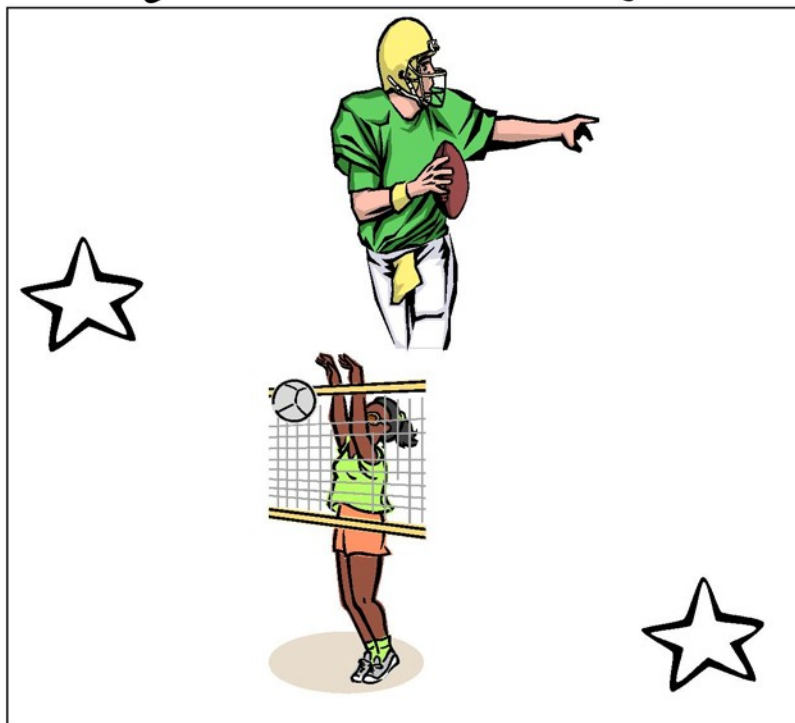


BLACK RIVER FALLS MIDDLE SCHOOL



CO-CURRICULAR HANDBOOK

Black River Falls Middle School
Dave Roou, Middle School Principal:
Jim Rufsholm, Activities Director:

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Middle School Co-Curricular

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After reading this handbook, sign and return the participant’s pledge to the office or the Activities Director (AD). Those students participating on an athletic team will also have to sign the concussion awareness document, the eligibility portion, athletic insurance waiver and the Black River Memorial Hospital consent to treat portion along with their WIAA alternate year card or WIAA physical card to the office or AD.

Find a copy of all the required documents on our website www.brf.org/ms/

Black River Falls Middle School Co-Curricular Handbook

Last update: July 12, 2017

Dear Parents,

This handbook has been prepared for the benefit of all students who are or plan to participate in middle school activities, parents, advisors, and coaches in an effort to create a better understanding of the guidelines and principles that give direction to the activities that take place in our middle school. In the following segment of this handbook, you will find important information regarding the WIAA rules of eligibility, specific rules and procedures regarding the conduct of the students, and the **Middle School's** philosophy of athletics as part of our total educational program.

I encourage you to read this handbook carefully and to keep it on file so you may use it as a reference when a question arises. After you have reviewed this handbook, please sign and return to the middle school office or fax to the AD showing that you have read and understand the handbook.

If you have any questions concerning the contents of this handbook, **please feel free** to contact the school. Thank you for your cooperation.

Sincerely,

David Roou, Middle School Principal
Jim Rusholm, Activities Director

PROCEDURES FOR STUDENTS JOINING ANY OF THE BLACK RIVER FALLS MIDDLE SCHOOL SPORTS

Complete the mandatory documentation which can be picked up from the Middle School office or printed off-line from www.brf.org/ms/

- A. WIAA physical examination card or alternate year permission card
- B. Participants pledge form, insurance waiver, eligibility and BRMH permission form (last page)
- C. Concussion Awareness Form (Second to last page)

A student may not start practice or receive any equipment all the documents are completed and turned in to the Activities Director (Leave at the MS office)

Upon joining a squad, the athlete is expected to dedicate the time specified for practice by the coach for this activity. **Regular attendance at practice is required.**

Philosophy of Co-Curricular Activities

Your participation in the co-curricular program is a desired but not a required part of the total educational program. It takes a committed student to make the extra effort that participation in the normal school program, plus a co-curricular activity demands. Because some students choose to take part in the co-curricular program, are using facilities provided for that purpose by the community, and are benefiting from tax funds set aside for these programs; more is expected of those students. Our expectations are listed in the form of specific rules and regulations for students who take part in co-curricular programs. Because of the voluntary nature of the co-curricular program, all students desiring to take part in this program and share the advantages participation offers, should be prepared to follow the rules. Those students not willing to comply with all regulations of this co-curricular activities code should not expect to participate.

In this policy, you will find eligibility and/or training rules and regulations. These rules and regulations are logical and designed to help the individual student as well as the total co-curricular program. You should expect them to be enforced.

Students should understand that through the co-curricular program, as well as other programs, the school is serious about teaching that chemical use is not in a person's best interest. The school regards alcohol and other drug use, addiction, or dependency (including tobacco) as a behavioral/medical problem and recognizes that the misuse or abuse of alcohol and other drugs precedes more severe dependencies.

It is not in the best interest of anyone involved, nor even accurate, to attach a moral or social stigma to such personal problems. The school district wishes to cooperate with all segments of the community in precluding the development of less constructive patterns of alcohol and other drug use and in providing assistance to those who do develop such patterns of behavior.

The School District of Black River Falls' students participating in the co-curricular program are expected to conduct themselves at all times, and at all places, in a positive manner which will bring credit to themselves, their classmates, school, and community.

The opportunity to take part in school activities should be made available to as many students as possible. All students are invited to participate. The exact number of participants shall be determined by the facilities available and the ability to give adequate individual attention to each student. All clubs and activities may not run each year, depending on interest and/or advisor availability. There is no room in school activities or education for prejudice based on race, sex, national origin, ancestry, creed, pregnancy, marital or parental status, sexual orientation, or physical, mental, emotional, or learning disability.

A coach, advisor, supervisor or director should realize from the beginning that there is no secret path or shortcut to success. At the same time, the student participant must accept the dedication and hard work that goes into a successful program. The success of any activities program is determined by you, the participant, along with the help and cooperation of coaches, advisors, supervisors, directors, administrators and the Board of Education. Students must be willing to follow the rules set down by the Black River Falls Schools and where applicable, other related state and national associations, and legal requirements. All employees, by virtue of their employment with the Black River Falls Schools, enforce this Activities Code.

The following statement was written by Clifford B. Fagen, the former Executive Secretary of the National Federation of State High School Athletic Association. His comments are printed in this handbook because it represents the philosophy the Black River Falls Athletic Department has regarding interscholastic participation by our middle school students. The WIAA's Middle School Philosophy can be found in detail at www.wiaa.org

PARTICIPATION A PRIVILEGE, BY CLIFFORD B. FAGEN

Progressive educators have long acknowledged it as a **privilege** for a student to participate in interscholastic athletics. It is a **privilege** for a student to represent his or her school in a program of this nature, just as it is a **privilege** for anyone to represent a creditable organization.

Interscholastic athletics is a completely volunteer program. No student is obligated to take part in any interscholastic activity and certainly not in interscholastic athletics. Participation is not required for graduation, nor must the student have athletic credits for college entrance. Those who participate must give extra time and effort. This is as it should be. In these respects, preparation for and participation in interscholastic differs from intramurals.

Because interscholastics are voluntary and because those participating represent their student bodies, it is mandatory that to qualify, the standards must be high. **This is particularly true of academic requirements, school citizenship, and sportsmanship.** The dignity of the school program is reflected through athletics. Those who take part must conduct themselves in a manner that is above question.

Selection of candidates is necessary. It must not be based upon athletic performance alone but also upon attitude, conduct, cooperation, and an earnest and sincere desire to represent the student body in a manner that complements the school and the community. **Student athletes have an obligation to themselves, to their school, to their teammates, and to their student body.** Those who take part have greater responsibilities as school citizens than those who are not privileged, or who have not chosen, to do so.

As a result, there are special standards for those who represent schools as members of interscholastic teams. This is as it should be. It is not too much to expect a student-athlete to be a **good school citizen**. The athletes have the privilege of participating in a well-organized program, which is of special interest to them and for which the school provides coaches, equipment, and facilities. The athletes who believe they are making too great a sacrifice by being a good citizen should be denied the privilege of taking part. It is much better, if athletes find it impossible to maintain high standards, that they take their wares elsewhere.

Because it is a privilege to represent a school in athletics, it follows logically that the school must have the authority to revoke the privilege when the student-athletes do not conduct themselves in an acceptable manner. Not only does the responsibility exist while the athlete is on the field, the court, or the track, **but good conduct shall be required of them at all times and most certainly while at school.** As a member of the school team, the **athletes bring attention to themselves and to the student body.**

The **student body** is partially judged by the conduct of the student-athletes. There is nothing wrong with this when selection is as it should be and when the privilege of participation is denied to those who fail to meet the standards. Such judgment is desirable. Therefore, school authorities must see that the standards of conduct of those representatives are above reproach.

The need for the high standards of conduct is aggressively defended. Any lowering for a “successful” season is deplored. When the doors of interscholastic competition are opened to those who have bad habits and to those who are not good citizens, the program suffers. **Nor are interscholastic athletics for the purpose of retaining and reforming those who have poor character traits.** Rather, the privilege of representing the school should be extended to those who have given evidence they are good school citizen(s), in other words, **those who have earned it.**

Those who lower standards to win contests, or for any other reason, all too quickly learn that it is self-defeating. Any resulting successes are temporary and they are empty-headed. All too soon the schools which lower their standards learn they have paid too great a price for any measure of athletic success.

ACADEMIC REQUIREMENTS FOR ELIGIBILITY

Beginning on the first Monday of each sport’s season, the Student Athlete (SA) must present the coach with a Student Access computer printout of his or her grades. If the SA is not passing *all* classes, he or she will continue to practice but may not participate in games, meets, etc, until such time that a passing grade has been shown to the coach. Once a passing grade has been attained, the SA is again eligible to play, but must show passing grades again on the “third Monday” (see below).

Every third Monday thereafter up until the season's end, the SA must present his or her grades print out to the coach before being allowed to participate in athletic contests.

Any student with a failing grade at the quarter or semester will be ineligible for a minimum of 7 school days and nights following notification from the coach and or AD. If, and only if, after 7 school days the student is passing all of his current classes he/she will be allowed to return to competition.

School and Community Character-The Tiger Way

1. Students must be in school and participate in all classes to be eligible to participate in the daily activities or competitions. Any unexcused period of the day results in the student not being allowed to participate in any activity on that day or the following day if the coach/adviser missed the attendance email. ***Students with medical appointments or family emergencies may compete if the absence is excused by the administration.**
2. Any student receiving an out-of-school suspension will be suspended from all practices, performances, and competitions that occur during the suspension plus the first contest or performance following the student being remitted back to school. Understand that other provisions in the handbook may prevent the student from participating again in the activity. A second out-of-school suspension during the same season will result in being removed from the activity.
3. Any student receiving a full day of in-school suspension will be suspended for one contest, activity or performance. The first contest on or after the day of the in-school suspension; will be used to fulfill this penalty. A second full day of in-school suspension during the same activity season will result in two missed contests or performances, beginning with the first on or after the day of the suspension. A third full day of in-school suspension during the same activity season will result in removal from the activity.
4. Coaches, advisors and administrators have a right to expect students to act in an acceptable manner conforming to the ideals and principles of the Black River Falls School and community. Repeated insubordination or disrespect to any teacher, coach, or advisor will be treated as a violation of the activities code and subject to a penalty as determined by the advisor, coach or activities director. The student is reminded that being a member of a club or organization is strictly voluntary and that he/she may be suspended for a period of time for failing to conform to these principles.
5. All students are expected to positively represent the school in all interactions within the community at all times. Any conduct which brings negative attention to the individual, school, or community may be considered a code violation. This includes behaviors which are considered as bullying and or hazing.
- 6.. Any student who serves a suspension for a code violation will not be allowed to hold honorary positions such as “Captains”, “MVP”, “Officer “etc. in the activity in which the code violation occurred.
7. Students must be academically eligible to participate before they can fulfill their code violations.

A pledge form must be signed each year by both students and parents, which indicate that they have read and understand the activities code. This statement must be turned in to the advisor. The advisor will then submit a list of participating members to the office.

Drug, Tobacco, and Alcohol Violations

The Black River Falls School District recognizes the use of mood-altering chemicals as a significant health problem for many adolescents, resulting in negative effects on behavior, learning, and the total development of each individual. A student must follow the school’s code of conduct on a year-round basis.

Regardless of the quantity, a student shall not use or possess a beverage containing alcohol, use or possess tobacco, or use, possess, buy or sell any substance defined by law as a drug or look alike drug. This would also

include but not be limited to vape pens. It is not a violation for a student to be in possession of a legally defined drug specifically prescribed for the student's own use by his/her doctor.

Any student suspended from an activity may not be eligible to begin or perform in an activity during that season without the consent of coaches or advisors.

Middle School Activity Groups

Group 1 (Clubs and Activities)

FCCLA
High Quiz Bowl
Jazz Band
Marching Band (If non-graded)
Pep Club
Science Club
Student Council
Variety Show

Group 2 (Athletic Teams)

Basketball, Boys-Winter
Basketball, Girls-Winter
Cross Country, Boys-Fall
Cross Country, Girls-Fall
Football-Fall
Tennis, Boys-Spring
Tennis, Girls-Spring
Track and Field, Boys-Spring
Track and Field, Girls-Spring
Volleyball, Girls-Fall
Wrestling-Winter

Disciplinary Action - Group 1

First Violation The student will be suspended from all club meetings and activities for four weeks.
Second Violation The student will be suspended from all club meetings and activities for 9 weeks.
Third Violation The student will be suspended from all club meetings and activities for one calendar year.

Students may not serve on court if they had an alcohol, tobacco, and other controlled substance violation during the current year. Violations relating to alcohol, tobacco, and other controlled substances are cumulative from year to year. One violation shall be removed from the student's record if he/she does not commit a second violation for two or more years. Any student who voluntarily comes forward or who is found truthful during the investigation process may have their suspension reduce by up to 50%. This will be determined by the AD and or the administration. (First offense only)

Note: Parents will be notified of an infraction by letter and/or telephone by the advisor and/or the AD

Disciplinary Action - Groups 2

First Violation The student will be suspended from 30% of the season's contests/performances (with a minimum of one) in the activities he/she is in.
Second Violation The student will be suspended for one calendar year. An appeal process will apply.
Third Violation The student will be suspended for one calendar year. An appeal process will apply.

Violations relating to alcohol, tobacco, and other controlled substances are cumulative from year to year. One violation shall be removed from the student's record if he/she does not commit a second violation for two or more years. Any student who voluntarily comes forward or who is found truthful during the investigation process may have their suspension reduce by up to 50%. This will be determined by the AD and or the administration. (First offense only)

Note: Parents will be notified of an infraction by letter and/or telephone by the advisor and or the AD.

Enforcement of Co-Curricular Rules

1. Violations of the co-curricular code will be based on the following:

- A. Violations reported to the school by law enforcement officials.
- B. Violations reported by teaching or coaching staff members, advisors, parents, members of the community, or other school officials must be presented to the principal, assistant principal, or advisor on in a written format including pictures if possible.
- C. Self-admission.

2. Procedures for Processing Co-curricular Code Violations

A. Any alleged violation of this code will be investigated by the principal or his/her a designee. If the student admits the infraction, the principal or his/her a designee will notify the student's advisor and determine the consequences as specified in this code. The student and his/her parents will be notified of the consequences in writing. If there is insufficient evidence, the alleged violation will be dropped. If the student involved denies the allegations, the principal or his/her a designee will meet with the student, prior to enforcing any penalty, to provide the student with an opportunity to be heard and to discuss the allegations made.

B. If the parents/guardians are dissatisfied with the decision made by the investigating individual(s), they may appeal the decision to the co-curricular appeals committee. If they are not in agreement with the decision of the co-curricular appeals committee, they may appeal their decision to the district administrator. Any detentions or suspensions given by administration will be served by the student during an appeal process. An overruling of the decision of the co-curricular appeals committee by the district administrator will result in expunging the records and restoring the student to full status.

C. Membership will consist of three staff persons who supervise a co-curricular organization and are not currently supervising the student in a co-curricular activity and the principal or his/her designee. The student and his/her parents may not select the persons to serve on the appeals committee. Each case brought to appeal will involve a newly selected committee.

D. Regarding the procedures before the co-curricular appeals committee, the following steps will be followed:

- i. The principal or his/her a designee presents the facts and circumstances to the co-curricular appeals committee.
- ii. The student and his/her parents provide information they deem relevant to the committee.
- iii. There is then an opportunity for discussion (not cross-examination) among the co-curricular committee members, the administration, the student and his/her parents.
- iv. The student, his/her parents and the administration leave the room during the deliberations of the co-curricular appeals committee, and the co-curricular appeals committee deliberates and makes a decision. (The principal or his/her a designee would not have a vote on the appeal committee).
- v. The principal notifies the student and his/her parents in writing of the decision of the co-curricular appeals committee.
- vi. An appeal may be made to the district administrator in writing within five (5) days of the student and his/her parents receiving the written decision, through the principal or his/her a designee or directly to the district administrator.

E. If the student and his/her parents appeal the decision of the co-curricular appeals committee to the district administrator, the district administrator will have a conference within five (5) school days following receipt of the written appeal. The conference shall be with the school district administrator, or his or her designee, who shall be someone other than the principal or his/her a designee or a member of the co-curricular appeals.

Transportation

Transportation will be provided for all out of district activities. Students are expected to ride both to and from an activity on the school provided transportation. Students may ride back from an event with a parent /guardian only when the parent/guardian provides a written note to the advisor in person prior to the student leaving.

When events are all day and involving individual competitions throughout the day; for example, Solo and Ensemble, it may be appropriate for the parent/guardian to provide transportation both to and from the event. In this situation, the parent/guardian must submit a note to be pre-approved by the administration well in advance of the event. Exceptions will be handled by administration on a case by case basis if a student needs to ride with someone other than the parent or guardian. This must be done well in advance of the event.

Treatment of Athletic Injuries

Any athlete who is injured during an athletic practice or contest must report the injury to the coach and sports medicine personnel onsite at once. If there are no sports medicine personnel present, the coach will notify the sports medicine team of the injury. If the injury is serious enough to require additional medical assistance, the athlete must report the accident to the office as soon as the athlete is able to return to school and before returning to practice. If an injury be discovered after the athlete returns home, the coach and event personnel should be notified immediately. Minor first-aid treatments will be handled by the coach or the sports medicine personnel present. In the event of serious injury, the nearest emergency medical service will be obtained.

Students participating in any athletic activity must have the Athletic Insurance Waiver and Black River Memorial Hospital consent form at signed and returned prior to beginning any practice or competition. The form is part of this document.

EQUIPMENT

One of the values of athletics is to teach responsibility. This applies to the care of athletic equipment as well as other school property. Equipment is a very costly item in our athletic budget. The Black River Falls School District takes pride in furnishing high quality, safe athletic equipment. **It is expected that athletes will take excellent care of their equipment.** Each athlete is responsible for the school equipment issued him or her. **The athlete is financially responsible for all lost, misplaced, or stolen equipment that originally was issued.** Each athlete will be responsible for the return of the original equipment issued. Substitutions will not be allowed. No school athletic equipment is to be worn to physical education classes or any other period of exercise outside of time required for practice sessions and or game substitutions, unless given special permission by each coach. Any athlete who is found to be in possession of any athletic equipment from any other competing school will be subject to the provisions of the athletic code. Student athletes and their parents are asked to see that any school athletic equipment, including towels, be returned to the school as soon as possible. A coach may ask for a deposit, not to exceed \$10.00, from an athlete prior to checking out equipment to him or her. Any athlete who has not turned in his or her equipment for a sport will not be allowed to participate or receive equipment in another sport until the equipment is turned in. **Each individual coach will deal with equipment turn in with consequences if necessary.**

Awards

Athletic certificates will be given to athletes in good standing at the close of each sports season.

WIAA Rules of Eligibility

AGE--A student shall be ineligible for interscholastic competition as a member of grade 7 or 8 grade until he or

she reaches his or her 16th birthday before August 1 of any given school year.

Heat of the Moment-“24 Hour Rule”

Please consider that coaches and advisers are trying to do what is in the best interest of their teams and programs. Issues such as who is playing and how much they are playing will be determined by the coaching staff. Other coaching decisions include game strategies and clock management can be” a tough pill to swallow” when you have passion for the game. Coaches also are hyped up after contests and can be most sensitive to criticism at that time. Please allow for at least 24 hours before discussing disagreements with coaches and advisers. A good first step is having your child discuss the matter with their coach/advisor. Coaches and advisers are trying to teach their participants how to be responsible adults. Allowing time for athletes and coaches to work through situations has proven to be the most productive for everyone in the long haul. If after this discussion your son/daughter feels they need your help to move forward, please go ahead and meet with the coach or advisor. Sometimes information or the interpretation of the information is not completely the same, so having your son or daughter at the meeting, can often times be enough to cause resolution. There are times where there is an “agree to disagree” moment and let’s move forward. But some issues still need further assistance resolving. At this point, if the AD is not already aware, they should be contacted so a meeting can be set up for a discussion. If the discussion is regarding philosophies, substitutions or playing time there really is no reason to meet as the AD will always side with the coaches/advisers as this is their area of expertise. If the AD can’t resolve the issue then someone from the Middle School Administration team will assist in trying to resolve the situation. If the MS admin team still cannot resolve the issue then our District Administrator will be notified and a meeting arranged. Coaches and Advisers are not perfect, they will make decisions that you don’t fully support or understand at times, but hopefully your child can have a great experience through the Tiger extra-curricular programs. Please help in finding ways to support our coaches and advisers to be the best they can be! With your help all of our programs will have a chance to be great!

STATEMENT OF COMPLIANCE WITH FEDERAL LAW

The Black River Falls Board of Education complies with all Federal laws and regulations prohibiting discrimination and with all requirements and regulations of the US Department of Education. The School District of Black River Falls shall have separate, but comparable, facilities available for males and females, including locker rooms, showers, and toilets. It is the policy of the Black River Falls Board of Education that “no person, may be denied benefits of or be discriminated against in any curricular, extracurricular, disciplinary policies, pupil services, recreational or other program or activity because of the person’s sex, religion, race, national origin, ancestry, creed, pregnancy, marital or parental status, sexual orientation or physical, mental, emotional or learning disability.” (WIS. SS 118.13) NOTE: This procedure is used only for violation of the above law.

GRIEVANCE PROCEDURES – PROGRAMS

If any person believes that the School District of Black River Falls or any part of the school organization has inadequately applied the principles and/or regulations of Title IV: Nondiscrimination on the basis of sex, or Section 504: Nondiscrimination on the basis of handicap, he/she may bring forward a complaint to the Board of Education Office at the following address: 301 N. Fourth, Black River Falls, WI 54615. Any student of this district who believes he/she has been discriminated against, denied a benefit, or excluded from participating in any district education program or activity, including methods, practices, and materials used for testing, evaluating, and counseling pupils and all school-sponsored food service programs, on the basis of sex, race, national origin, ancestry, creed, pregnancy, marital status or parental status, sexual orientation, or physical, mental, emotional or learning disability, may file a written complaint with the compliance officer according to policy 2010.

INFORMAL PROCEDURE

The person who believes he/she has a valid basis for complaint shall discuss the concern with the principal/assistant principal, who shall in turn investigate the complaint and reply to the complaint; he/she may initiate formal procedures according to the steps listed.

FORMAL DISCRIMINATION GRIEVANCE PROCEDURE

STEP 1: A written statement of the grievance shall be prepared by the complainant within five (5) business days after receipt of the written reply to the formal complaint. The principal/assistant principal shall further investigate the matters of grievance and reply in writing to the complainant within five (5) business days by mail.

STEP 2: If the complainant wishes to appeal the decision of the principal/assistant principal, he/she may submit a signed statement of appeal to the District Administrator within five (5) business days after receipt of the principal/assistant principal's response to the grievance. The District Administrator shall meet with all parties involved, formulate a conclusion, and respond in writing to the grievance within ten (10) business days by mail.

STEP 3: If the complainant remains unsatisfied, he/she may appeal through a signed, written statement to the Board of Education within five (5) business days of his/her receipt of the District Administrator's responses in Step 2. In an attempt to resolve the grievance, the Board of Education shall meet with the concerned parties and their representatives (within fifteen (15) days of the receipt of such an appeal.) A copy of the Board's disposition of the appeal shall be sent by the Board Secretary to each concerned party within ten (10) days of this meeting by mail.

STEP 4: If, at this point, the grievance has not been satisfactorily settled, further appeal may be made to the State Superintendent of Public Instruction and/or the Office for Civil Rights, U.W. Department of Education, Chicago, IL 60605.

Concussion Information - When in Doubt, Sit Them Out!

1. Before a student may participate in practice or competition: At the beginning of a season for a youth athletic activity, the person operating the youth athletic activity shall distribute a concussion and head injury information sheet to each person who will be coaching that youth athletic activity and to each person who wishes to participate in that youth athletic activity. No person may participate in a youth athletic activity unless the person returns the information sheet signed by the person and, if he or she is under the age of 19, by his or her parent or guardian.
2. An athletic coach, or official involved in a youth athletic activity, or health care provider shall remove a person from the youth athletic activity if the coach, official, or health care provider determines that the person exhibits signs, symptoms, or behavior consistent with a concussion or head injury or the coach, official, or health care provider suspects the person has sustained a concussion or head injury.
3. A person who has been removed from a youth athletic activity may not participate in a youth athletic activity until he or she is evaluated by a health care provider and receives a written clearance to participate in the activity from the health care provider.

<p>These are some SIGNS concussion (what others can see in an injured athlete):</p> <p>Dazed or stunned appearance Change in the level of consciousness or awareness Confused about assignment Forgets plays Unsure of score, game, opponent Clumsy Answers more slowly than usual Shows behavior changes Loss of consciousness Asks repetitive questions or memory concerns</p>	<p>These are some of the more common SYMPTOMS of concussion (what an injured athlete feels):</p> <p>Headache Nausea Dizzy or unsteady Sensitive to light or noise Feeling mentally foggy Problems with concentration and memory Confused Slow</p>
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Injured athletes can exhibit many or just a few of the signs and/or symptoms of concussion. However, if a player exhibits any signs or symptoms of concussion, the responsibility is simple: remove them from participation. “When in doubt sit them out.”

It is important to notify a parent or guardian when an athlete is thought to have a concussion. Any athlete with a concussion must be seen by an appropriate health care provider before returning to practice (including weight lifting) or competition.

RETURN TO PLAY

Current recommendations are for a stepwise return to play program. In order to resume activity, the athlete must be symptom free and off any pain control or headache medications. The athlete should be carrying a full academic load without any significant accommodations. Finally, the athlete must have clearance from an appropriate health care provider.

The program described below is a guideline for returning concussed athletes when they are symptom free. Athletes with multiple concussions and athletes with prolonged symptoms often require a very different return to activity program and should be managed by a physician that has experience in treating concussion.

The following program allows for one step per 24 hours. The program allows for a gradual increase in heart rate/physical exertion, coordination, and then allows contact. If symptoms return, the athlete should stop activity and notify their healthcare provider before progressing to the next level.

STEP ONE: About 15 minutes of light exercise: stationary biking or jogging

STEP TWO: More strenuous running and sprinting in the gym or field without equipment

STEP THREE: Begin non-contact drills in full uniform. May also resume weight lifting

STEP FOUR: Full practice with contact

STEP FIVE: Full game clearance

118.293 Concussion and head injury.

(1) In this section:

(a) "Credential" means a license or certificate of certification issued by this state.

(b) "Health care provider" means a person to whom all of the following apply:

1. He or she holds a credential that authorizes the person to provide health care.
2. He or she is trained and has experience in evaluating and managing pediatric concussions and head injuries.
3. He or she is practicing within the scope of his or her credential.

(c) "Youth athletic activity" means an organized athletic activity in which the participants, a majority of whom are under 19 years of age, are engaged in an athletic game or competition against another team, club, or entity, or in practice or preparation for an organized athletic game or competition against another team, club, or entity. "Youth athletic activity" does not include a college or university activity or an activity that is incidental to a nonathletic program.

(2) In consultation with the Wisconsin Interscholastic Athletic Association, the department shall develop guidelines and other information for the purpose of educating athletic coaches and pupil athletes and their parents or guardians about the nature and risk of concussion and head injury in youth athletic activities.

(3) At the beginning of a season for a youth athletic activity, the person operating the youth athletic activity shall distribute a concussion and head injury information sheet to each person who will be coaching that youth athletic activity and to each person who wishes to participate in that youth athletic activity. No person may participate in a youth athletic activity unless the person returns the information sheet signed by the person and, if he or she is under the age of 19, by his or her parent or guardian.

(4) (a) An athletic coach, or official involved in a youth athletic activity, or health care provider shall remove a person from the youth athletic activity if the coach, official, or health care provider determines that the person exhibits signs, symptoms, or behavior consistent with a concussion or head injury or the coach, official, or health care provider suspects the person has sustained a concussion or head injury.

(b) A person who has been removed from a youth athletic activity under par. (a) may not participate in a youth athletic activity until he or she is evaluated by a health care provider and receives a written clearance to participate in the activity from the health care provider.

(5) (a) Any athletic coach, official involved in an athletic activity, or volunteer who fails to remove a person from a youth athletic activity under sub. (4) (a) is immune from civil liability for any injury resulting from that omission unless it constitutes gross negligence or willful or wanton misconduct.

(b) Any volunteer who authorizes a person to participate in a youth athletic activity under sub. (4) (b) is immune from civil liability for any injury resulting from that act unless the act constitutes gross negligence or willful or wanton misconduct.

(6) This section does not create any liability for, or a cause of action against, any person.

Black River Falls Middle School

Statement Acknowledging Receipt of Education and Responsibility to report signs or symptoms of concussion to be included as part of the “Participant and Parental Disclosure and Consent Document”.

I, _____, of Black River Falls School District Middle School
Athletes Name (Printed)

I hereby acknowledge having received education about the signs, symptoms, and risks of sport related concussion. I also acknowledge my responsibility to report to my coaches, parent(s)/guardian(s) any signs or symptoms of a concussion. I certify that I have read, understand, and agree to abide by all of the information contained in this sheet. I further certify that if I have not understood any information contained in this document, I have sought and received an explanation of the information prior to signing this statement.

Athlete’s Signature Date

I, the parent/guardian of the student athlete named above, hereby acknowledge having received education about the signs, symptoms, and risks of sport related concussion. . I certify that I have read, understand, and agree to abide by all of the information contained in this sheet. I further certify that if I have not understood any information contained in this document, I have sought and received an explanation of the information prior to signing this statement.

Signature and printed name of parent/guardian Date

List All Activities Grade

Consent for ImPACT Baseline and Post-Injury Cognitive Testing

I give my permission for (name of child)_____,

born (date of birth)_____, to have a baseline ImPACT® (Immediate Post-Concussion Assessment and Cognitive Testing) test administered at Black River Falls School District, through Black River Memorial Hospital and Krohn Clinic. I understand that my child may need to be tested more than once, depending upon the results of the test. I understand there is no charge for the testing.

If my child sustains a concussion, I give permission for my child to take one or more post-injury ImPACT® tests. I understand that Sports Medicine personnel through Black River Memorial Hospital and the Krohn Clinic will have access to my child’s ImPACT test results, for use in making safe return-to-activity decisions for my child.

Signature of parent/guardian _____

Name of parent/guardian_____ Date _____

Black River Memorial Hospital Consent for Treatment

I understand that the Black River Memorial Hospital is currently providing support to the School District of Black River Falls by providing medical services with Physical Therapists and Athletic Trainers. By signing this I hereby give my consent for my son/daughter to receive medical consultation and/or emergency management as deemed necessary by the qualified sports medicine team member(s) during their participation in Black River Falls School District Activities.

Parent/Guardian's Initials

Date

Athletic Insurance Waiver

I, _____ (Printed Parent/Guardian's Name) have sufficient accident insurance and am willing to take full financial responsibility for any and all injuries sustained by my child while participating in any activities under the direction of the Black River Falls School District. I realize that the necessary physical examination card must be filed in the Middle School office prior to attending any practice or contest.

Parent/Guardian's Initials

Date

PARENT-ATHLETE RULES OF ELIGIBILITY SIGN-OFF FORM

I certify that I have read, understand, and agree to abide by all of the information contained in the bulletin as it pertains to athletic eligibility. I further certify that if I have not understood any information contained in this document, I have sought and received an explanation of the information prior to signing this statement

Parent/Guardian's Initials

Date

PARTICIPANT'S PLEDGE

I promise, on my honor, to obey all school rules and regulations, to take proper care of any equipment issued to me and to return it when called to do so, to keep up in my school work, to be loyal to the organization, and to conduct myself at all times in an accredited manner, conforming to the ideals and principles of the Black River Falls School District and the Wisconsin Interscholastic Athletic Association (WIAA), if that applies to my activity.

(Athlete's Printed Name and Signature)

(Date)

(List of Co-Curricular activities)

Have you ever violated co-curricular rules regarding alcohol, tobacco or drugs or been out of school suspended?
___yes ___no if yes, please explain...

Parent/Guardian: I have read and understand the Black River Falls School District Co-Curricular Handbook.

Printed Name

Date

Parent/Guardian's Signature



Dear Parent or Guardian,

Healthy Roster is a secure injury tracking and communication system. The athletic trainer at your school or organization, uses the Healthy Roster website and mobile application to document injuries and communicate with parents, coaches and administrators in a secure manner. This communication may include text updates, status updates and live video chat to assess, treat, track or discuss any conditions or injuries that impact your child's ability participate in an athletic activity.

The information in Healthy Roster may include your child's name, graduation year and your email address, address and phone number. Healthy Roster will NOT disclose any of your child's personal information outside of Healthy Roster, its service providers, affiliates, vendors and business partners except in accordance with Healthy Roster's Privacy Policy, a copy of which is located here:

<https://dashboard.healthyroster.com/Home/PrivacyPolicy>

As a parent of a student athlete, you will have the ability to create a free account with Healthy Roster and have access to all injury information. Your default account setting will allow your athletic trainer, coach and administrators to view information about you or your child. You may limit this access by changing your account settings, but you may lose some functionality of the Healthy Roster services.

Please sign this consent form and return to your Athletic Director, Athletic Trainer or organization administrator. Your signature confirms your acknowledging the use of Healthy Roster for your student athlete.

Child Name

Parent or Guardian Name

Parent or Guardian Signature

WISCONSIN INTERSCHOLASTIC ATHLETIC ASSOCIATION ALTERNATE YEAR ATHLETIC PERMIT CARD

Physical Date _____ SCHOOL YEAR 20____ - 20_____

NAME _____ GRADE _____ DATE OF BIRTH _____
Last First Middle Initial

Present Address _____ Telephone _____

Parents' Place of Employment _____

Family Physician _____ Family Dentist _____

Name of Private Insurance Carrier _____ Telephone _____

Subscriber Member Name (Primary Insured) _____

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

SIGNATURE OF PARENT _____ DATE _____

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

■ PREPARTICIPATION PHYSICAL EVALUATION CLEARANCE FORM

WISCONSIN INTERSCHOLASTIC ATHLETIC ASSOCIATION – ATHLETIC PERMIT CARD

(Print or Type)

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

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

NAME (Last) _____ (First) _____ (Middle Initial) _____ Date of Birth _____

Age _____ Sex _____ Grade _____ School _____ City _____

Present Address _____ Telephone _____

Cleared without restriction Cleared, with the following qualifications: _____

Not cleared Pending further evaluation For all sports For certain sports: _____

Reason: _____

Recommendations: _____

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

Name of Physician (Print/Type) _____

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

Clinic Name _____

Address/Clinic _____ City _____ State _____ Zip Code _____

Telephone _____ Date of Examination _____

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

Parents' Place of Employment _____

Family Physician _____ Family Dentist _____

Name of Private Insurance Carrier _____ Telephone _____

Subscriber Member Name (Primary Insured) _____

Emergency Information

Allergies _____

Other Information (medication, etc.) _____

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

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

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

SIGNATURE OF PARENT/GUARDIAN _____ DATE _____