Lance Middle School (Green) Athletic Forms
Physical Required

Fill out completely:

Green Physical Card: Doctor Signature and Parent Signature with last physical date.
(GREEN)

Activities Code Of Conduct: Parent Signature and Student Signature with date.
(GOLDENROD)

Emergency Card: Parent Signature and date.
(BLUE)

Risk of Injury: Parent Signature and Student Signature with date.
(YELLOW)

Concussion: Parent Signature and student Signature with date.
(WHITE)

FEES: Make checks payable to Lance Middle School

Athletic Fee $50.00

FORMS AND FEES MUST BE TURNED INTO THE OFFICE (NOT TO YOUR COACH)

ALL FORMS AND FEES MUST BE PAID BEFORE A STUDENT CAN BEGIN PRACTICE!

After all forms and fees have been turned into the office, your coach will be notified of your eligibility to practice/play.
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: ___________________________ City: ___________________________ State: ______ Zip Code: ______

Address/Clinic ___________________________ 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 __________

____________________________________
Date: ___________________________
# Preparticipation Physical Evaluation

## Physical Examination Form

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

### EXAMINATION

<table>
<thead>
<tr>
<th>Height</th>
<th>Weight</th>
<th>Male</th>
<th>Female</th>
<th>BP</th>
<th>Pulse</th>
<th>Vision R</th>
<th>Vision L</th>
<th>Corrected</th>
</tr>
</thead>
</table>

**MEDICAL**

- **Appearance**
  - Marfan syndrome
  - High arched palate, pectus excavatum, anacrotathy
  - Arachnodactyly, arm span > height, hypertelorism, myopia, MVP, aortic insufficiency

- **Eyes/nose/throat**
  - Pupils equal
  - Hearing

- **Lymph nodes**

- **Heart**
  - Murmurs (auscultation standing, supine, +/− Valsalva)
  - Location of point of maximal impulse (PMI)

- **Pulses**
  - Simultaneous femoral and radial pulses

- **Lungs**

- **Abdomen**
  - Rectal examination (males only)

- **Skin**
  - HSV lesions suggestive of Mumps, lice, scabies

- **Neurologic**

### MUSCULOSKELETAL

- **Neck**
- **Back**
- **Shoulder/arm**
- **Elbow/forearm**
- **Wrist/hand/fingers**
- **Hip/thigh**
- **Knee**
- **Leg/ankle**
- **Foot/toes**
- **Functional**
  - Duck-walk, single leg hop

*Consider ECG, echocardiogram, and referral to cardiologist for abnormal cardiac history or exam.
*Consider G6D exam if in private setting, having third party present is recommended.
*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**

**THE ATHLETE WITH SPECIAL NEEDS: SUPPLEMENTAL HISTORY FORM**

Date of Exam ____________________________________________ Date of birth ____________________________

Name ____________________________________________ Age ________ Grade ________ School ________ Sport(s) ________

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

Explain "yes" answers here ____________________________________________ ____________________________________________

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

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

Explain "yes" answers here ____________________________________________ ____________________________________________

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

Signature of athlete ____________________________ Signature of parent/guardian ________________ Date ________________

Preparticipation Physical Evaluation

Date of Exam
Name
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
1. Has a doctor ever denied or restricted your participation in sports for any reason?  Yes  No
2. Do you have any ongoing medical conditions? If so, please identify below:
- Asthma
- Asthma
- Diabetes
- Infections
- Other:
3. Have you ever spent the night in the hospital?  Yes  No
4. Have you ever had surgery?  Yes  No

HEART HEALTH QUESTIONS ABOUT YOU
5. Have you ever passed out or nearly passed out DURING or AFTER exercise?  Yes  No
6. Have you ever had discomfort, pain, tightness, or pressure in your chest during exercise?  Yes  No
7. Does your heart rate or skip beats (irregular beats) during exercise?  Yes  No
8. Has a doctor ever told you that you have any heart problems? If so, check all that apply:
- High blood pressure
- Heart murmur
- High cholesterol
- Heart infection
- Kawasaki disease
- Other:
9. Has a doctor ever ordered a test for your heart? (For example, EKG/EKG, echocardiogram)  Yes  No
10. Do you get lightheaded or feel more short of breath than expected during exercise?  Yes  No
11. Have you ever had an unexplained seizure?  Yes  No
12. Do you get more tired or short of breath more quickly than your friends during exercise?  Yes  No

HEART HEALTH QUESTIONS ABOUT YOUR FAMILY
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)?  Yes  No
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?  Yes  No
15. Does anyone in your family have a heart problem, pacemaker, or implanted defibrillator?  Yes  No
16. Has anyone in your family had unexplained fainting, unexplained seizures, or near drowning?  Yes  No

BONE AND JOINT QUESTIONS
17. Have you ever had an injury to a bone, muscle, ligament, or tendon that caused you to miss a practice or a game?  Yes  No
18. Have you ever had any broken or fractured bones or dislocated joints?  Yes  No
19. Have you ever had an injury that required x-rays, MRI, CT scan, injections, therapy, a brace, a cast, orutches?  Yes  No
20. Have you ever had a stress fracture?  Yes  No
21. Have you ever been told that you have or you have had an x-ray for neck instability or atlantoaxial instability? (Down syndrome or dwarfism)  Yes  No
22. Do you regularly use a brace, orthotics, or other assistive devices?  Yes  No
23. Do you have a bone, muscle, or joint injury that bothers you?  Yes  No
24. Do any of your joints become painful, swollen, feel warm, or look red?  Yes  No
25. Do you have any history of juvenile arthritis or connective tissue disease?  Yes  No

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

Females Only
52. Have you ever had a menstrual period?  Yes  No
53. How old were you when you had your first menstrual period?  Yes  No
54. How many periods have you had in the last 12 months?  Yes  No

Explain "yes" answers here

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

Signature of athlete
Signature of parent/guardian
Date

Kenosha Unified School District No. 1
Grades 6-12
ACTIVITIES CODE OF CONDUCT

An Activities Code is required by mandate of the Kenosha Unified School District Board of Education and to meet the requirements of the Wisconsin Interscholastic Athletic Association. Although activities programs are a valuable part of the total educational experience, participation in after school programs is a privilege, and not a right. As such, all participants must abide by all rules and responsibilities, which apply to each activity program in order to continue participation in these activities.

As a privilege, a participant in after school activities carries additional responsibilities and expectations. The rules and responsibilities outlined in this code of conduct will help ensure that students serve as a credit to themselves, their parents, their school and the community.

DEFINITION OF ACTIVITIES

Activities include any school related organized activity that is offered outside of academic class requirements. Activities for grades 6-12 are divided into four distinct categories: Athletics, Competitive, Activities and Leadership, Public Recognition and Music/Theater Art Activities. School district policies and school rules govern all student activities. In addition, each category has unique rules and expectations, which regulate participation.

In accordance with the Kenosha Unified School District and the WIAA, this Code of Conduct shall be enforced uniformly year around.

The Board of Education's Philosophy of Athletics states, in part, that:
1. Interscholastic Athletics shall provide an educational example of the worth of hard work, physical conditioning, discipline, teamwork, competition, and sportsmanship.
2. Athletes shall be ever mindful that the athlete is also a student and that athletic endeavors shall not supplant other needs of the student, such as satisfactory academic achievement.
3. Athletes are expected to represent the ideals and principles of the Kenosha Unified School District and the Wisconsin Interscholastic Athletic Association.

The following provisions cover every section of the code:
1. Violations occurring when an athlete is between seasons shall be enforced at the beginning of his/her next sport season.
2. Summer school attendance, in accordance with WIAA regulations, does not count as suspension time.
3. Athletes who are required to serve consequences for code violation(s) must complete the season in which they served the consequences in good standing in order to clear their violation(s).

CATEGORIES

1. **Category 1 – Athletics (WIAA competition):** (Athletes will be expected to abide by provisions of the Code of Conduct out-of-season as well as in season.)

   **ACTIVITIES**

   **Boys**
   Cross Country (9-12)
   Football (7-12)
   Soccer (9-12)
   Volleyball (9-12)

   **Girls**
   Cross Country (9-12)
   Golf (9-12)
   Swimming (9-12)
   Softball (6-8)
   Tennis (9-12)
   Volleyball (9-12)

   **Boys**
   Basketball (7-12)
   Hockey (9-12)
   Swimming (9-12)
   Wrestling (6-12)

   **Girls**
   Basketball (7-12)
   Gymnastics (9-12)
II. Category 2 - Competitive Activities (Non-WIAA Athletics):

These activities that are competitive in nature and/or require tryouts are governed by the same code requirements as interscholastic athletics.

ACTIVITIES

Boys
Baseball (9-12)
Golf (9-12)
Tennis (9-12)
Track (6-12)

Girls
Soccer (9-12)
Softball (9-12)
Track (6-12)
Volleyball (6-8)

III. Category 3 - Leadership and Public Recognition Activities

This category includes those activities in which members have been elected or appointed to positions of leadership and public recognition. There will be an application or nomination process established by the building administration for these activities. Students in this category are expected to be representative of the values, expectations and ideas espoused by the school.

Students participating in any category 3 activity will be expected to comply with the academic rules, attendance rules, and social behavior and conduct rules listed as part of the code. In order to be eligible to participate, students must be in good standing, exhibit proper school behavior, and have no school violations. Students who violated stated rules are subject to removal from the activity as deemed appropriate by the activity advisor and/or building administration. All eligibility determinations will be made by the advisor and/or building administration.

ACTIVITIES

Boys
Badger Boys
Badger Girls
Commencements Speakers
Prom Court
District Clubs

Girls
National Honor Society
Student Council
Homecoming Court
School Clubs

IV. Music/Theater Arts Activities

These activities are governed by the relationship of after school performance to earning credits for graduation or receiving grades that are recorded on a student’s transcripts. Behavior under this category remains under the direction of the building administration and the supervision of the individual classroom teacher. All students participating in these respective activities will adhere to school board policies, school rules and classroom rules and regulations.

VIOLATIONS

I. Group I Violations

ALL GROUP I VIOLATIONS ARE CUMULATIVE DURING A STUDENT’S MIDDLE/HIGH SCHOOL CAREER. For example, a first offense in alcohol possession would cause a second penalty offense for a second Group I violation, even if not alcohol related.

A. Students using, in possession of (students occupying a private vehicle containing alcoholic beverages or controlled substance may be considered to be in possession), or buying alcoholic beverages, controlled substances, including steroids and other performance enhancing substances (PES) shall be held accountable as
follows:

1. **First offense:**
The student shall be suspended from all participation, practice, and competition for a period of ten (10) school weeks from the date of the infraction to be applied consecutively from one school year to the next.

The above penalties will be reduced to the number of scheduled contest dates listed on the Penalty Calculation Table if the student, a) successfully participates in a school approved Student Assistance Program screening, b) follows all recommendations to the satisfaction of the SAP Building Team Leader, c) completes 15 hours of school service assigned by the building’s administration or athletic director. (The student is required to continue to participate in the activity.)

**PENALTY CALCULATION TABLE**

<table>
<thead>
<tr>
<th>Number of scheduled contests or activities</th>
<th>Number of scheduled contests or activities of eligibility:</th>
</tr>
</thead>
<tbody>
<tr>
<td>1-5</td>
<td>1</td>
</tr>
<tr>
<td>6-10</td>
<td>3</td>
</tr>
<tr>
<td>11-15</td>
<td>4</td>
</tr>
<tr>
<td>16-20</td>
<td>5</td>
</tr>
<tr>
<td>21+</td>
<td>6</td>
</tr>
</tbody>
</table>

2. **Second offense:**
Suspension from all participation in activities for one (1) calendar year from the date of rule infraction.

This penalty will be reduced to a suspension from all participation, practice, and competition for a period of 6 weeks if the student a) successfully participates in a school approved Student Assistance Program screening, b) follows all recommendations to the satisfaction of the treatment agency, and completes 30 hours of school service assigned by the building’s administration or athletic director.

3. **Third offense:**
Terminates all future competition at that level.

B. Students charged with attendance at an unacceptable gathering of secondary school students and/or recently graduated students which is not chaperoned by a parent(s) or other responsible parent-aged adult where alcohol or controlled substances are present and being or have been consumed shall be held accountable as follows: (Activity is defined as a contest, performance or competition).

1. **First offense:**
Suspension from one activity following rule infraction with mandatory practice continuing.

2. **Second offense:**
The student shall be suspended from all participation, practice, and competition for a period of ten (10) school weeks from the date of the infraction to be applied consecutively from one school year to the next. The student must a) successfully participate in a school approved Student Assistance Program screening, b) follow the recommendations to the satisfaction of the SAP Building Team Leader, and c) complete 15 hours of school service assigned by the building’s administration or athletic director.

3. **Third offense:**
Suspension from all participation in all activities for one (1) calendar year from the date of rule infraction. Prior to reinstatement the student must undergo an assessment by a state certified AOD Counselor and follow the recommendations to the satisfaction of the AOD Counselor.

Examples of acceptable gatherings are those with adult family members or close parental family friends, anniversaries, etc. which have parental permission and certain well-publicized community related affairs.

The intent of Section B is to discourage students from: a) Attending peer group parties where there is known use of controlled substances or alcohol, b) After arrival at a party the student finds use to be a fact fails to depart the premises immediately.

C. **Tobacco Offense: use and/or possession of (including chewing)**

1. **First offense:**
A two week suspension to include a two activity minimum with mandatory practice continuing. The student is required to complete 10 hours of school service assigned by the building’s administration or athletic director.

2. **Second offense:**
The student shall be suspended from all activities for a period of ten (10) school weeks to be applied consecutively from one school year to the next. The student is required to practice with the team or participate with the organization and complete 25 hours of school service assigned by the building’s administration or athletic director.

3. **Third offense:**
Terminates all future competition at that level.

D. Except as herein above covered, a student, whether or not a juvenile, who has been charged or could be charged with committing a crime, or what would be a crime if the student were not a juvenile, [examples covered include: vandalism, breaking and entering, stealing (including school uniforms and equipment), assault or attempted assault (i.e. striking a teacher, administrator or other person of authority), distribution of controlled substances, possession of a weapon, or otherwise endangering the lives of others] shall be held accountable as follows:

Students will be suspended immediately from participation until due process has established his/her innocence. If guilty or determined to be delinquent or if there is informal or other disposition which would show that the student committed prohibited acts, the student shall be suspended for one (1) calendar year from date of the infraction.

Regardless of the findings of civil authorities, if school authorities find that a student committed acts proscribed in "D" above, the student shall be suspended for one (1) calendar year from the date of the infraction.

II. **Group II Violations**

**ALL GROUP II VIOLATIONS ARE CUMULATIVE WITHIN THEMSELVES ONLY.** Group II violations accumulate within themselves until the student completes one (1) calendar year without a Group II violation. (Activity is defined as a contest, performance or competition).

A. Students violating school rules which results in an out-of-school suspension shall be held accountable as follows:

1. **First/second offense:**
Three-week suspension to include a one activity minimum with mandatory practice continuing. (Middle Schools reduced to two weeks)

2. **Third offense:**
Suspension for one (1) calendar year from the date of infraction.

B. Students violating school rules which results in a full day in-school suspension shall be held accountable as follows:

1. **First/second offense:**
Suspension from one activity with mandatory practice continuing.

2. **Third offense:**
Three-week suspension to include one activity with mandatory practice continuing.

3. **Fourth offense:**
Suspension for one calendar year from the date of the infraction.

C. Students who have been designated by the school attendance officer or administration, as truant from class shall be held accountable as follows:
1. Suspension from one (1) activity per assigned school date missed. While the establishment of whether a student was truant, un-excused, or excused may be reviewed, the penalty for the infraction may not be reduced.

III. **Group III. Violations**  
**Wisconsin Anti-Hazing Law, 948.51**

No person may intentionally or recklessly engage in acts, which endanger the physical health and safety of a student for the purpose of initiation or admission into or affiliation with any organization operation in connection with a school, college or university. Under those circumstances, prohibited acts that may include any brutality of a physical nature, such as whipping, beating, branding, forced consumption of any food, liquor or other substance, forced confinement or any other forced activity which endangers the physical health and safety of the student. In this section “forced activity,” means any activity, which is a condition of initiation, right of passage or admission into or affiliation with an organization, regardless of a student’s willingness to participate in the activity.

1. If school authorities find that a student violated Wisconsin’s Anti-Hazing Law, the student shall be suspended from all activities for one (1) calendar year from the date of the infraction. The student will be referred to the local authorities since violation of the Wisconsin Anti-Hazing Law, depending on the seriousness of the act, can be classified as either a misdemeanor or a felony.

IV. Athletes failing to provide the school with a valid WIAA medical exam signed by the examining physician and by parent/guardian every two years cannot participate in the program. Students who submit exams, waivers or activities code signed by parties other than their parent/guardian shall be suspended from all activities immediately for one year from the date of discovery.

**ADDITIONAL RULES FOR ATHLETES**

I. Students attending Kenosha Unified Schools that do not sponsor WIAA athletic programs are eligible only at the WIAA school in which their parents reside.

II. **School or Athletic Team Infractions and Absences**

A. A coach may suspend an athlete temporarily from the athletic squad for no more than one (1) week for minor infractions of school or athletic rules and regulations. Suspension for more than one week or removal of an athlete from a team requires the approval of building administration. Each head coach will provide a copy of the team rules covering his/her particular sport to each athlete, building administrators and have it on file in the building athletic director’s office.

B. Athletes must be in attendance the entire school day prior to an after school or evening practice or contest. Serious illness or death in the immediate family, medical/dental appointments, and special situations such as field trips, college visits, etc. for which an excuse has been secured beforehand from the school designee are exceptions to the rule.

III. **Student Transfer**

A. All code violations and penalties shall carry forward for athletes to a new School District during the school year. Group I code violations and 3 or more Group II violations will carry forward to a new School District during the summer months. Students transferring into the Kenosha Unified School District from any school, whether or not a member school, with the status of ineligibility for disciplinary reasons, academic reasons and/or a result of another State Association’s regulation or sanction, retains such status at his/her new school for the same period as decreed by the former school.

B. Athletes who transfers from any school into a member school, unless the transfer is made necessary by a total change in residence by parents, must do so before attending one or more days of school or one or more athletic practices at the school the student is leaving. If not, the student is ineligible for varsity level competition for the remainder of that school year.

C. Athletes who transfers from any school into a member school after the fourth consecutive semester following entry into Grade 9 shall be ineligible for practice and competition or one calendar year, unless the transfer is made necessary by a total change in residence by parent(s). The calendar year will be determined from a student’s last day of attendance at the school and/or last day of attendance at athletic practice.

IV. **Age/Years (WIAA Rules)**
A. An athlete is ineligible if he/she reaches his/her nineteenth (19th) birthday before August 1 of any school year.
B. An athlete is ineligible if he/she has attended more than eight (8) semesters after entering the ninth (9th) grade.

ACADEMIC ELIGIBILITY REQUIREMENTS

A. Athletics

1. Kenosha Unified’s academic eligibility rule is within the WIAA’s Rules of Eligibility guidelines:
2. An athlete must meet the KUSD, DPI and WIAA requirements defining a full-time student.

3. Athletes must be enrolled in a minimum of four blocks (or 2 double blocks) during each semester of athletic participation. Athletes must have passing grades in all blocks to maintain their athletic eligibility. Athletes enrolled in additional blocks must have all passing grades on their report card in order to compete in athletics.

B. Activities/Athletics

1. A student receiving one F or more per nine-week grading period will be declared academically ineligible for a period of 15 school days and nights. Academically ineligible status means that a student will be allowed to practice with the team or activity; however, they will not be allowed to compete in any contest. A student will regain eligibility after the 15 school days and nights if they are doing passing work in ALL of their classes. Students are required to have a weekly progress report signed by all of their teachers and turned into the building athletic director or advisor. Students not passing ALL of their classes will be ineligible for competition until the next weekly progress report. This report must be completed every Friday and will remain in effect until the next grading period. Incomplete grades shall count as F’s until completed.

2. Quarter grades will be used to determine a student’s eligibility for the next grading period. Semester grades will be used if quarter grades are not applicable for that specific grading period.

3. The fifteen school days and nights will begin the day after the validation date for grades at the schools.

V. SPECIAL NOTES

A. A student who participates in activities where there are no competitive contests will be suspended from a percentage of the regular activities, which follows the violation.

B. If a student is participating in more than one activity at a time, the full consequence will apply to each activity.

C. A non-athletic suspension does not supersede an athletic suspension.

D. The responsibility for enforcing this code lies with the student, his/her parents, the coaches/advisors, and the school administration.

E. Travel

1. The student must travel to and from out-of-town events via transportation arranged by the district and/or coach or advisor. A student who travels via other transportation will not participate in that event.

2. Exceptions may be made in advance with the approval of school administration and must be in writing from the parents/guardians. Students may only travel to and from out-of-town events with their parents/guardians.
   a. Middle school students may travel home with their parent’s if the transportation form is properly filed with the coach/advisor.

APPEAL PROCEDURES

V. Athletics
A. If the athlete or parents contend that there are extenuating circumstances regarding the code violation, they may submit a written appeal to the principal with five (5) school days after receiving notification from school authorities. The suspension, however, remains in effect through the hearing process.

B. After receiving a letter of appeal the principal will contact the District Athletic Coordinator who will appoint a hearing committee. These individuals along with the principal (hearing officer) and building athletic director will comprise the hearing committee. The District Athletic Coordinator will also be in attendance as a non-voting member, unless there is a tie vote, to insure that all District and WIAA rules are upheld.

C. The hearing will be set at the earliest convenience to all parties prior to the next scheduled contest, if possible. If the principal cannot conduct the hearing he/she will designate an assistant principal as the hearing officer.

D. After hearing the case the hearing officer will call for a close session and the hearing committee will deliberate the merits of the case. If during the deliberations the hearing committee found that extenuating circumstances were involved, they have the authority to reinstate or provide for a reduction in the penalty as set forth in the code of Conduct. The hearing officer (principal/designee) will contact the parents of the athlete in question and will inform them in writing of the committee’s decision.

E. The decision of the hearing committee will be final.

F. There are no appeals for athletes suspended for only one contest.

VI. Category 2 3 & 4

A. If the student or parents contend that there are extenuating circumstances regarding the code violation, they may submit a written appeal to the Principal with five (5) school days after receiving notification from school authorities. The suspension, however, remains in effect through the appeal process.

B. The Principal/Designee shall within five (5) days respond in writing to the appeal.

C. A second appeal may be submitted to the Executive Director of School Leadership within five (5) school days after the Principal’s ruling. This appeal should be in writing and will be responded to in writing within five (5) school days by the Executive Director of School Leadership. The decision of the Executive Director of School Leadership shall be final.

D. There are no appeals for students suspended for only one activity.

In accordance with the Kenosha Unified School District and the WIAA, this Code of Conduct shall be enforced uniformly year around.

The Kenosha Unified School District No. 1 is Equal Opportunity Educator/Employer with established policies prohibiting discrimination on the basis of age, race, creed, religion, color, sex national origin, disability or handicap, sexual orientation, or political affiliation in any educational program, activity, or employment in the District. The Superintendent of Schools/designee (262-653-6321) addresses questions regarding student discrimination, and the Executive Director of Human Resources 262-653-6333 answers questions concerning staff discrimination.

(Retain the Activities Code of Conduct For Your Home Record)
Revised/June 2007
To: Student-Athletes and Their Parents
From: Wisconsin Interscholastic Athletic Association and Kenosha Unified School District

Your high school is a member of the Wisconsin Interscholastic Athletic Association. The following rules and regulations are developed by the member schools of the WIAA and govern the participation by boys and girls in school athletics and in some instances, impact upon sports activities outside the school.

This information bulletin is a summary of the WIAA OFFICIAL HANDBOOK as it pertains to those rules and regulations. Both student-athletes and their parents should have an understanding of these requirements. Equally important is that student-athletes and/or parents talk to their principal or athletic director if they have any question about these regulations. For additional information on Rules of Eligibility see the WIAA Handbook, or visit the WIAA website at www.wiaawi.org.

This bulletin does not discuss specific penalties for all violations. The reason is that penalties vary depending upon the nature of the violation. In addition, schools often have established penalties or periods of ineligibility, which are greater than the minimum prescribed by WIAA rules.

There also are exceptions and other permissive provisions in some rules. Student-athletes and their parents should discuss all athletic eligibility related situations with the school principal or athletic director who, if necessary, will get a decision, interpretation, or opinion from the WIAA office.

Student-athletes, as well as parents are asked to read this bulletin, then sign it and have their signature statement (attached) on file at their school prior to practicing and competing.

These are WIAA eligibility rules:

AGE
A student shall be ineligible for interscholastic competition if he/she reaches his/her 19th birthday before August 1 of any given school year.

ACADEMICS
A student-athlete must meet school and DPI requirements defining a full-time student and have received no more than one failing grade (including incompletes) in the most recent school issued grade reporting period. Note: Some member schools adopt code and academic policies and other participation requirements which are more stringent than WIAA minimum requirements. In those instances the schools requirements prevail and must be applied as written.

ATTENDANCE
A student-athlete is eligible for interscholastic competition at a member school if he/she is carried on the attendance rolls as a duly enrolled full-time Grade 9, 10, 11 or 12 student in that member school. (Subject to satisfying all other eligibility requirements.)

Note: A full-time student is further defined as one where the member school is responsible for programming 100% of the student's school day. The student is eligible for like or similar awards, privileges and services as all the other students and meets all obligations and responsibilities as other students, without exception.

A. A student must complete eligibility in the four consecutive years starting with Grade 9 and the three consecutive years starting with Grade 10, unless there are documented extenuating circumstances and a waiver has been provided.

B. A student is ineligible if he/she has graduated from a school offering studies through Grade 12 or its equivalent.

C. A student who graduated in May or June retains eligibility for (a) any portion of a spring athletic schedule not completed by the end of the academic year and (b) the school's summer athletic schedule.

D. A student is ineligible if he/she has not been enrolled in some school by the 17th day of a semester or trimester, except upon
request of a school in special cases involving sickness, accident, military service, social services assignment, e.g.

E. A student-athlete may not participate in school sports in more than four different years, and a student-athlete may not participate in the same sport more than one season each school year.

DETERMINING RESIDENCE FOR PUBLIC SCHOOL STUDENTS

A full-time student, whether an adult or not, is eligible for varsity interscholastic competition only at the school within whose attendance boundaries his/her parents reside, within a given school district, with these additional provisions:

A. Board of Education approved full-time student(s), paying their own tuition and residing full time with parents in their primary residence shall be afforded eligibility. Transfer students are subject to provisions outlined in the transfers section of this document and in the Senior High Handbook.

B. The residence of a student’s guardians shall determine eligibility in cases where both parents of a student are deceased. The execution of guardianship papers in situations where one or both parents are living does not by itself make a student eligible.

C. In the event of a divorce or legal separation, whether pending or final, a student’s residence at the beginning of the school year shall determine eligibility, except in situations involving transfer after the fourth consecutive semester following entry into grade 9. For the purpose of this rule, attendance at one day of school and/or attendance at one athletic practice shall determine “beginning of school year.” Under this rule, a student who transfers after the beginning of the school year shall be ineligible at the new school unless approval is granted by the Board of Control in accordance with the transfer and/or waiver provisions as described in the WIAA HS Handbook.

D. A student whose tuition is paid by the school within whose attendance boundaries parents reside or by the state and is enrolled in a district approved program may be eligible at either school (first priority to school of residence) but (a) may not participate at both schools in the same year and (b) academic ineligibility accompanies student upon transfer. Transfer restrictions may also apply.

E. A student whose tuition is paid by the school within whose attendance boundaries parents reside or by the state or who is participating full time in a legislated open enrollment option must meet all statutory timeline requirements. This provision extends the opportunity to decline attendance at the new school and continue at his/her school of residence. If the student begins the school year at the new school and then transfers back to school of residence after attending one or more days of school or one or more athletic practices, he/she shall be subject to transfer provisions as outlined in the transfer section of this document.

F. A student may continue being eligible in the same school even though parent(s) and/or student move from within that school’s attendance boundaries, provided enrollment is continuous (unbroken in that school).

G. After a student-athlete has not participated and/or has had their eligibility restricted for one calendar year due to reasons relating to residence and/or transfer, he/she becomes eligible.

H. A student-athlete will not be eligible if his/her attendance at a particular school resulted from undue influence (special consideration because of athletic ability) on the part of any person.

I. A student-athlete who has been declared ineligible at a school for disciplinary reasons, academic reasons or due to another State Association’s provision retains that ineligibility status if he/she transfers to another school.

J. Except in situations involving transfer after a student’s fourth consecutive semester, a full-time student whose residence in a given district and attendance at a member school does not conform with any of the provisions outlined above shall be eligible for non-varsity competition only, for one calendar year, unless a waiver is provided as outlined in the WIAA HS Handbook under Waivers. Transfer students are subject to transfer provisions as outlined in the transfer section of this document and in the Senior High Handbook.

DETERMINING RESIDENCE FOR NONPUBLIC SCHOOL STUDENTS

A full-time student, whether an adult or not, is eligible for varsity interscholastic competition only if the student is residing full time with parents in their primary residence with these additional provisions:

A. In the event of a divorce or legal separation, whether pending or final, a student’s residence at the beginning of the school year shall determine eligibility except in situations involving transfer after a student’s fourth consecutive semester. For the purpose
of this rule, attendance at one day of school and/or attendance at one athletic practice shall determine ‘beginning of school year’. Under this rule, a student who transfers after the beginning of the school year shall be ineligible at the new school unless approval is granted by the Board of Control in accordance with the waiver provisions as described in the WIAA HS Handbook under Waivers. Transfer restrictions may also apply.

B. Residing full time with guardians shall determine eligibility in cases where both parents of a student are deceased. The execution of guardianship papers in situations where one or both parents are living does not by itself make a student eligible.

C. A student may continue being eligible in the same school even though parent(s) and/or student move from within that school’s traditional attendance area, provided enrollment is continuous (unbroken in that school).

D. Except in situations involving mid-year transfer and/or transfer after the fourth consecutive semester students attending member residential schools shall be eligible at the member school provided they reside at the school or reside full time with parents in their primary residence.

E. Except in situations involving transfer after a student’s fourth consecutive semester, a full-time student attending a nonpublic school but not residing in accordance with any of the provisions outlined above shall be eligible for non-varsity competition only, for one calendar year, unless a waiver is provided as outlined in the WIAA HS Handbook under Waivers.

**TRANSFERS**

A full-time student may be afforded up to eight consecutive semesters of interscholastic eligibility upon entry into Grade 9. **Transferring schools at any time may result in restrictions being imposed on eligibility or in some cases a denial of eligibility.** For the purpose of this rule, attendance at one day of school and/or attendance at one athletic practice shall determine ‘beginning of school year.’ These additional provisions relate to transfer cases:

A. A student who transfers from any school into a member school after the fourth consecutive semester following entry into Grade 9 shall be ineligible for practice and competition for one calendar year, unless the transfer is made necessary by a total change in residence by parent(s). The calendar year (365 days) will be determined from a student’s first day of attendance at the new school.

B. Open enrolled and/or tuition paying students entering 9th and/or 10th grade at the beginning of the school year and who are within the first four consecutive semesters of high school will be afforded unrestricted eligibility provided all other rules governing student eligibility are met.

C. Open enrolled and/or tuition paying students entering 11th and/or 12th grade as transfer students are ineligible to practice and/or compete for one calendar year.

D. 9th grade students who transfer after the beginning of the school year and with written consent from both schools directly involved may be provided non-varsity opportunities for the remainder of the school year. Restrictions are removed upon entering 10th grade.

E. 10th grade students who transfer after the beginning of the school year and with written consent from both schools directly involved may be provided non-varsity opportunities for one calendar year (365 days beginning with first day of attendance at the new school).

F. In the event of divorce or legal separation, whether pending or final, residence at the beginning of the school year shall determine eligibility for students entering 9th and/or 10th grade. In situations involving transfer after the fourth consecutive semester following entry into grade 9 the student is ineligible to practice and compete for one calendar year.

G. District policies with respect to intra-district transfer do not supersede WIAA transfer rules in situations involving post-4th semester transfers. Intra-district transfers occurring after the fourth consecutive semester following entry into grade 9 result in the student being ineligible for practice and competition for one calendar year (365 days beginning with first day of attendance at the new school).

H. Unless transfer, including an accompanying change of parent’s residence, is effective at the outset of a semester, a student cannot establish eligibility at his/her new school until the fifth calendar day of such transfer.

I. If within the first four consecutive semesters following entry into grade 9, a student who transfers more than once in any given school year shall be ineligible for all interscholastic competition for the remainder of that current school year and will be eligible for non-varsity opportunities only for the balance of the calendar year. In situations involving transfer after the fourth consecutive semester following entry into grade 9 the student is ineligible to practice and compete for one calendar year.

J. A student may not have eligibility in more than one member school at the same time. A parent or parents, who move from a primary residence within one school’s attendance boundaries, to a secondary residence within another school’s attendance boundaries, may be required by the Board of Control to provide evidence of a total move.

K. A student who transfers from any school, whether or not a member school, with a status of ineligibility for disciplinary reasons, academic reasons and/or as a result of another State Association’s regulation or sanction, retains such status at his/her new school for the same period as decreed by the former school.

L. No eligibility will be granted for a student whose residence within a school’s attendance boundaries, with or without
parents, or whose attendance at a school has been the result of undue influence (special consideration due to athletic ability or potential) on the part of any person, whether or not connected with the school.

PHYSICAL EXAMINATION and PARENT'S PERMISSION

A student-athlete whether an adult or not, must have written permission of parents to participate in school athletics and he/she must have a physical examination (signed by a licensed physician or advanced practice nurse prescriber) every other school year.

A 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 remainder of that school year and the following school year.

TRAINING and CONDUCT

A student-athlete must follow his/her school’s code of conduct (training rules) on a year-round basis.

A. A student-athlete who violates his/her school’s code of conduct during the season of a sport (start of practice to final game) must be suspended from competition for a period of time specified in the code (minimum of one meet) if the violation involves (a) possession and/or use of alcohol, (b) possession and/or use of tobacco, including chewing tobacco and (c) use, possession, buying or selling of controlled substances, street drugs and performance enhancing substances (PES).

B. The member school will determine minimum penalties for violation of any other provisions of its code of conduct, including out of season offenses and for any other unacceptable conduct contrary to the ideals, principals and standards of the school and this Association including but not limited to criminal behavior.

C. A student-athlete who violates his/her school’s code of conduct at times other than during the actual season of a sport must be disciplined by the school, the nature of such discipline to be determined by the school as indicated in its code of conduct.

D. A student-athlete who violates any part of the school or WIAA’s code of conduct resulting in suspension of WIAA-sponsored tournament competition must be immediately declared ineligible for the remainder of tournament series in that sport.

E. A student-athlete, disqualified from a contest for flagrant or unsportsmanlike conduct, is also suspended from the next competitive event.

F. A school must provide an opportunity for the student to be heard prior to a penalty being enforced. If a student appeals a suspension, according to the schools appeal procedure, the student is ineligible during the appeal process.

AMATEUR STATUS

A student-athlete must be an amateur in all recognized sports of this association in order to compete in any WIAA sport.

A. A student-athlete may not accept, receive or direct to another, reimbursement in any form of cash or merchandise such as shirts, jackets, sweaters, sweatshirts, jerseys, warm-ups, equipment, balls, duffle bags, backpacks, watches, rings, billfolds, coupons, gift certificates, regardless of their value for athletic accomplishments, such as being on a winning team, being selected for the school varsity team, or being a place winner in an individual tournament, e.g.

B. A student-athlete may receive awards for school achievement which are symbolic (non utilitarian) in nature – badges, certificates, trophies, medals, banners, ribbons, pictures, plaques, event T-shirts, event hats, game balls, unattached emblems, letters, season highlight DVD or video, e.g.

C. A student-athlete may not receive compensation or benefit, directly or indirectly, for the use of name, picture, and/or personal appearance, as an athlete. This includes receiving free and/or reduced rates on equipment, apparel, campsclinics/instruction and competitive opportunities that are not identical for all other participants.

D. A student-athlete may not be identified as an athlete, provide endorsement as an athlete or appear as an athlete in the promotion of a commercial/advertisement and/or profit-making event, item, plan, or service.

E. A student-athlete may not participate in school athletics or in sports activities outside the school under a name other than his/her own name.

SPORTS ACTIVITIES OUTSIDE OF SCHOOL

A student-athlete in a given sport may not compete in that same sport outside of school either as a team member or an individual or independent entry during the same time he/she is participating with the school team.

A. WIAA rules do not prevent athletes from practicing with nonschool teams or from receiving private skills instruction during the school season. However, they may not participate in any nonschool games, including scrimmages against other teams.

(1) This restriction applies to normal nonschool games as well as “gimmicks,” such as reduced numbers competition (3-on-3 basketball, 6 player soccer, e.g.), specific skill contests (putt, pass, and kick, shooting contests, free throws, 3 point, e.g.), fun runs, etc.

(2) A student who was a member of a school team during the previous year may not delay reporting for the school team
This form must be completed and submitted to the Athletic Director prior to a student being declared eligible for practice and competition.

WE, THE PARENTS OF ____________________________, HAVE READ, UNDERSTAND, AND HAVE DISCUSSED

Please Print

THE ACTIVITIES CODE OF CONDUCT AND THE WIAA RULES OF ELIGIBILITY WITH OUR SON/DAUGHTER. WE FURTHER AGREE TO PERMIT OUR SON/DAUGHTER TO PARTICIPATE IN ACCORDANCE WITH THE CONDITIONS SET FORTH IN THE ACTIVITIES CODE OF CONDUCT. WE FURTHER CERTIFY THAT IF WE DID NOT UNDERSTAND ANY OF THE INFORMATION IN BOTH DOCUMENTS, WE HAVE SOUGHT AND RECEIVED AN EXPLANATION OF THE INFORMATION PRIOR TO SIGNING THIS STATEMENT.

Student's Signature (Required) ____________________________ Grade ______________

Parent's Signature (Only one parent's signature required) ____________________________

Date ____________________________

COACHES/ADVISORS MUST RETAIN A SIGNED COPY OF THIS FORM IN THEIR FILES FOR EACH STUDENT INVOLVED IN THEIR ACTIVITY

One agreement must be signed each year for all student participation in Categories 1, 2, and 3 activities. Please list the activities your son/daughter will be involved in during the present school year.

<table>
<thead>
<tr>
<th>SPORTS</th>
<th>ACTIVITIES</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>
continued on back

Language spoken at home?

Date: ___________________________

Signature of Parent/Guardian: ___________________________

Emergency contact information: (All emergency numbers charged by the hospital are the responsibility of the Parent/Guardian)

If my child becomes ill at school and you cannot reach me by phone, the principal of my child's school will be sent by rescue squad to the

Please list all medications and/or treatments on the back of this form...

Other: ___________

Diabetes (Type 1 or Type 2) List type of insulin, dose and times taken on back.

Blood disorder other than HIV/AIDS (e.g. sickle cell, desease)

Birth defect, dislocation

Cancer, Type: ___________

Conditions or problems that effect walking or movement, describe:

Ashtma or other breathing problems, describe:

Other, Please describe:

Emergency contacts below in the order you wish them to be called:

Parent/Guardian Name: ___________________________

Address: ___________________________

Phone: ___________________________

Employed by: ___________________________

City: ___________________________

Home Phone: ___________________________

Child lives with: _________

Child Phone: ___________________________

Other: ___________________________

Phone: ___________________________

Street: ___________________________

City: ___________________________

Phone: ___________________________

Child's dental phone:

Other: ___________________________

Phone: ___________________________

School(s) attended:

Bus:

Emg. Phone: ___________________________

Grade: ___________________________

Father's Name: ___________________________

Middle Name: ___________________________

First Name: __________________________

Mother's Name: __________________________

Birth Date: __________________________

Emergency Form – Kenosha Unified School District No. 1

8-2-14 (Rel 02/2011)
KENOSHA UNIFIED SCHOOL DISTRICT NO. 1
ATHLETIC PERMISSION FORM

Student Name: __________________________________________________________________________ Grade Level ____________________________

Address: ______________________________________________________________________________ Zip Code: ________ Birth Date: ________________

Telephone ( ) ________________________ Cell Phone ( ) ____________________________

School ____________________________________________

Health Insurance Carrier: __________________________ Policy Number: __________________________

Permission to Participate

I hereby give my permission for the above-named student to practice, compete, and represent the school in WIAA regulated interscholastic sports except any restrictions as noted on the current, effective physical examination card as completed by a licensed physician or advanced practice nurse prescriber. This letter shall be provided to each student when they sign up to participate in a sport. No athlete will be permitted to participate until this form is signed and on file with building athletic director. Plus, this form serves as a notification of parental (guardian) permission to participate in the sport of: ________________________

Responsibility to Return All School-Issued Uniforms/Equipment

I agree to be financially responsible for the safe return of all athletic uniforms and equipment issued to him/her. I understand that my son/daughter is responsible for any uniform or equipment that is assigned specifically to him/her, and agree to reimburse the school the actual replacement value of the uniforms/equipment in the event that they are lost or stolen. I understand that failure to reimburse KUSD#1 in a timely fashion could affect my son/daughter’s athletic eligibility.

Permission for Emergency Medical Care and Conveyance

I further grant permission for my son/daughter, named above, in case of injury as a result of athletic participation, to be given emergency attention/care by the coaching staff, athletic trainer, the team physician or any other physician present, and to be conveyed to an emergency medical facility, if needed. I understand that all medical costs that could occur from such conveyance and subsequent treatment are the sole responsibility of the parents/guardians, and I understand that KUSD #1 will assume no liability for the cost of said conveyance or treatment.

Informed Consent

I understand that injuries could occur as a result of participation in athletics. I understand that these injuries could include minor injuries such as bruises or abrasions, muscle strains, sprains, or broken limbs. I understand that it is possible that a catastrophic injury could occur rendering my son/daughter paralyzed, and that death could also occur as a result of a catastrophic injury.

Insurance Waiver

I certify that I have adequate insurance coverage on the above-named student to cover medical expenses in the event of an athletic-related accident or injury.

Signature

By signing this form I am attesting to the fact that I understand and agree to all conditions set forth on this form and that if I have not understood any information, I have sought and received an explanation, and I am fully aware that I am granting permission for the above-named student to participate in the KUSD #1 Athletic Program.

Parent/Guardian Signature __________ Date ____________ Student-Athlete Signature __________ Date ____________
Kenosha Unified School District

In accordance with Wisconsin's Sidelined For safety Act 172, we the undersigned acknowledge having received education about the signs, symptoms, and risks of sport related concussion. We understand that students are prohibited from any participation until this form is completed and returned to the school's Athletic Office.

I acknowledge my responsibility to report to my coaches, parent(s)/guardian(s) any signs or symptoms of a concussion and agree to abide by all KUSD concussion protocols.

<table>
<thead>
<tr>
<th>printed name of student/athlete</th>
<th>signature</th>
<th>date</th>
</tr>
</thead>
</table>

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 and agree to abide by all KUSD concussion protocols.

<table>
<thead>
<tr>
<th>printed name of parent/guardian</th>
<th>signature</th>
<th>date</th>
</tr>
</thead>
</table>
Kenosha Unified School District

What is a Concussion and How Does It Occur?

A concussion is a brain injury which interferes with normal brain function. This affects the way an individual thinks, acts, behaves, and the physical skills needed to function on a daily basis. Each concussion is unique to each person, but there are some common signs and symptoms to be aware of to determine if an individual has a concussion.

A concussion can be caused by a bump, blow, jolt or fall to the head or body. When the head or body is bumped, hit, etc. the force of that movement causes the brain to hit the sides of the skull or move and/or twist while inside the skull. These movements change the way the physiology of the brain normally works. Even a mild blow to the head of body can cause the brain to shift or move in the skull, thus injuring the brain.

What are the Signs and Symptoms of a Concussion?

Once a concussion is sustained, more signs and symptoms can develop in the next 24 hours, even in the next week. The severity and side effects of this brain injury will vary depending on the individual. Concussion symptoms may appear mild, but can lead to lifelong problems mentally, physically and psychologically if not managed correctly. A person can have signs and symptoms of a concussion without the loss of consciousness. Symptoms of a concussion can last for less than 1 day or up to 3 weeks or more.

Most of the time, images taken with a CT, MRJ or CAT scan appear normal and do not show the physiologic changes that occur to the brain with a concussion. Image studies are done to rule out other head injuries, such as skull fractures.

Signs and Symptoms of a Concussion

<table>
<thead>
<tr>
<th>Thinking/Remembering</th>
<th>Physical</th>
<th>Emotional/Mood</th>
<th>Sleep</th>
</tr>
</thead>
<tbody>
<tr>
<td>Difficulty Thinking Clearly</td>
<td>Head ache</td>
<td>Irritability</td>
<td>Sleeping more than usual</td>
</tr>
<tr>
<td>Feeling Slowed Down or Foggy</td>
<td>Fuzzy or Blurred Vision</td>
<td>Sadness or More Emotional</td>
<td>Sleeping Less than usual</td>
</tr>
<tr>
<td>Difficulty Concentrating or Focusing</td>
<td>Nausea or Vomiting</td>
<td>Nervousness</td>
<td>Trouble Falling Sleep</td>
</tr>
<tr>
<td>Amnesia</td>
<td>Dizziness</td>
<td>Anxiety</td>
<td>Can’t Stay Asleep</td>
</tr>
<tr>
<td>Difficulty Remembering New or Old Information</td>
<td>Sensitivity to Light or Noise</td>
<td>Slow to Respond or Easily Confused</td>
<td></td>
</tr>
<tr>
<td>Feeling Tired, Having No Energy</td>
<td>Dazed or Stunned in appearance</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Decreased Balance and/or Coordination</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

What to do if Someone has a Concussion

*If the concussion occurs during an athletic activity, then the individual should be immediately pulled out of play.*

Staying in the activity with a concussion will make it worse. The rule of thumb if a concussion is suspected is “When in doubt, sit them out”. Staying in an activity with a concussion will prolong symptoms and recovery time and set the individual up for a more serious brain injury such as death, second impact syndrome or post-concussive syndrome.

If it is suspected that an individual has a concussion, he/she should be removed from any and all activity and evaluated by a medical professional trained in concussion management. Early evaluation and detection of a concussion can speed the recovery process by ensuring proper management of a concussion. *WI State Law and Kenosha Unified School District require an immediate removal from activity and medical evaluation of an individual suspected of having a head injury.*
Return to Play from Concussions

W1 State Law and Kenosha Unified School District require medical clearance by a physician, physician’s assistant or nurse practitioner trained in concussion management before an individual can return to play. Kenosha Unified School District also requires an individual complete a Gradual Return to Play Progression (as outlined below) before the individual may return to play. This is a standard of care for concussions and other head injuries in the medical field.

Once an individual is sign and symptoms-free for at least 24 hours and a medical professional trained in concussion management has evaluated and cleared the person, a stepwise return to play progression can be started. Similar to recovering from a bad ankle sprain, gradually introducing activity which increases heart rate to the brain ensure that the brain is able to tolerate the increased activity. If at any point in time during the stepwise progression the person has a return of symptoms, the person should stop the activity and contact the medical professional. It has been shown that by completing a stepwise, gradual return to play progression the likelihood of sustaining another concussion decreases. By performing a gradual return to play progression, the person is preventing further injury to his/her brain.

Following written release by a physician and sign and symptom free for at least 24 hours, students will be required to complete the “Return to Play Progression” under the supervision of a medical professional prior to return to normal unrestricted activities.

Returning to play before an individual is sign and symptom free can result in Post-Concussive Syndrome, 2nd Impact Syndrome, or possibly Death. Returning too soon from a concussion can also leave an individual more susceptible to further concussions. Please make sure the return to play progression is performed under the direction of a medical provider trained in concussion management.

Wisconsin’s Sideline for Safety Act 172

Under this act, at the beginning of the season individuals and parents/guardians of individuals participating in a youth activity or organized athletic activity need to be provided with concussion and head injury information if they wish 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.”

Also covered in this act; “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.” If an individual is removed from the activity, he/she “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.”

For the entire Act 172, please visit the Wisconsin Legislature site at https://docs.legis.wisconsin.gov/2011/related/acts/172

Information from this handout was taken from the following sites:

- Centers for Disease Control and Prevention (http://www.cdc.gov/concussion/sports/index.html)
- W1 Sports Concussion Collaborative (http://www.wisportsconcussion.org/)
- W1 Interscholastic Athletic Association (http://wiaawi.org/index.php?id=430)
- National Federation of State High School Associations (http://www.nfhslearn.com/)
- Milwaukee Journal Sentinel – Dr. Walters Interview (http://www.jsonline.com/multimedia/video/?betid=1465030068001)