

MINOCQUA J1  
SCHOOL DISTRICT  
CO-CURRICULAR



HANDBOOK



**MINOCQUA J1 SCHOOL DISTRICT  
CO-CURRICULAR STATEMENT**

**INTRODUCTION**

The School District of Minocqua J1 is happy to have you participate in its Co-Curricular Program. As an integral part of the total school effort and experience, the program is designed to help our students become successful individuals and better citizen students of our school, community, state and nation.

The academic program is our schools' primary mission. However, participation in a well supervised co-curricular program may open the door to definite opportunities and provide additional training and experiences not ordinarily obtainable in the regular curriculum. Your choice in joining an activity indicates awareness on the part of you and your family of the extended benefits of this part of our educational curriculum.

The intent of this Co-Curricular Handbook is to provide you and your parents or guardians with a reference to your responsibilities and our expectations for your participation in the Minocqua J1 Co-Curricular program.

**PHILOSOPHY**

Minocqua J1 would like to help students develop character and confidence by participating in the wide variety of extra-curricular activities available at the high school and middle school. These activities are the building blocks for the lessons that we all experience in life. A student that participates in extracurricular activities is preparing themselves for the challenges they will face down the road.

**FIREBIRD PLEDGE**

Being involved in co-curricular activities at Minocqua J1 is a privilege. By being a participant, students agree to some basic rules that are provided by the Minocqua J1 School District.

1. Respect. I will respect myself, my body, my mind, my teammates, my coaches, my teachers, my parents, my community and my school.
2. I will give my best effort and support the goals of our team at practice, in games, and as a member of the Minocqua J1 (Lakeland Area) community.
3. I will do my best to be a student first and work to maintain my academic requirements.
4. I will lead by example both in and out of the classroom as a community member.
5. I will avoid drugs, tobacco, alcohol or other substances that have a negative impact on my health.
6. I will do my best to be a role model for teammates and for the younger students that attend Minocqua J1.
7. I will report any injury to my coach.

## **School and Community Character**

1. Students must be in school and participate in all classes by 12:00 to be eligible to participate in the daily activities or competitions. **\*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 Minocqua J1 School District. 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. Repeated insubordination could also lead to the individual being removed from the roster.
5. All students are expected to positively represent the school in interactions within the community. Conduct which brings negative attention to the individual, school, or community will be addressed on a case by case basis. This may include but is not limited to attending or participating in illegal activities, bullying or hazing. Suspensions will vary depending on the severity of the infraction as determined by administration or their designee.
6. Students must be academically eligible to participate before they can fulfill their code violations. A student must also finish the season in good standing to fulfill the obligations of their violation.

### **Heat of the Moment—"24 Hour Rule"**

Immediately after a contest is not the best time to discuss things with the coach. We would ask that you wait at least 24 hours to contact the coach to discuss anything regarding a contest. This gives both coaches and parents time to reflect on the contest and speak with a clearer frame of mind.

## **Drug, Tobacco, and Alcohol Violations**

The Minocqua J1 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 a 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.

### **Disciplinary Action - Group 1 (Clubs)**

<b>First Violation</b>	The student will be suspended from all club meetings and activities for two weeks.
<b>Second Violation</b>	The student will be suspended from all club meetings and activities for eight weeks.
<b>Third Violation</b>	The student will be suspended from all club meetings and activities for one calendar year.

### **Disciplinary Action - Groups 2 and 3 (Performance and Teams)**

<b>First Violation</b>	The student will be suspended from 20% of the season's scheduled contests/performances (with a minimum of one and maximum of four) in the activities he/she is in.
<b>Second Violation</b>	The student will be suspended for 60% of the season, or the equivalent, moving into the next season the athlete participates.
<b>Third Violation</b>	The student will be suspended for one calendar year.

**Honesty Clause:** Students who willfully report their own violation to the AD or Principal will have their violation penalty cut in half if they report as soon as possible and before any investigations into an incident have occurred. These reports are considered confidential and are not meant to incriminate any individuals for their actions.

## **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 in a written format including pictures if possible.
- c. Self-admission.

### **2. Procedures for Processing Co-Curricular Code Violations**

Any alleged violation of this code will be investigated by the principal or his/her designee. If the student admits the infraction, the principal or his/her 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 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.

## 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 involve 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. After the athlete reports the injury to the coach, the coach must notify the parent or guardian of the possible injury. 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 is 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 signed and returned prior to beginning any practice or competition. The form is part of this document.**

## EDUCATIONAL MATERIALS ON POTENTIAL RISKS OF ATHLETIC PARTICIPATION

### Sudden Cardiac Arrest: Symptoms and Warning Signs

#### What is Sudden Cardiac Arrest?

- SCA is a condition in which the heart unexpectedly stops beating, halting blood flow to the brain and vital organs.
- SCA is usually caused by an electrical disturbance in the heart that disrupts pumping. This is different from a heart attack, which is caused by a blockage of blood flow to the heart.
- SCA results in death or permanent brain damage within minutes, if not treated.
- 2,000 patients under age 25 die of SCA every year in the U.S., as estimated by the CDC.
- The cause of SCA in athletes is unknown; however, young athletes with underlying heart conditions are at greater risk during vigorous exercise.
- Commotio Cordis is a specific type of SCA which occurs when an athlete takes a blunt, non-penetrating blow to the chest. It induces ventricular arrhythmia in an otherwise normal heart.

#### What are the Warning Signs of Sudden Cardiac Arrest?

SCA in young athletes often happens unexpectedly, without any prior warning. However, some people may have signs or symptoms, such as:

Fainting or seizures during exercise	Unexplained shortness of breath
Dizziness	Extreme fatigue
Chest pain	Racing heart

These symptoms can be unclear in athletes, since people often confuse these warning signs with physical exhaustion. SCA can be prevented if the underlying causes can be diagnosed and treated. It is important that a student-athlete who shows any signs or symptoms of cardiac problems be removed from participation and evaluated by a physician prior to return to activity.

## **Exertional Heat Illness: Warning Signs and Prevention**

Although most often occurring during exercise in hot, humid weather, exertional heat illness can occur under any environmental conditions when other risk factors are present, such as severe dehydration, current or recent illness with fever, high body fat, and use of certain medications or dietary supplements. Exertional heat illness is classified into three categories: exercise-associated muscle (heat) cramps, heat exhaustion, and exertional heat stroke.

### **Exercise-Associated Muscle (Heat) Cramps:**

- Involuntary, painful muscle contractions during intense exercise
- Causes: Dehydration, electrolyte imbalances, muscle fatigue
- Signs and Symptoms: Visible cramping of muscles, localized pain, dehydration, thirst, sweating, fatigue

### **Exertional Heat Exhaustion:**

- Occurs most frequently in hot, humid conditions and causes an inability to continue exercise
- Occurs most often in individuals who are dehydrated and/or are not used to exercising in the heat
- Causes: Dehydration, heavy sweating, sodium loss, and energy depletion
- Signs and Symptoms: Increased body temperature, increased heart rate and breathing, pale, cool and clammy skin, weakness, dizziness, nausea, decreased muscle control

### **Exertional Heat Stroke:**

- Occurs when core body temperature is very high with signs of major internal distress
- Life-threatening condition unless immediately recognized and treated to lower body temperature
- Cause: Failure of body's cooling system to maintain appropriate body temperature
- Signs and Symptoms: High body temperature, increased heart rate, rapid breathing, confusion, vomiting, headache, seizures, sudden collapse. Sweating may or may not be present.

### **How can Exertional Heat Illness be prevented?**

The athletic coaches and staff at Minocqua J1 School District follow appropriate guidelines from the WIAA to assure that individuals gradually build up their tolerance to exercising in the heat. The MJ1 coaches will make practice changes, as needed, when the weather conditions place student-athletes at risk.

As a student-athlete, if you start to experience any of the above described symptoms, you should immediately report these to an athletic staff member who will assist you in receiving the treatment you need. Never be afraid to tell a coach if you feel like something is wrong. Also, make sure you drink plenty of water before, during and after practice to prevent dehydration.

## **Nutrition and Weight for Athletics**

Involvement in athletics can offer many benefits, such as improved self-esteem and body image, and encouragement for individuals to remain active throughout their lives. Athletic competition, however, can also be a contributing factor to disordered eating and excessive exercise. Coaches, parents, and teammates should be aware of athletes who may be struggling with weight, nutrition, and body image, and seek advice from a medical professional when concerns arise. At MJ1, the coaches, and school nurse are resources to contact with nutrition and weight concerns.

### **General Nutrition Tips for Physical Activity**

- Athletes should eat at least three meals a day, along with healthy snacks in-between meals.
- A meal should be consumed 3-4 hours before athletic participation. A small snack can be eaten within an hour prior to participation.
- Carbohydrates are your main sports fuel! Carbs have unfairly been given a bad image; it is important that athletes eat plenty of carbs to fuel for exercise. Aim to eat healthy carbs made with whole grains.
- After exercise, it is important to refuel right away. A post-activity snack should be eaten within 30 minutes of the end of activity and should include a combination of carbs and protein. A full meal should be eaten within four hours of finishing your practice/event.

- Protein is important for athletes and should be consumed during each meal. Aim to get your daily protein needs through whole foods, such as meat, eggs, and nuts. Supplements are not needed if you are eating a well-rounded diet.
- Dehydration can have a huge impact on athletic performance and recovery. Make sure you are drinking fluids (preferably water) throughout your day, not just right before or during practice. Always rehydrate after practice to help your body recover and prepare for the next day.

### **Concussion Education- 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.

### **What can happen if a youth athlete continues playing with a concussion or returns too soon?**

Athletes with signs and symptoms of concussion should be removed from activity (play or practice) immediately. Continuing to play with the signs and symptoms of a concussion leaves a young athlete especially vulnerable to further injury. In addition, athletes who sustain a second concussion before the symptoms of the first concussion have resolved and the brain has healed, are at an increased risk for prolonged concussion symptoms, permanent disability, and even death. Suffering a second concussion may result in Second Impact Syndrome, where the brain swells rapidly and catastrophically, which is often fatal. There is also evidence that multiple concussions can lead to long-term symptoms, including early dementia.

<p><b>These are some SIGNS concussion (what others can see in an injured athlete):</b></p> <ul style="list-style-type: none"> <li>Dazed or stunned appearance</li> <li>Change in the level of consciousness or awareness</li> <li>Confused about assignment</li> <li>Forgets plays</li> <li>Unsure of score, game, opponent</li> <li>Clumsy</li> <li>Answers more slowly than usual</li> <li>Shows behavior changes</li> <li>Loss of consciousness</li> <li>Asks repetitive questions or memory concerns</li> </ul>	<p><b>These are some of the more common SYMPTOMS of concussion (what an injured athlete feels):</b></p> <ul style="list-style-type: none"> <li>Headache</li> <li>Nausea</li> <li>Dizzy or unsteady</li> <li>Sensitive to light or noise</li> <li>Feeling mentally foggy</li> <li>Problems with concentration and memory</li> <li>Confused</li> <li>Slow</li> </ul>
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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. 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

Under Wisconsin law, if an athletic coach or official involved in a youth athletic activity or a health care provider determines that a youth athlete exhibits signs, symptoms, or behavior consistent with a concussion or suspects that the athlete has sustained a concussion, the coach, official, or health care provider must remove the athlete from the athletic activity. If an athlete has been removed from an athletic activity for this reason, he or she may not participate in any youth athletic activities until he or she has been evaluated by a licensed health care provider who is trained and experienced in evaluating and managing pediatric concussions and head injuries. Before the athlete may return to play or practice, the health care provider must provide written clearance to return.



### Athletic Insurance Waiver

I 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 Minocqua J1 School District. I realize that the necessary physical examination card must be filed in the school nurses' office prior to attending any practice or contest.

\_\_\_\_\_  
Printed Name                      Date                      Parent/Guardian's Signature

**I have read through the guidelines set forth by the Minocqua J1 to participate in activities and sports at the school. Your signature below indicates that you have read, understand, and agree with policies and procedures set forth in this document.**

If there are areas that you are not in agreement with, please make an appointment with athletic administration to go over concerns and options and/or exceptions that you feel may apply to your student.

**Parent/Guardian:** I have read and understand the Minocqua J1 School District Co-Curricular Handbook.

\_\_\_\_\_  
Printed Name                      Date                      Parent/Guardian's Signature

**Student:** I have read and understand the Minocqua J1 School District Co-Curricular Handbook.

\_\_\_\_\_  
Printed Name                      Date                      Student Signature

# ■ 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 \_\_\_\_\_

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