that have as their membership representatives elected or appointed to positions of leadership and public recognition, are governed by the same code requirements as interscholastic athletics and any applicable national or written club rules. Category 2 activities include, but are not limited to, the following:

All Class Officers, Bowling, DECA, Forensics, Lacrosse Club, Mock Trial, Madrigal Singers, Musical, NHS, Play, Running Crew, Student Council, and Swing/Jazz Choir,

### **CATEGORY 2 ACTIVITIES~ DISCIPLINARY ACTIONS**

Participants will be suspended from all Category 2 activities in which they are involved at the time of the suspension or their next activity if they are not currently involved in an activity at the time of the violation. **Note: any student who attends a school sponsored event or is on school district property under the influence or in possession of alcohol or any other drug will have their suspension automatically increased to the next highest possible penalty.**

- 1. First Offense** – The participant will be suspended from one event, the definition of which shall be determined by the advisor and activity director.
- 2. Second Offense** – The participants will be suspended from two events, the definition of which shall be determined by the advisor and activity director. If the offense is AODA related, the participant must have a formal assessment made at this time. Without the assessment, the participant will be suspended for one calendar year (twelve months from the date of the offense).
- 3. Third Offense and Subsequent Offenses** – The participant will be suspended one calendar year (twelve months from the date of the offense).

### **CATEGORY 3 – INTEREST CLUBS**

Interest clubs are defined as those clubs generated by student or staff interest. Students participate on a voluntary basis and are not involved in public performance. Interest clubs will be governed by school board policies, school rules and regulations, the written club rules, in addition to the service hours requirement listed below. If there is a need for further actions to be taken, a building administrator shall be included in the decision. Category 3 activities include, but are not limited to, the following:

AIM, Art Squad, Bionics, Chess Club, Construction/Paint Crew, Destination Imagination, Earth Club, Fashion and Buddies, Gamers, GSA, Improv, Japanese Club, Key Club, Newspaper, Pep Club, Photography Club, Red Cross Club, Ski Club, Spanish Club, Student Ambassadors, Swim Club, Yearbook, and Youth Speaking Out.

### **CATEGORY 3 ACTIVITIES~ DISCIPLINARY ACTIONS**

Participants in this category will not be allowed to participate until the following service hours are completed. These service hours cannot be used in the total of community service hours included in graduation honors. The advisor is responsible for supervising the individual or arranging supervision during the actual time the service hours are being completed. ***Note: any student who attends a school sponsored event or is on school district property under the influence or in possession of alcohol or any other drug will have their suspension automatically increased to the next highest possible penalty.***

1. **First Offense** – The participant will need to complete 8 service hours before returning to participation.
2. **Second Offense** - The participant will need to complete 16 service hours before returning to participation. If the offense is AODA related, the participant must have a formal assessment made at this time. Without the assessment, the participant will be suspended for one calendar year (twelve months from the date of the offense).
3. **Third Offense** – The participant will be suspended one calendar year (twelve months from the date of the offense). If the offense is a first time AODA violation, the participant must have a formal assessment made at this time.

### **PROVE INNOCENCE CLAUSE – FOR POTENTIAL AODA OFFENDERS RESPONSIBLE TO THE CODE**

If a participant is at a gathering where alcohol or other illegal drugs are present or introduced, he/she must leave immediately upon gaining knowledge of the presence of the substances. If the police are summoned and the participant is inadvertently detained while in the act of leaving under the aforementioned conditions, **it will be the student's responsibility to provide the burden of proof that they did not consume any alcohol or other illegal substances.** If such proof is presented and verified, no suspension will be applied.

### **HONESTY CLAUSE**

Participants who voluntarily turn themselves in to high school administrators, and/or their head coach or advisor (in which case the participant must be suspended from participation until reported to an administrator), **prior to the school obtaining any information, and who do not attempt to deceive or mislead school officials, will receive consideration for reduction in the length of suspension from activities.** Voluntary disclosure does not apply if school personnel observed the violation. **Also, voluntary disclosure must be made prior to any questioning by an administrator.**

Voluntary disclosure requires the student to report the violation by the start of the next school day or regular scheduled practice/event, whichever comes first (this includes practices/events held during a scheduled school vacation such as holiday breaks, spring break, etc.). Voluntary disclosure by the student for a code violation during the summer vacation period must be reported to the high school administration or an administrative secretary by the morning of the next week day. Violations that occur on the weekend (Friday, Saturday, Sunday) must be reported by the morning of the following Monday.

## **IMPACT OF QUIT/REMOVAL**

A student who is dropped from one athletic activity for disciplinary reasons shall be ineligible to participate in another activity during that season.

A student who quits a seasonal athletic activity shall be ineligible to participate in another activity during that season, unless he/she receives consent from the coaches involved. This does not apply if the activity meets all year or if a student is cut from a team. If eligibility is denied by a coach, the coach will meet with the administrative team to justify their position.

## **EXAMPLES OF PROHIBITED CONDUCT**

Participants are expected to follow all school rules and to display high standards of behavior, including good sportsmanship, respect for others, and use of appropriate language and dress at all times. Participants must refrain from any conduct at any time that would reflect unfavorably on him/her or the school. Conduct which would reflect unfavorably on a participant or on the school includes, but is not limited to the following:

- A criminal offense or violation of an ordinance having a statutory counterpart.
- Possession, use, sale or purchase of any controlled substance/intoxicant or illegal drug paraphernalia. Controlled substances/intoxicants include, but are not limited to, alcoholic beverages (many non-alcoholic beers do contain alcohol), illegal drugs, mood altering substances, anabolic steroids or prescribed and over-the-counter medications used in a manner other than that for which they were prescribed.
- Discrimination, harassment, **hazing**, violence, aggression or threatening behavior to others.
- Purchase, use, or possession of tobacco products in any form.
- Hosting, sponsoring, organizing or attending a party/gathering at which alcohol or drugs are being used, consumed or offered.
- Insubordination while participating in an activity.
- Illegal or inappropriate behavior posted on the internet.
- Illegal or inappropriate use of personal cell phones or other electronic devices.

Any participant arrested for and/or charged with a felony will be suspended indefinitely from participation in any activities, in any capacity, including practices and rehearsals, pending an investigation by the authorities and/or the dismissal of said charges or a finding of not guilty by a court of competent jurisdiction. Any participant found guilty of a felony will not be allowed to participate in any activities, in any capacity, until the court appointed sanctions are completed.

Any situation or problem that may arise that is not specifically covered above may be reviewed by the high school administration for possible action. Coaches/advisors may adopt appropriate rules and disciplinary action for violations of their activity rules; however, these rules must not be in conflict with the code of conduct and must be approved by the building administration.

## **ADMINISTRATIVE SUSPENSION**

Participants representing the Menasha Joint School District by their involvement in the activities program are expected to be law-abiding students. A participant is expected to follow school rules and policies applicable to all students. An administrative suspension or dismissal from participation may be administered for actions such as:

- Flagrant violation of attendance, behavior, or safety rules.
- Vandalism or theft involving property of the Menasha Joint School District or other school districts.
- Gross misconduct, acts of violence, vandalism or theft outside of school jurisdiction.

## **PROCESS FOR DETERMINING VIOLATION OF RULES AND DISCIPLINARY PROCEDURES**

- Any complaint/referral concerning a code violation shall be made in writing, signed by the complainant, and presented to the high school administration within 30 calendar days of the violation in order to be processed.
- Any time the high school administration receives information from a police report or newspaper article pertaining to a violation of the code, the 30 calendar days stated above does not apply, and the information will be processed by the administration as a code violation.
- The high school administration or their designee shall investigate the referral and give the participant involved an opportunity to present a response.
- If an investigation by the appropriate administrator and/or designee determines that a participant in question did commit a violation, the participant will be orally notified of the determination and penalty within two school days.
- Suspension takes effect at the time that the oral notification is given to the participant or written notification is mailed to his/her address of record, whichever is first.
- Every attempt will be made by school administration to inform the parents/guardians via phone after a decision has been made and the participant has been informed of a code violation.

## **DISCIPLINARY ACTION - PROCEDURAL APPEAL PROCESS**

1. Any initial appeal of the decision will be directed to the building principal and the activity director who will refer the appeal to the Extra-Curricular Activity Council. This request must be submitted in writing within seven days of the participant and/or parent/guardian being notified of the consequence. In the appeal, the participant and/or parent/guardian must state what exactly is being appealed by making reference to the date of the incident, the consequences of the violation, and the evidence the participant and/or parent/guardian has to justify the penalty being overturned.
2. The participant and/or parent/guardian may appeal the decision of the Extra-Curricular Activity Council to the Superintendent of Schools.

**Note:** The Extra-Curricular Activity Council will be designated and chaired by the high school principal or his/her designee who is a non-voting member. The Council is the building-level appeal body designated to receive appeals on suspensions, and they will deal with appeals from any category. The Council will consist of five members from the current year's coaching and advisory staff, and each will have one vote.

## **SIMULTANEOUS GROUP I/GROUP II CONSEQUENCES**

Participants may participate in simultaneous activities; however, if a participant incurs a violation, he/she shall be suspended according to the code of conduct for both activities (Ex: Football and DECA).

## **SPECIAL AWARDS RESTRICTION**

Participants who violate the code of conduct will be ineligible for any special awards during the season of participation as well as any season in which the suspension is served. No student with a Code of Conduct violation may be nominated for any special end of season award. This shall include, but not be limited to, MVP, MIP, Coaches' Award, Captain, All-Conference, All-Area, and All-State.

## **REGARDING ESTABLISHMENTS**

Point of Clarification: Presence in bars or attendance at parties where drinking of alcoholic beverages or use of illegal drugs is occurring is prohibited. This rule is not meant to include presence in an establishment that is primarily an eating-place or presence in such places with parents, or to prevent being employed at such places. It also is not meant to include presence in places like golf courses or bowling alleys where alcoholic beverages are served. Participants should avoid placing themselves in situations where their guilt or innocence is questioned.

### **HOSTING A PARTY**

Any participant who has a gathering at his/her home/property where alcohol or illegal drugs are being used will be given a penalty at the next highest level above the level they would normally be suspended. Example: If a participant hosts a party and it was his/her first violation, since the party was at the participant's home/property, the participant would be given a violation as his/her second offense. A participant who hosts a party may not use the honesty clause reduction.

### **WEDDINGS/REUNIONS/ETC.**

Participants are not prohibited from attending weddings, reunions, anniversaries or other ceremonial functions where alcohol is served, but they may not consume alcohol or be in possession of alcoholic beverages even though they have parental permission. **Parental/guardian permission does not override the provisions of this code.**

### **WIAA NON-SCHOOL PARTICIPATION RULES**

WIAA regulations state that a student owes loyalty and allegiance to the school and team of which he/she is a member during the season of a given sport. A student becomes ineligible in a sport for the remainder of the season for competing in a non-school game, meet, or contest in the same sport during the season of practice and competition established by the school.

### **DISCLAIMER**

This guideline attempts to present a simplified summary of the regulations of the WIAA, the Fox Valley Conference, and the Menasha Joint School District. A guideline of this kind cannot cover every possibility. Should questions arise, the participant and/or parent/guardian should consult the coach/advisor or activity director.



# PREPARTICIPATION PHYSICAL EVALUATION HISTORY FORM

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

Date of Exam \_\_\_\_\_  
 Name \_\_\_\_\_ Date of birth \_\_\_\_\_  
 Sex \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_ School \_\_\_\_\_ Sport(s) \_\_\_\_\_

**Medicines and Allergies:** Please list all of the prescription and over-the-counter medicines and supplements (herbal and nutritional) that you are currently taking

\_\_\_\_\_

\_\_\_\_\_

Do you have any allergies?  Yes  No If yes, please identify specific allergy below.

Medicines  Pollens  Food  Stinging Insects

Explain "Yes" answers below. Circle questions you don't know the answers to.

GENERAL QUESTIONS	Yes	No	MEDICAL QUESTIONS	Yes	No
1. Has a doctor ever denied or restricted your participation in sports for any reason?			26. Do you cough, wheeze, or have difficulty breathing during or after exercise?		
2. Do you have any ongoing medical conditions? If so, please identify below: <input type="checkbox"/> Asthma <input type="checkbox"/> Anemia <input type="checkbox"/> Diabetes <input type="checkbox"/> Infections Other: _____			27. Have you ever used an inhaler or taken asthma medicine?		
3. Have you ever spent the night in the hospital?			28. Is there anyone in your family who has asthma?		
4. Have you ever had surgery?			29. Were you born without or are you missing a kidney, an eye, a testicle (males), your spleen, or any other organ?		
<b>HEART HEALTH QUESTIONS ABOUT YOU</b>	<b>Yes</b>	<b>No</b>	30. Do you have groin pain or a painful bulge or hernia in the groin area?		
5. Have you ever passed out or nearly passed out DURING or AFTER exercise?			31. Have you had infectious mononucleosis (mono) within the last month?		
6. Have you ever had discomfort, pain, tightness, or pressure in your chest during exercise?			32. Do you have any rashes, pressure sores, or other skin problems?		
7. Does your heart ever race or skip beats (irregular beats) during exercise?			33. Have you had a herpes or MRSA skin infection?		
8. Has a doctor ever told you that you have any heart problems? If so, check all that apply: <input type="checkbox"/> High blood pressure <input type="checkbox"/> A heart murmur <input type="checkbox"/> High cholesterol <input type="checkbox"/> A heart infection <input type="checkbox"/> Kawasaki disease Other: _____			34. Have you ever had a head injury or concussion?		
9. Has a doctor ever ordered a test for your heart? (For example, ECG/EKG, echocardiogram)			35. Have you ever had a hit or blow to the head that caused confusion, prolonged headache, or memory problems?		
10. Do you get lightheaded or feel more short of breath than expected during exercise?			36. Do you have a history of seizure disorder?		
11. Have you ever had an unexplained seizure?			37. Do you have headaches with exercise?		
12. Do you get more tired or short of breath more quickly than your friends during exercise?			38. Have you ever had numbness, tingling, or weakness in your arms or legs after being hit or falling?		
<b>HEART HEALTH QUESTIONS ABOUT YOUR FAMILY</b>	<b>Yes</b>	<b>No</b>	39. Have you ever been unable to move your arms or legs after being hit or falling?		
13. Has any family member or relative died of heart problems or had an unexpected or unexplained sudden death before age 50 (including drowning, unexplained car accident, or sudden infant death syndrome)?			40. Have you ever become ill while exercising in the heat?		
14. Does anyone in your family have hypertrophic cardiomyopathy, Marfan syndrome, arrhythmogenic right ventricular cardiomyopathy, long QT syndrome, short QT syndrome, Brugada syndrome, or catecholaminergic polymorphic ventricular tachycardia?			41. Do you get frequent muscle cramps when exercising?		
15. Does anyone in your family have a heart problem, pacemaker, or implanted defibrillator?			42. Do you or someone in your family have sickle cell trait or disease?		
16. Has anyone in your family had unexplained fainting, unexplained seizures, or near drowning?			43. Have you had any problems with your eyes or vision?		
<b>BONE AND JOINT QUESTIONS</b>	<b>Yes</b>	<b>No</b>	44. Have you had any eye injuries?		
17. Have you ever had an injury to a bone, muscle, ligament, or tendon that caused you to miss a practice or a game?			45. Do you wear glasses or contact lenses?		
18. Have you ever had any broken or fractured bones or dislocated joints?			46. Do you wear protective eyewear, such as goggles or a face shield?		
19. Have you ever had an injury that required x-rays, MRI, CT scan, injections, therapy, a brace, a cast, or crutches?			47. Do you worry about your weight?		
20. Have you ever had a stress fracture?			48. Are you trying to or has anyone recommended that you gain or lose weight?		
21. Have you ever been told that you have or have you had an x-ray for neck instability or atlantoaxial instability? (Down syndrome or dwarfism)			49. Are you on a special diet or do you avoid certain types of foods?		
22. Do you regularly use a brace, orthotics, or other assistive device?			50. Have you ever had an eating disorder?		
23. Do you have a bone, muscle, or joint injury that bothers you?			51. Do you have any concerns that you would like to discuss with a doctor?		
24. Do any of your joints become painful, swollen, feel warm, or look red?			<b>FEMALES ONLY</b>		
25. Do you have any history of juvenile arthritis or connective tissue disease?			52. Have you ever had a menstrual period?		
			53. How old were you when you had your first menstrual period?		
			54. How many periods have you had in the last 12 months?		

Explain "yes" answers here

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\_\_\_\_\_

\_\_\_\_\_

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\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I hereby state that, to the best of my knowledge, my answers to the above questions are complete and correct.

Signature of athlete \_\_\_\_\_ Signature of parent/guardian \_\_\_\_\_ Date \_\_\_\_\_

# ■ PREPARTICIPATION PHYSICAL EVALUATION

## 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		
	<b>Yes</b>	<b>No</b>
6. Do you regularly use a brace, assistive device, or prosthetic?		
7. Do you use any special brace or assistive device for sports?		
8. Do you have any rashes, pressure sores, or any other skin problems?		
9. Do you have a hearing loss? Do you use a hearing aid?		
10. Do you have a visual impairment?		
11. Do you use any special devices for bowel or bladder function?		
12. Do you have burning or discomfort when urinating?		
13. Have you had autonomic dysreflexia?		
14. Have you ever been diagnosed with a heat-related (hyperthermia) or cold-related (hypothermia) illness?		
15. Do you have muscle spasticity?		
16. Do you have frequent seizures that cannot be controlled by medication?		

**Explain "yes" answers here**

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

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

**Explain "yes" answers here**

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**I hereby state that, to the best of my knowledge, my answers to the above questions are complete and correct.**

Signature of athlete \_\_\_\_\_ Signature of parent/guardian \_\_\_\_\_ Date \_\_\_\_\_

# PREPARTICIPATION PHYSICAL EVALUATION PHYSICAL EXAMINATION FORM

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

## PHYSICIAN REMINDERS

- Consider additional questions on more sensitive issues
  - Do you feel stressed out or under a lot of pressure?
  - Do you ever feel sad, hopeless, depressed, or anxious?
  - Do you feel safe at your home or residence?
  - Have you ever tried cigarettes, chewing tobacco, snuff, or dip?
  - During the past 30 days, did you use chewing tobacco, snuff, or dip?
  - Do you drink alcohol or use any other drugs?
  - Have you ever taken anabolic steroids or used any other performance supplement?
  - Have you ever taken any supplements to help you gain or lose weight or improve your performance?
  - Do you wear a seat belt, use a helmet, and use condoms?
- Consider reviewing questions on cardiovascular symptoms (questions 5–14).

EXAMINATION		
Height	Weight	<input type="checkbox"/> Male <input type="checkbox"/> Female
BP / ( / )	Pulse	Vision R 20/ L 20/ Corrected <input type="checkbox"/> Y <input type="checkbox"/> N
MEDICAL	NORMAL	ABNORMAL FINDINGS
Appearance <ul style="list-style-type: none"> <li>Marfan stigmata (kyphoscoliosis, high-arched palate, pectus excavatum, arachnodactyly, arm span &gt; height, hyperlaxity, myopia, MVP, aortic insufficiency)</li> </ul>		
Eyes/ears/nose/throat <ul style="list-style-type: none"> <li>Pupils equal</li> <li>Hearing</li> </ul>		
Lymph nodes		
Heart <sup>a</sup> <ul style="list-style-type: none"> <li>Murmurs (auscultation standing, supine, +/- Valsalva)</li> <li>Location of point of maximal impulse (PMI)</li> </ul>		
Pulses <ul style="list-style-type: none"> <li>Simultaneous femoral and radial pulses</li> </ul>		
Lungs		
Abdomen		
Genitourinary (males only) <sup>b</sup>		
Skin <ul style="list-style-type: none"> <li>HSV, lesions suggestive of MRSA, tinea corporis</li> </ul>		
Neurologic <sup>c</sup>		
MUSCULOSKELETAL		
Neck		
Back		
Shoulder/arm		
Elbow/forearm		
Wrist/hand/fingers		
Hip/thigh		
Knee		
Leg/ankle		
Foot/toes		
Functional <ul style="list-style-type: none"> <li>Duck-walk, single leg hop</li> </ul>		

<sup>a</sup>Consider ECG, echocardiogram, and referral to cardiology for abnormal cardiac history or exam.

<sup>b</sup>Consider GU exam if in private setting. Having third party present is recommended.

<sup>c</sup>Consider cognitive evaluation or baseline neuropsychiatric testing if a history of significant concussion.

- Cleared for all sports without restriction
- Cleared for all sports without restriction with recommendations for further evaluation or treatment for \_\_\_\_\_
- Not cleared
- Pending further evaluation
  - For any sports
  - For certain sports \_\_\_\_\_
- Reason \_\_\_\_\_

Recommendations \_\_\_\_\_

**I have examined the above-named student and completed the preparticipation physical evaluation. The athlete does not present apparent clinical contraindications to practice and participate in the sport(s) as outlined above. A copy of the physical exam is on record in my office and can be made available to the school at the request of the parents. If conditions arise after the athlete has been cleared for participation, a physician may rescind the clearance until the problem is resolved and the potential consequences are completely explained to the athlete (and parents/guardians).**

Name of physician (print/type) \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Signature of physician \_\_\_\_\_, MD or DO

# ■ 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 \_\_\_\_\_

# MENASHA HIGH SCHOOL ATHLETIC AND ACTIVITY INFORMATION CARD

**THIS FORM MUST BE FILED EVERY YEAR BEFORE PARTICIPATION CAN BEGIN IN ANY ATHLETIC PROGRAM.**

1. Examination taken *after April 1* is good for the following **TWO SCHOOL YEARS.**
2. Examination taken *before April 1* is good for the remainder of that **SCHOOL YEAR** and the following **SCHOOL YEAR.**

## ALTERNATE YEAR CARD – School Year 20\_\_\_\_-20\_\_\_\_

NAME \_\_\_\_\_ GRADE \_\_\_\_\_ GENDER: MALE FEMALE  
Last First M.

SPORT PARTICIPATING IN: \_\_\_\_\_  
FALL WINTER SPRING

DATE of Student's Most Recent Medical Sports Physical Examination: \_\_\_\_\_  
(If unsure, check with the Activities Office for date on 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 sport.
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. I further grant permission for any medical records pertaining to the health of the above named student be made available as necessary to the proper school district personnel and appropriate health care providers, including emergency medical personnel.

**PARENT:** If there is any question that this student may not be qualified for athletic/activities competition without, at least, a partial re-evaluation, contact your medical advisor before signing this card.

\_\_\_\_\_  
DATE \_\_\_\_\_  
(Signature of Parent)

## EMERGENCY INFORMATION

PARENT NAME \_\_\_\_\_  
LAST FIRST HOME PHONE NUMBER ALTERNATE PHONE NUMBER

HOME ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ ZIP \_\_\_\_\_

PHYSICIAN \_\_\_\_\_ ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

INSURANCE COMPANY \_\_\_\_\_ POLICY OR GROUP NO. \_\_\_\_\_

ALLERGIES OR ALLERGIC REACTIONS \_\_\_\_\_

KNOWN SIGNIFICANT MEDICAL CONDITIONS \_\_\_\_\_

**IN CASE OF EMERGENCY, ATTEMPT TO CONTACT A PARENT AT HOME OR AT WORK. IF WE CANNOT BE REACHED, ATTEMPT TO CONTACT THE ALTERNATE LISTED BELOW:**

ALTERNATE NAME \_\_\_\_\_ PHONE \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_

**PERMISSION IS HEREBY GRANTED TO THE ATTENDING PHYSICIAN TO PROCEED WITH ANY MEDICAL TREATMENT. I UNDERSTAND THAT AN ATTEMPT WILL BE MADE BY THE ATTENDING PHYSICIAN TO CONTACT ME IN THE MOST EXPEDITIOUS WAY POSSIBLE. PERMISSION IS ALSO GRANTED TO THE ATHLETIC TRAINER TO PROVIDE THE NEEDED EMERGENCY TREATMENT TO THE ATHLETE PRIOR TO HIS/HER ADMISSION TO THE MEDICAL FACILITIES.**

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

## INSURANCE

All students should have adequate Insurance Coverage. Your signature below signifies that you have adequate insurance or will assume the cost of any injuries incurred in participation. The Menasha Joint School District does not sponsor an insurance plan. The school district makes available an insurance plan through a local agency. These forms are located in the Menasha High School Activities Office.

\_\_\_\_\_  
I agree to/understand the above insurance information. Date

**MENASHA JOINT SCHOOL DISTRICT**  
**Menasha High School**  
**Co-Curricular Code of Conduct, WIAA Rules of Eligibility and Concussion Information Receipt**

**This form must be completed and returned to the Activities Office *prior* to participation in any co-curricular activity.**

**Student Section**

*I have received a copy, read and understand the provisions of the Co-Curricular Code of Conduct and the WIAA Rules of Eligibility.*

As a student, I understand that my participation in co-curricular activities is a privilege and, therefore, agree to be bound by the Menasha High School Co-Curricular Code of Conduct. I also certify that I have read, understand, and agree to abide by all of the information contained in the WIAA Rules of Eligibility Bulletin and ***Concussion Signs and Symptoms information document***. ***I also acknowledge my responsibility to report to my coaches, parents/guardians any signs or symptoms of a concussion.*** I further certify that if I have not understood any information contained in the document, I have sought and received an explanation of the information prior to signing this statement.

**Student Name: (print clearly)** \_\_\_\_\_ **Student Signature:** \_\_\_\_\_

**Parent Section**

*I have received a copy, read and understand the provisions of the Co-Curricular Code of Conduct and the WIAA Rules of Eligibility.*

As a parent, I understand that my son or daughter's participation in co-curricular activities is a privilege and, therefore, agree that they are to be bound by the Menasha High School Co-Curricular Code of Conduct. I also certify that I have read, understand, and agree to abide by all of the rules contained in the WIAA Rules of Eligibility Bulletin and ***Concussion Signs and Symptoms information document***. I further certify that if I have not understood any information contained in the document, I have sought and received an explanation of the information prior to signing this statement. I will see that these rules and regulations are followed. I give my permission to have first aid and emergency treatment given to my child if such assistance is required. I give permission for the Activities Office to release my home address and phone number to organizations supporting activities in the Menasha Joint School District. This agreement is binding through my son or daughter's graduation from high school.

**Parent Name: (print clearly)** \_\_\_\_\_ **Parent Signature:** \_\_\_\_\_

**THEDA CARE**  
**AUTHORIZATION FOR THE DISCLOSURE OF HEALTH INFORMATION**

Athlete's Name	Date of Birth	Address
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<b><u>Authorizes information to be released from:</u></b> Theda Care 122 E. College Ave. Appleton, WI 54911	<b><u>Information Released to:</u></b> (Officials of the school I attend, including coaching staff and Athletic Directors who are involved in my sporting events). Menasha High School 420 7 <sup>th</sup> St. Menasha, WI 54952
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**Information to be released includes:** All information concerning my health that impacts my ability to participate in sports. This may include information about injuries (such as sprains, strains), surgeries (such as ACL reconstruction, rotator cuff repair), concussions (ImPACT test results) or medical conditions (such as asthma).

**Need for the disclosure:** The purpose of the release of this information is to inform the coaching staff of my health related limitations and abilities to continue to participate in sporting events. Also to provide the coaching staff with information about my injury to help me participate in sporting events safely.

I understand that if the person(s) and/or organization listed above are not health care providers, health plans, or health care clearinghouses, who must follow the 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 re-disclosed without obtaining my authorization

**YOUR RIGHTS WITH RESPECT TO THIS AUTHORIZATION:**  
 Right to Inspect or Copy the Health Information to be used or disclosed – I understand that I have the right to inspect or copy the health information I have authorized to be used or disclosed by this authorization form. I may arrange to inspect my health information or obtain copies of my health information by contacting the health information department. Right to Receive Copy of this Authorization – I understand that if I agree to sign this authorization, which I am not required to do so 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 and that the person(s) and or organization (s) listed above who I am authorizing to use and/or disclose my information may not condition treatment, payment, enrollment in a health plan or eligibility for health care benefits on my decision to sign this authorization. Right to Withdraw this Authorization – I understand that 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 the health information department. I am aware that my withdrawal will not be effective as to uses and/or disclosures of my health information that the person(s) and or organization(s) listed above have already made in reference to this authorization.  
**EXPIRATION DATE:** This authorization is good for one year from the date signed. I have had an opportunity to review and understand the content of this authorization form. By signing this authorization I am confirming that it accurately reflects my wishes.

**Parent Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_