

WOODLAND SPRING MIDDLE SCHOOL

STUDENT AND PARENT ACTIVITIES HANDBOOK

2020 – 2021



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<u>ACTIVITY- ORGANIZATION</u>	<u>COACH/SPONSOR</u>	<u>PHONE</u>	<u>EMAIL</u>
		<u>592-XXXX</u>	
Band Director	Mitchell Brumley	8114	brumley@usd230.org
Basketball - Boys	Head Coach – Morgan Abel	7363	ablem@usd230.org
	Asst. Coach – Ben Gerhing	7440	gehringb@usd230.org
	Asst. Coach – Whitney Smith	7479	smithw@usd230.org
	Asst. Coach – Paige Husa	8140	husap@usd230.org
Basketball - Girls	Head Coach – Whitney Smith	7479	smithw@usd230.org
	Asst. Coach – Paige Husa	8140	husap@usd230.org
	Asst. Coach – Maureen Kennedy	7274	kennedym@usd230.org
	Asst. Coach – Jamie Wyse	7131	wysej@usd230.org
Cheerleaders	Coach – Bobbi Jo Rockers		rockersr@usd230.org
	Coach – Jessica Gazzano	7416	gazzanoj@usd230.org
Cross Country	Head Coach – Ryan Bechtel	7322	bechtelr@usd230.org
	Asst. Coach –		
Choir Director	James Scroggins	7300	scrogginsj@usd230.org
Football	Head Coach – Sheldon Pipkin	7451	pipekens@usd230.org
	Asst. Coach – Damon Tauer	8188	Damon.tauer@gmail.com
	Asst. Coach -		
	Asst. Coach – John Schulte	7176	schultej@usd230.org
Yearbook	Sponsor – Jessica Gazzano	7416	gazzanoj@usd230.org
Orchestra Director	Ronald Juzeler	7218	juzelerr@usd230.org
Drama - Maverick Play	Director– Paul Carter	7438	carterp@usd230.org
	Co-Director – Lindsay Bray	7314	brayl@usd230.org
Student Advisory Council	Sponsor –Angie Troutman		troutmana@usd230.org
Track - Boys	Head Coach – Tucker Woofert	7384	wooftert@usd230.org
	Asst. Coach –Ryan Bechtel	7322	bechtelr@usd230.org
Track - Girls	Head Coach – Angie Tauer	7127	tauera@usd230.org
	Asst. Coach – Alicia Von Stein	7161	vonsteina@usd230.org
Volleyball	Head Coach – Alicia Von Stein	7161	vonsteina@usd230.org
	Asst. Coach – Megan Daniels	7404	danielsm@usd230.org
	Asst. Coach – Kelly Koenigsman	8137	koenigsmank@usd230.org
	Asst. Coach – Molly Herbic	7464	herbicm@usd230.org
Wrestling	Head Coach - Sheldon Pipkin	7303	pipekens@usd230.org
	Asst. Coach – Angie Tauer	7127	tauera@usd230.org
Scholars Bowl	Sponsor- Ben Gehring	7440	gehringb@usd230.org

WOODLAND SPRING MIDDLE SCHOOL STUDENT & PARENT ACTIVITIES HANDBOOK

This handbook has been prepared in order to coordinate extra-curricular activities in USD 230. The primary purposes of these policies are to increase understanding, cooperation and success between and among students, parents and staff at Woodland Spring Middle School and to develop effective student activity programs.

It is our hope that the student participant and his/her parent read and discuss this handbook. We welcome any questions, concerns and/or suggestions.

Activities Philosophy

All activities at Woodland Spring Middle School are designed to benefit ALL of the STUDENTS involved. Our goal is not only to teach the student participants the activity but also to teach how this activity relates to life and how their experiences may help them become more successful in life. By emphasizing basic skills, teamwork, cooperation, effort and sportsmanship, we believe that we will instill pride, confidence, and build positive self-esteem in each student participant.

We believe that who “wins” and who “loses” is secondary to providing opportunities for each student to begin to realize his/her potential. Though each and every student may not have equal playing time, each student will have the opportunity to participate as long as they are in compliance with Kansas State High School Activities Association (KSHSAA), USD 230 and WSMS participation policies and team rules.

It is our purpose to provide activity programs that will introduce a variety of ideas and experiences designed to make each student aware of his/her potential as a whole person and to help him/her become creative, responsible, and productive in a changing world.

Providing positive experiences for students will demand a cooperative effort from all coaches/sponsors, students, and parents if we are to reach our maximum potential in the entire activities program.

WOODLAND SPRING MIDDLE SCHOOL

ACTIVITY POLICIES/PROCEDURES

ACTIVITY TRIPS

Activity trips are made by bus or district transportation ONLY. The coach/sponsor has responsibility for the conduct of the students on the bus. While riding on buses, bus drivers, coaches, students and/or accompanying personnel should not indulge in any action that would be a negative reflection on the school or on the students or that violates school/district policy.

People representing our school - the coach/sponsor and the team - should dress appropriately. The coach/sponsor will be responsible for determining the appropriate student dress for the activity.

Participants accompanying the team or squad are expected to leave and return with the team or squad on all out-of-town trips. Only the principal, the activity director or the coach may excuse a participant from returning with the team. A participant may be given permission to return home with their parents or with the parents of another student. The parent of the participant must sign the student out with the coach prior to leaving the activity. Before the student rides home with an adult other than the parent, written confirmation from the parent must be submitted to the coach and/or administration; the adult transporting the student must sign the student out with the coach.

AGE REQUIREMENT

In accordance with Kansas State High School Activities Association (KSHSAA) policies and requirements, any student who reaches fourteen (14) for the seventh grade or fifteen (15) for the eighth grade AFTER September 1 shall be ***eligible*** for the remainder of that school year. Any student who reaches fourteen (14) ON or BEFORE September 1 shall be ***ineligible*** for seventh grade competition. Any student who reaches the age of fifteen (15) ON or BEFORE September 1 shall be ***ineligible*** for eighth grade competition.

BUILDING USE

NO student participant should be in any other part of the building besides a supervised practice/playing area or locker room unless he/she is being supervised by a coach/sponsor. All student participants are to be supervised while on school grounds and/or at away game building grounds.

CLASS ATTENDANCE

As stated earlier, academics are the first priority at WSMS. Therefore, students must attend ALL scheduled classes in order to participate in extra-curricular activities on that same day; this includes both practice and contests. Exceptions may only be made by the building administrator, preferably in ADVANCE.

CONCUSSION INFORMATION FORM

As an added precaution to any serious injury, we have provided information about the definition, symptoms, and actions to be taken in the event your child suffers a head injury. KSHSAA and USD230 require that the participant and the parent(s)/guardian(s) sign and date this form after reading it and that they turn this completed form into the office or to the coach. Athletic participants will be required to turn this completed form in (along with a completed physical form and an insurance verification/emergency contact form) to the office before they can participate in practices and/or games. A copy of this form is in the Appendix of our Student-Parent Activities Handbook form, which can be found online or in hard copy in our office.

WSMS will implement the return to play protocol recommended by the Center for Disease Control and Prevention (CDC). This is a 5-step progression to help the student-athlete return to play safely. WSMS coaches and/or the district athletic trainer will manage the CDC's return to play progression for all activities.

CONDUCT OF COACHES, PARTICIPANTS, PARENTS AND OTHER FANS

Coaches/sponsors and parents have a tremendous influence on the actions of student participants and fans. ALL people attending the activity are expected to accept the decisions of the officials. Displaying extreme emotional disagreement with officials is a poor reflection upon the school and a violation of the Frontier League Rules and KSHSAA Rule 52. Only positive attitudes and actions are encouraged. (See Appendix - Frontier League Rules and KSHSAA Rule 52)

Student participants must also be in compliance with all district, WSMS and team policies regarding conduct. Failure to do so may result in disciplinary action. Any student who is suspended, in-school or out-of-school, will be ineligible to participate during the suspension.

DRESSING ROOMS

Dressing rooms are to be supervised at all times when student participants are using them. All participants shall be out of the dressing room area before the coach leaves. Dressing rooms must be locked when unoccupied. Students are expected to secure their belongings and are responsible to do so. Valuables should always be given to the coach/sponsor to secure.

ELIGIBILITY REQUIREMENTS

Any/all student participants in extra-curricular activities must be in compliance with KSHSAA policies regarding eligibility as well as district and building policies. (See copy of KSHSAA Physical Form - front and back - in Appendix)

EQUIPMENT CHECK-OUT

Clothing and other equipment used for games, meets, practices, etc. will be checked out to the participants by the coach/sponsor. After it is checked out to the student, it becomes his/her responsibility. The student will be responsible for the cost of items lost, stolen, or unreasonably damaged. It is the responsibility of the coach/sponsor to determine an efficient check-in and check-out method and to maintain accurate records. Athletic equipment and uniforms should be checked out to the student for the duration of the season; however, students are expected to return this property to the coach immediately following the season. The student may keep only items that are purchased by the student.

INJURIES

Each coach/sponsor will be required to keep a current insurance/emergency form on each participant at all times, at home and away, at contests and at practices. For athletes who need immediate attention, the coach/sponsor will attempt to call the parent as soon as possible. If he/she is unable to contact the parent or family doctor, he/she will attempt to contact the person listed on the emergency medical info form. **IF THERE IS ANY DOUBT AS TO THE SERIOUSNESS OF THE INJURY, THE COACH WILL CALL LOCAL EMERGENCY SERVICES.** In any case, the coach will not leave the injured player unattended. If there is any pertinent medical and/or emergency information that would help us in the case of an emergency, please give it to us in written form as soon as possible. List this on the insurance/emergency form as well as on the physical form.

In the event that a student participant is injured, the coach/sponsor may require a doctor's release before the student is allowed to continue to fully participate.

INSURANCE

Each student participant will be required to be covered by insurance for the duration of the season. **EACH STUDENT MUST COMPLETE AND TURN IN AN INSURANCE VERIFICATION FORM AND EMERGENCY MEDICAL INFORMATION FORM TO THE COACH OR TO THE OFFICE BEFORE HE/SHE MAY PARTICIPATE IN A GAME OR PRACTICE.** The district offers "America's Choice Student Insurance Plans" to be purchased if needed. (See Appendix) This form is also available online.

JOB DESCRIPTIONS

Job descriptions for all USD 230 employees have been approved by the Board of Education. Specific copies have been distributed to each coach/sponsor and can be made available by contacting the building principal.

LETTERING PROCEDURE

In order for a student participant to letter in an activity, he/she must complete the entire season of that activity and be in good standing. *Exception - a participant who by reason of illness or injury fails to complete a full season may receive a letter/bar/certificate if, in the opinion of the coach/sponsor, he/she would have lettered if able to complete the season.

The first time a student letters in an activity at WSMS, he/she will be given a certificate an activity pin and a letter "W". Following that, students will be given silver bars after completing **two years** of an activity. All student participants will be given certificates of participation after completing an activity season.

MAPS

Maps showing the location of each school in our league are in the appendix of this document. (See Appendix)

OUTSIDE COMPETITION

As required by KSHSAA, students may NOT engage in outside competition in the same sport during a season in which they are representing their school. *NOTE: Consult the coach or administration before participating individually or on a team in any game, training session, contest, or tryout conducted by an outside organization.* Another restriction by KSHSAA involves student participation in summer camps (Summer Camps: Rule 30-1-6). Failure to abide by the

KSHSAA rules regarding outside competition may result in the student participant(s)/team receiving sanctions by the KSHSAA.

PHYSICAL FORMS/PARENT CONSENT

All students who participate in an athletic extra-curricular activity must have passed a current physical examination and have turned in the completed KSHSAA form to the office; this physical shall not be taken earlier than May 1 the school year for which it is applicable. **NO STUDENT MAY PARTICIPATE IN A CONTEST OR PRACTICE UNTIL THIS COMPLETED KSHSAA FORM IS TURNED IN TO THE OFFICE/ACTIVITIES DIRECTOR.** This form also requires a completed Verification of Insurance Form and a Concussion Information Form signed by both the parent and athlete. The district insurance verification form/emergency medical information form also needs to be completed and turned in before a student may participate in a contest. (See Appendix) These forms are also available on line on the district/school web site.

PICKING UP STUDENTS FROM ACTIVITY

WSMS coaches/sponsors are required to supervise any/all student participants until they have all been picked up from the game/practice. Therefore, WSMS coaches/sponsors respectfully request that the parent make arrangements for the student to be picked up from all WSMS practices and games **within 15 minutes** of the scheduled end of the activity. WSMS coaches/sponsors are expected, in turn, to provide each parent with a schedule with ending and approximate return times listed for each game and practice. (It is impossible to predict the *exact* ending and return time for games; however, we will base our times on past experience.) Coaches/sponsors are also expected to dismiss practices at the designated ending practice time *unless* he/she has obtained permission from the parent(s) to continue practicing with the student participant(s).

Student participants who are habitually late in being picked up from games/practices will be dealt with by the coach/sponsor, which may include disciplinary action. (See Late Pick-Up Notice in Appendix)

PROCEDURE

We request that all matters concerning any phase of activities first be brought to the attention of the coach/sponsor, following the chain of command. If a satisfactory agreement cannot be obtained, the matter will be referred to the A.D. and/or principal. Parents are asked not to go directly to the principal, superintendent, or district personnel without first going to the coach and/or A.D.

RULES/EXPECTATIONS FOR BEHAVIOR

As stated in our philosophy, our goal in providing student activities is to provide students with experiences that may help them become more successful in life. This requires cooperation and structure. Therefore, each head coach/sponsor of each program will provide to the student and to the parents a written list of rules, expectations and consequences. The coach/sponsor will explain these to each student participant and hold him/her accountable for behavior. See examples of team rules in the Appendix.

In addition, each student participant will be under the guidance of KSHSAA and Frontier League rules and policies as well as district and WSMS rules and policies. (See Appendix)

SPORTSMANSHIP

As coaches/sponsors and parents, we are all responsible for the conduct of the student participants as well as for our own behavior. We must all be familiar with KSHSAA RULE 52: communicate its rules and intent and expectations for compliance to all student participants and fans. All conduct is a reflection on our school and our district.

It is expected that all players be instructed in the rules of the particular activity so there is no misunderstanding. Standards for student behavior and effort should be reasonable and attainable -- HIGH!! (See Appendix for Rule 52)

SUPERVISION

Coaches/sponsors are responsible for the supervision of all student participants before, during, and after all meetings, practices, and games, both at home and away. Student participants are not to be on our school grounds or on another school's grounds for an activity without the supervision of a coach/sponsor.

We ask that parents make arrangements in advance for the student participant to be picked up from school within **15 minutes** of the scheduled ending or return time.

TRANSPORTATION

See "Activity Trips"

WEEKLY ELIGIBILITY

Because participation in extra-curricular activities is a privilege that incurs many hours outside of the regular school day, it is important that participating students be held accountable both academically and behaviorally. It is the belief of the Woodland Spring Middle School staff and administration that academics have a very definite priority over extra-curricular activities. In an attempt to consistently monitor these students, we have developed a WEEKLY eligibility report system.

IN ADDITION to the requirements set by the KSHSAA, this WSMS system will have the following guidelines for students who are participating in extra-curricular activities. These requirements will cover two areas – grades and behavior.

Eligibility will be checked each week by the office staff.

1) GRADES: 7th and 8th grade teachers will update student grades each week and the office will conduct an eligibility check of all participants. This is a cumulative grade from the first day of the semester grading period. The coach and/or building administrator will notify a student earning a grade at or below a C-. (The rationale for reporting any grade at or below a C- is to increase awareness of both the student and the coach.) Any student earning a failing (F) grade on the eligibility check will meet with an administrator and the procedure below will be followed:

*Each student will be granted (1) one “warning week” for the entire school year.

**All other instances will result in the student being ineligible until the next weekly eligibility check.

Students who are ineligible may be able to attend practices depending upon the seriousness of the academic situation and/or student effort to improve their grade(s) (coach’s/administrator’s decision).

2) CONDUCT: Coaches/sponsors are not responsible for handling a teacher’s classroom discipline for him/her; however, all students participating in extra-curricular activities are expected to represent WSMS in a positive manner both in and out of the classroom. Therefore, teachers are expected to report student-athlete conduct problems to the Activities Director. Coaches/sponsors and/or administrators will then address the situation on an individual basis at their discretion. Severe and or persistent behavior problems may result in the student’s ineligibility or dismissal from the team. Any student who is suspended, in-school or out-of-school, will be ineligible to participate during the suspension.

Any student receiving a failing grade is to meet with the teacher of each class which they are failing to receive academic assistance during any week in which they are failing any class.

This eligibility report is administered by the A.D. and is ultimately subject to the discretion of the building administrators. It is supplemental to all KSHSAA, USD 230, and WSMS policies.

Kansas State High School Activities Association
PH: 785.273.5329 WEBPAGE: <http://www.kshsaa.org/>

SH District and Woodland Spring Middle School Web Sites

<http://www.usd230.org/>
<https://wsms.usd230.org/>

*****THIS HANDBOOK IS SUPPLEMENTAL TO ALL WSMS AND USD 230 POLICIES*****

APPENDIX

2020-2021 Physical Packets – WSMS

The Kansas High School Athletic Association (KSHSAA) requires all Student-Athletes to complete a physical packet and return to WSMS office. A complete physical packet will include the following forms:

- Completed PPE Form (*must be revision 03/2020*)
- Completed Dr.'s page (*completed/dated after 5/1/2020*)
- Signed Parent/Guardian page
- Signed 2020-2021 Concussion page
- Completed Emergency Contact Page (*must have completed insurance information*)
- Signed ImPACT Form

Please note that physicals obtained for the previous school year are not valid for the 2020-2021 school year. To be valid for the upcoming school year, physicals must be dated after May 1, 2020. Woodland Spring Middle School requires a copy of ALL forms, **SIGNED**, and on file in the office prior to the start of practice.

A student missing paperwork or signatures cannot practice until everything is complete.

The document titled **WSMS Physical Packet Requirements** provides informative tips on physical packet completion.

PRE-PARTICIPATION PHYSICAL EVALUATION INSTRUCTIONS

STUDENTS/PARENTS

1. ☐ Complete the History Form (pages 1 & 2) portion PRIOR to your appointment with your healthcare provider.
2. ☐ Sign the bottom of the History Form (page 2).
3. ☐ Sign the bottom of the Medical Eligibility Form (page 4) AFTER the pre-participation evaluation is complete and PRIOR to turning in the completed PPE to the school.
4. ☐ Review the Student Eligibility Checklist (page 5) AND SIGN the bottom of the page PRIOR to turning in the completed PPE to the school.
5. ☐ Review and sign the Concussion and Head Injury Release Form provided by the school.

HEALTHCARE PROVIDERS

1. ☐ Review the History Form (pages 1 & 2) with the student and his/her parent/guardian as part of the pre-participation physical evaluation.
2. ☐ Complete the Physical Examination Form (page 3) AND SIGN the bottom of page 3.
3. ☐ Complete the Medical Eligibility Form (page 4) AND SIGN page 4.

NOTE: Two signatures are required by the healthcare provider!

SCHOOL ADMINISTRATORS

1. ☐ Collect the completed PPE forms with the appropriate signatures on pages 2 – 5.
2. ☐ Based on your school's policy, determine who is responsible to review and disseminate the student's medical information provided on the form.*
3. ☐ Complete the Shared Emergency Information section on the Medical Eligibility Form (page 4).
4. ☐ Provide copies of the Medical Eligibility Form to appropriate staff with supervisory responsibility of extracurricular activities (coaches, sponsors, etc.).
5. ☐ Collect the required Concussion and Head Injury Release Form signed by the student and parent/guardian.

* Schools are encouraged to have policies in place identifying who has access to a student's complete private health information found on the PPE form. The Medical Eligibility Form can be used independently to share with staff who may not need complete access to the private health information found on the PPE.

The annual history and the physical examination shall not be taken earlier than May 1 preceding the school year for which it is applicable. The KSHSAA recommends completion of this evaluation by athletes/cheerleaders at least one month prior to the first practice to allow time for correction of deficiencies and implementation of conditioning recommendations.





PRE-PARTICIPATION PHYSICAL EVALUATION

PPE is required annually and shall not be taken earlier than May 1 preceding the school year for which it is applicable.

HISTORY FORM (Pages 1 & 2 should be filled out by the student and parent/guardian prior to the physical examination)

Name	Sex	Age	Date of birth
Grade	School	Sport(s)	
Home Address	Phone		
Personal physician	Parent Email		

List past and current medical conditions: _____

Have you ever had surgery? If yes, list all past surgical procedures: _____

Medicines and Allergies:
Please list all of the prescription and over-the-counter medicines, inhalers, and supplements (herbal and nutritional) that you are currently taking: _____ ☐ No Medications

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

☐ Medicines _____ ☐ Pollens _____ ☐ Food _____ ☐ Stinging Insects _____

What was the reaction? _____

Explain "Yes" answers at the end of this form. Circle questions if you don't know the answer.

GENERAL QUESTIONS:	YES	NO
1. Do you have any concerns that you would like to discuss with your provider?	<input type="checkbox"/>	<input type="checkbox"/>
2. Has a provider ever denied or restricted your participation in sports for any reason?	<input type="checkbox"/>	<input type="checkbox"/>
3. Do you have any ongoing medical issues or recent illness?	<input type="checkbox"/>	<input type="checkbox"/>
4. Have you ever spent the night in the hospital?	<input type="checkbox"/>	<input type="checkbox"/>
HEART HEALTH QUESTIONS ABOUT YOU:	YES	NO
5. Have you ever passed out or nearly passed out during or after exercise?	<input type="checkbox"/>	<input type="checkbox"/>
6. Have you ever had discomfort, pain, tightness or pressure in your chest during exercise?	<input type="checkbox"/>	<input type="checkbox"/>
7. Does your heart ever race, flutter in your chest, or skip beats (irregular beats) during exercise?	<input type="checkbox"/>	<input type="checkbox"/>
8. Has a doctor ever told you that you have any heart problems?	<input type="checkbox"/>	<input type="checkbox"/>
9. Has a doctor ever requested a test for your heart? For example, electrocardiography (ECG) or echocardiography.	<input type="checkbox"/>	<input type="checkbox"/>
10. Do you get light-headed or feel shorter of breath than your friends during exercise?	<input type="checkbox"/>	<input type="checkbox"/>
11. Have you ever had a seizure?	<input type="checkbox"/>	<input type="checkbox"/>
HEART HEALTH QUESTIONS ABOUT YOUR FAMILY:	YES	NO
12. Has any family member or relative died of heart problems or had an unexpected or unexplained sudden death before age 35 years (including drowning or unexplained car crash)?	<input type="checkbox"/>	<input type="checkbox"/>
13. Does anyone in your family have a genetic heart problem such as hypertrophic cardiomyopathy (HCM), Marfan syndrome, arrhythmogenic right ventricular cardiomyopathy (ARVC), long QT syndrome (LQTS), short QT syndrome (SQTS), Brugada syndrome, or catecholaminergic polymorphic ventricular tachycardia (CPVT)?	<input type="checkbox"/>	<input type="checkbox"/>
14. Has anyone in your family had a pacemaker or an implanted defibrillator before age 35?	<input type="checkbox"/>	<input type="checkbox"/>
BONE AND JOINT QUESTIONS:	YES	NO
15. Have you ever had a stress fracture or an injury to a bone, muscle, ligament, joint, or tendon that caused you to miss a practice or game?	<input type="checkbox"/>	<input type="checkbox"/>
16. Have you ever had any broken or fractured bones or dislocated joints?	<input type="checkbox"/>	<input type="checkbox"/>
17. Have you ever had an injury that required x-rays, MRI, CT scan, injections or therapy?	<input type="checkbox"/>	<input type="checkbox"/>
18. Have you ever had any injuries or conditions involving your spine (cervical, thoracic, lumbar)?	<input type="checkbox"/>	<input type="checkbox"/>
19. Do you regularly use, or have you ever had an injury that required the use of a brace, crutches, cast, orthotics or other assistive device?	<input type="checkbox"/>	<input type="checkbox"/>
20. Do you have a bone, muscle, ligament, or joint injury that bothers you?	<input type="checkbox"/>	<input type="checkbox"/>
21. Do you have any history of juvenile arthritis, other autoimmune disease or other congenital genetic conditions (e.g., Downs Syndrome or Dwarfism)?	<input type="checkbox"/>	<input type="checkbox"/>

KSHSAA PRE-PARTICIPATION PHYSICAL EVALUATION

MEDICAL QUESTIONS:		YES	NO
22. Do you cough, wheeze, or have difficulty breathing during or after exercise?		<input type="checkbox"/>	<input type="checkbox"/>
23. Have you ever used an inhaler or taken asthma medicine?		<input type="checkbox"/>	<input type="checkbox"/>
24. Are you missing a kidney, an eye, a testicle (males), your spleen, or any other organs?		<input type="checkbox"/>	<input type="checkbox"/>
25. Do you have groin or testicle pain, a bump, a painful bulge or hernia in the groin area?		<input type="checkbox"/>	<input type="checkbox"/>
26. Have you had infectious mononucleosis (mono)?		<input type="checkbox"/>	<input type="checkbox"/>
27. Do you have any recurring skin rashes or skin infection that come and go, including herpes or methicillin-resistant Staphylococcus aureus (MRSA)?		<input type="checkbox"/>	<input type="checkbox"/>
28. Have you had a concussion or head injury that caused confusion, a prolonged headache, or memory problems?		<input type="checkbox"/>	<input type="checkbox"/>
If yes, how many?			
What is the longest time it took for full recovery?			
When were you last released?			
29. Do you have headaches with exercise?		<input type="checkbox"/>	<input type="checkbox"/>
30. Have you ever had numbness, tingling, weakness in your arms (including stingers/burners) or legs, or been unable to move your arms or legs after being hit or falling?		<input type="checkbox"/>	<input type="checkbox"/>
31. Have you ever become ill while exercising in the heat?		<input type="checkbox"/>	<input type="checkbox"/>
32. Do you get frequent muscle cramps when exercising?		<input type="checkbox"/>	<input type="checkbox"/>
33. Do you or does someone in your family have sickle cell trait or disease?		<input type="checkbox"/>	<input type="checkbox"/>
34. Have you ever had or do you have any problems with your eyes or vision?		<input type="checkbox"/>	<input type="checkbox"/>
35. Do you wear protective eyewear, such as goggles or a face shield?		<input type="checkbox"/>	<input type="checkbox"/>
36. Do you worry about your weight?		<input type="checkbox"/>	<input type="checkbox"/>
37. Are you trying to or has anyone recommended that you gain or lose weight?		<input type="checkbox"/>	<input type="checkbox"/>
38. Are you on a special diet or do you avoid certain types of foods or food groups?		<input type="checkbox"/>	<input type="checkbox"/>
39. Have you ever had an eating disorder?		<input type="checkbox"/>	<input type="checkbox"/>
40. How do you currently identify your gender?	<input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> Other _____		
41. Over the last 2 weeks, how often have you been bothered by any of the following problems? (check box)			
Feeling nervous, anxious, or on edge	NOT AT ALL 0 <input type="checkbox"/>	SEVERAL DAYS 1 <input type="checkbox"/>	OVER HALF THE DAYS 2 <input type="checkbox"/>
Not being able to stop or control worrying	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>
Little interest or pleasure in doing things	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>
Feeling down, depressed, or hopeless	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>
(A sum of 3 or more is considered positive on either subscale [questions 1 and 2, or questions 3 and 4] for screening purposes) Patient Health Questionnaire Version 4 (PHQ-4)			
FEMALES ONLY:		YES	NO
42. Have you ever had a menstrual period?		<input type="checkbox"/>	<input type="checkbox"/>
43. If yes, are you experiencing any problems or changes with athletic participation (i.e., irregularity, pain, etc.)?		<input type="checkbox"/>	<input type="checkbox"/>
44. How old were you when you had your first menstrual period?			
45. When was your most recent menstrual period?			
46. How many menstrual periods have you had in the past 12 months?			

Explain all Yes answers here

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

X

Signature of student-athlete _____

Signature of parent/guardian _____

Date _____

KSHSAA PRE-PARTICIPATION PHYSICAL EVALUATION

PHYSICAL EXAMINATION FORM

Name _____					Date of birth _____	
Date of recent immunizations:	Td	Tdap	Hep B	Varicella	HPV	Meningococcal

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 safe at your home or residence?
- Have you ever tried cigarettes, e-cigarettes, chewing tobacco, snuff, or dip?
- During the past 30 days, did you use chewing tobacco, snuff, or dip?
- Do you drink alcohol or use any other drugs?
- Have you ever taken anabolic steroids or used any other performance enhancing supplement?
- Have you ever taken any supplements to help you gain or lose weight or improve your performance?
- Do you wear a seat belt, use a helmet and adhere to safe sex practices?

2. Consider reviewing questions on cardiovascular symptoms (questions 5-14 of History Form).

3. Per Kansas statute, any school athlete who has sustained a concussion shall not return to competition or practice until the athlete is evaluated by a healthcare provider and the healthcare provider (MD or DO only) provides such athlete a written clearance to return to play or practice.

EXAMINATION		
Height _____	Weight _____	Male <input type="checkbox"/> Female <input type="checkbox"/> BP (reference gender/height/age chart)**** / (/) Pulse _____
Vision R 20/ _____	L 20/ _____	Corrected: Yes <input type="checkbox"/> No <input type="checkbox"/>
MEDICAL	NORMAL	ABNORMAL FINDINGS
Appearance - Marfan stigmata (kyphoscoliosis, high-arched palate, pectus excavatum, arachnodactyly, hyperlaxity, myopia, mitral valve prolapse [MVP], and aortic insufficiency)		
Eyes/ears/nose/throat - Pupils equal, Gross Hearing		
Lymph nodes		
Heart * - Murmurs (auscultation standing, auscultation supine, and ± Valsalva maneuver)		
Pulses - Simultaneous femoral and radial pulses		
Lungs		
Abdomen		
Skin - Herpes simplex virus (HSV), lesions suggestive of methicillin-resistant <i>Staphylococcus aureus</i> (MRSA), or tinea corporis		
Neurological***		
Genitourinary (optional-males only)**		
MUSCULOSKELETAL	NORMAL	ABNORMAL FINDINGS
Neck		
Back		
Shoulder/arm		
Elbow/forearm		
Wrist/hand/fingers		
Hip/thigh		
Knee		
Leg/ankle		
Foot/toes		
Functional - e.g. double-leg squat test, single-leg squat test, and box drop or step drop test		

*Consider electrocardiography (ECG), echocardiography, referral to a cardiologist for abnormal cardiac history or examination findings, or a combination of those. **Consider GU exam if in appropriate medical setting. Having third party present is recommended. ***Consider cognitive evaluation or baseline neuropsychiatric testing if a significant history of concussion. ****Flynn JT, Kaelber DC, Baker-Smith CM, et al. Clinical Practice Guideline for Screening and Management of High Blood Pressure in Children and Adolescents. Pediatrics. 2017;140(3):e20171904.

I acknowledge I have reviewed the preceding patient history pages and have performed the above physical examination on the student named on this form.

Name of healthcare provider (print/type) _____ Date _____

 **Signature of healthcare provider** _____, **MD, DO, DC, PA-C, APRN**
(please circle one)

Address _____ Phone _____

Healthcare Providers: You must complete the Medical Eligibility Form on the following page

Kansas State High School Activities Association, 601 SW Commerce Place | PO Box 495 | Topeka, KS 66601 | 785-273-5329

Adapted from PPE: Preparticipation Physical Evaluation, 5th Edition, © 2019 American Academy of Family Physicians, American Academy of Pediatrics, American College of Sports Medicine, American Medical Society for Sports Medicine, American Orthopaedic Society for Sports Medicine, and American Osteopathic Academy of Sports Medicine. Permission is granted to reprint for noncommercial, educational purposes with acknowledgment.

KSHSAA PRE-PARTICIPATION PHYSICAL EVALUATION

MEDICAL ELIGIBILITY FORM

Name _____ Date of birth _____

☐ Medically eligible for all sports without restriction

☐ Medically eligible for all sports without restriction with recommendations for further evaluation or treatment of _____

☐ Medically eligible for certain sports _____

☐ Not medically eligible pending further evaluation

☐ Not medically eligible for any sports

Recommendations: _____

I have examined the student named on this form and completed the preparticipation physical evaluation. The athlete does not have apparent clinical contraindications to practice and can participate in the sport(s) as outlined on this form, except as indicated above. If conditions arise after the athlete has been cleared for participation, the physician may rescind the medical eligibility until the problem is resolved and the potential consequences are completely explained to the athlete (and parents or guardians).

Name of healthcare provider (print or type): _____ Date: _____

 **Signature of healthcare provider:** _____, MD, DO, DC, or PA-C, APRN

Address: _____ Phone: _____

SHARED EMERGENCY INFORMATION

Allergies: _____

Medications: _____

Other information: _____

Emergency contacts: _____

Parent or Guardian Consent

To be eligible for participation in interscholastic athletics/spirit groups, a student must have on file with the superintendent or principal, a signed statement by a physician, chiropractor, physician's assistant who has been authorized to perform the examination by a Kansas licensed supervising physician or an advanced practice registered nurse who has been authorized to perform this examination by a Kansas licensed supervising physician, certifying the student has passed an adequate physical examination and is physically fit to participate (See KSHSAA Handbook, Rule 7). A complete history and physical examination must be performed annually before a student participates in KSHSAA interscholastic athletics/cheerleading.

I do not know of any existing physical or any additional health reasons that would preclude participation in activities. I certify that the answers to the questions in the HISTORY part of the Preparticipation Physical Examination (PPE), are true and accurate. I approve participation in activities. I hereby authorize release to the KSHSAA, school nurse, certified athletic trainer (whether employee or independent contractor of the school), school administrators, coach and medical provider of information contained in this document. Upon written request, I may receive a copy of this document for my own personal health care records.

I acknowledge that there are risks of participating, including the possibility of catastrophic injury. I hereby give my consent for the above student to compete in KSHSAA approved activities, and to accompany school representatives on school trips and receive emergency medical treatment when necessary. It is understood that neither the KSHSAA nor the school assumes any responsibility in case of accident. The undersigned agrees to be responsible for the safe return of all equipment issued by the school to the student.

 **Signature of parent/guardian** _____ **Date** _____

The parties to this document agree that an electronic signature is intended to make this writing effective and binding and to have the same force and effect as the use of a manual signature.

ATTENTION PARENTS AND STUDENTS: KSHSAA ELIGIBILITY CHECKLIST

Student's Name _____ (PLEASE PRINT CLEARLY)

NOTE: Transfer Rule 18 states in part, a student is eligible transfer-wise if:

BEGINNING SEVENTH GRADER—A seventh grader, at the beginning of his or her seventh grade year, is eligible under the Transfer Rule at any school he or she may choose to attend. In addition, age and academic eligibility requirements must also be met.

BEGINNING NINTH GRADERS IN A THREE-YEAR JUNIOR HIGH SCHOOL—So that ninth graders of a three-year junior high are treated equally to ninth graders of a four-year senior high school, a student who has successfully completed the eighth grade of a two-year junior high/middle school, may transfer to the ninth grade of a three-year junior high school at the beginning of the school year and be eligible immediately under the Transfer Rule. Such a ninth grader must then, as a tenth grader, attend the feeder senior high school of their school system. Should they attend a different school as a tenth grader, they would be ineligible for eighteen weeks.

ENTERING HIGH SCHOOL FOR THE FIRST TIME—A senior high school student is eligible under the Transfer Rule at any senior high school he or she may choose to attend when senior high is entered for the first time at the beginning of the school year. In addition, age and academic eligibility requirements must also be met.

For Middle/Junior High and Senior High School Students to Retain Eligibility

Schools may have stricter rules than those pertaining to the questions above or listed below. Contact the principal or coach on any matter of eligibility. A student eligible to participate in interscholastic activities must be certified by the school principal as meeting all eligibility standards.

All KSHSAA rules and regulations are published in the official *KSHSAA Handbook* which is distributed annually to schools and is available at www.khsaa.org.

Below Are Brief Summaries Of Selected Rules. Please See Your Principal For Complete Information.

- Rule 7 Physical Evaluation - Parental Consent**—Students shall have passed the **attached evaluation** and have the written consent of their parents or legal guardian.
- Rule 14 Bona Fide Student**—Eligible students shall be a **bona fide undergraduate member** of his/her school in good standing.
- Rule 15 Enrollment/Attendance**—Students must be regularly **enrolled and in attendance** not later than Monday of the fourth week of the semester in which they participate.
- Rule 16 Semester Requirements**—A student shall not have more than two semesters of possible eligibility in grade seven and two semesters in grade eight. A student shall not have more than eight consecutive semesters of possible eligibility in grades nine through twelve, regardless of whether the ninth grade is included in junior high or in a senior high school.
NOTE: If a student does not participate or is ineligible due to transfer, scholarship, etc., the semester(s) during that period shall be counted toward the total number of semesters possible.
- Rule 17 Age Requirements**—Students are eligible if they are not 19 years of **age** (16, 15 or 14 for junior high or middle school student) on or before August 1 of the school year in which they compete.
- Rule 19 Undue Influence**—The use of **undue influence** by any person to secure or retain a student shall cause ineligibility. If tuition is charged or reduced, it shall meet the requirements of the KSHSAA.
- Rules 20/21 Amateur and Awards Rules**—Students are eligible if they have not **competed under a false name** or for money or merchandise of intrinsic value, and have observed all other provisions of the Amateur and Awards Rules.
- Rule 22 Outside Competition**—Students may not engage in **outside competition** in the same sport during a season in which they are representing their school.
NOTE: Consult the coach, athletic director or principal before participating individually or on a team in any game, training session, contest, or tryout conducted by an outside organization.
- Rule 25 Anti-Fraternity**—Students are eligible if they are not members of any **fraternity** or other organization prohibited by law or by the rules of the KSHSAA.
- Rule 26 Anti-Tryout and Private Instruction**—Students are eligible if they have not participated in **training sessions or tryouts** held by colleges or other outside agencies or organizations in the same sport while a member of a school athletic team.
- Rule 30 Seasons of Sport**—Students are not eligible for more than **four seasons** in one sport in a four-year high school, three seasons in a three-year high school or two seasons in a two-year high school.

For Middle/Junior High and Senior High School Students to Determine Eligibility When Enrolling

If a **negative** response is given to any of the following questions, this enrollee should contact his/her administrator in charge of evaluating eligibility. This should be done before the student is allowed to attend his/her first class and prior to the first activity practice. If questions still exist, the school administrator should telephone the KSHSAA for a final determination of eligibility. (Schools shall process a *Certificate of Transfer Form T-E* on **all** transfer students.)

- | | YES | NO | |
|----|--------------------------|--------------------------|--|
| 1. | <input type="checkbox"/> | <input type="checkbox"/> | Are you a bona fide student in good standing in school? (If there is a question, your principal will make that determination.) |
| 2. | <input type="checkbox"/> | <input type="checkbox"/> | Did you pass at least five new subjects (those not previously passed) last semester? (The KSHSAA has a minimum regulation which requires you to pass at least five subjects of unit weight in your last semester of attendance.) |
| 3. | <input type="checkbox"/> | <input type="checkbox"/> | Are you planning to enroll in at least five new subjects (those not previously passed) of unit weight this coming semester? (The KSHSAA has a minimum regulation which requires you to enroll and be in attendance in at least five subjects of unit weight.) |
| 4. | <input type="checkbox"/> | <input type="checkbox"/> | Did you attend this school or a feeder school in your district last semester? (If the answer is "no" to this question, please answer Sections a and b.) |
| | <input type="checkbox"/> | <input type="checkbox"/> | a. Do you reside with your parents? |
| | <input type="checkbox"/> | <input type="checkbox"/> | b. If you reside with your parents, have they made a permanent and bona fide move into your school's attendance center? |

The above named student and I have read the KSHSAA Eligibility Checklist and how to retain eligibility information listed in this form. The student/parent authorizes the school to release to the KSHSAA student records and other pertinent documents and information for the purpose of determining student eligibility. The student/parent also authorizes the school and the KSHSAA to publish the name and picture of student as a result of participating in or attending extra-curricular activities, school events and KSHSAA activities or events.

X Signature of parent/guardian _____ Date _____
X Signature of student _____ Birth Date _____ Grade _____ Date _____

The parties to this document agree that an electronic signature is intended to make this writing effective and binding and to have the same force and effect as the use of a manual signature.

**KSHSAA RECOMMENDED CONCUSSION & HEAD INJURY INFORMATION RELEASE
FORM
2020-2021**

This form must be signed by all student athletes and parent/guardians before the student participates in any athletic or spirit practice or contest each school year.

A concussion is a brain injury and all brain injuries are serious. They are caused by a bump, blow, or jolt to the head, or by a blow to another part of the body with the force transmitted to the head. They can range from mild to severe and can disrupt the way the brain normally works. Even though most concussions are mild, **all concussions are potentially serious and may result in complications including prolonged brain damage and death if not recognized and managed properly.** In other words, even a “ding” or a bump on the head can be serious. You can’t see a concussion and most sports concussions occur without loss of consciousness. Signs and symptoms of concussion may show up right after the injury or can take hours or days to fully appear. If your child reports any symptoms of concussion, or if you notice the symptoms or signs of concussion yourself, seek medical attention right away.

Symptoms may include one or more of the following:	
<ul style="list-style-type: none">• Headaches• “Pressure in head”• Nausea or vomiting• Neck pain• Balance problems or dizziness• Blurred, double, or fuzzy vision• Sensitivity to light or noise• Feeling sluggish or slowed down• Feeling foggy or groggy• Drowsiness• Change in sleep patterns	<ul style="list-style-type: none">• Amnesia• “Don’t feel right”• Fatigue or low energy• Sadness• Nervousness or anxiety• Irritability• More emotional• Confusion• Concentration or memory problems (forgetting game plays)• Repeating the same question/comment

Signs observed by teammates, parents, and coaches include:	
<ul style="list-style-type: none">• Appears dazed• Vacant facial expression• Confused about assignment• Forgets plays• Is unsure of game, score, or opponent• Moves clumsily or displays incoordination• Answers questions slowly• Slurred speech	<ul style="list-style-type: none">• Shows behavior or personality changes• Can’t recall events prior to hit• Can’t recall events after hit• Seizures or convulsions• Any change in typical behavior or personality• Loses consciousness

Adapted from the CDC and the 3rd International Conference in Sport

What can happen if my child keeps on playing with a concussion or returns too soon?

Athletes with the signs and symptoms of concussion should be removed from play immediately. Continuing to play with the signs and symptoms of a concussion leaves the young athlete especially vulnerable to greater injury. There is an increased risk of significant damage from a concussion for a period of time after that concussion occurs, particularly if the athlete suffers another concussion before completely recovering from the first one (second impact syndrome). This can lead to prolonged recovery, or even to severe brain swelling with devastating and even fatal consequences. It is well known that adolescent or teenage athletes will often under report symptoms of injuries. And concussions are no different. As a result, education of administrators, coaches, parents and students is the key for student-athlete’s safety.

If you think your child has suffered a concussion

Any athlete even suspected of suffering a concussion should be removed from the game or practice immediately and an urgent referral to a health care provider should be arranged (if not already onsite). No athlete may return to activity after sustaining a concussion, regardless of how mild it seems or how quickly symptoms clear, without written medical clearance from a Medical Doctor (MD) or Doctor of Osteopathic Medicine (DO). Close observation of the athlete should continue for several hours. You should also inform your child's coach if you think that your child may have a concussion. Remember it is better to miss one game than miss the whole season. **When in doubt, the athlete sits out!**

Cognitive Rest & Return to Learn

The first step to concussion recovery is cognitive rest. This is essential for the brain to heal. Activities that require concentration and attention such as trying to meet academic requirements, the use of electronic devices (computers, tablets, video games, texting, etc.), and exposure to loud noises may worsen symptoms and delay recovery. Students may need their academic workload modified while they are initially recovering from a concussion. Decreasing stress on the brain early on after a concussion may lessen symptoms and shorten the recovery time. This may involve staying home from school for a few days, followed by a lightened school schedule, gradually increasing to normal. Any academic modifications should be coordinated jointly between the student's medical providers and school personnel. After the initial 24-48 hours from the injury, under direction from their health care provider, patients can be encouraged to become gradually and progressively more active while staying below their cognitive and physical symptom-exacerbation thresholds (i.e., the physical activity should never bring on or worsen their symptoms). No consideration should be given to returning to full sport activity until the student is fully integrated back into the classroom setting and is symptom free. Occasionally a student will be diagnosed with post-concussive syndrome and have symptoms that last weeks to months. In these cases, a student may be recommended to start a non-contact physical activity regimen, but this will only be done under the direct supervision of a healthcare provider.

Return to Practice and Competition

The Kansas School Sports Head Injury Prevention Act provides that if an athlete suffers, or is suspected of having suffered, a concussion or head injury during a competition or practice, the athlete must be immediately removed from the competition or practice and cannot return to practice or competition until a Health Care Professional has evaluated the athlete and provided a written authorization to return to practice and competition. The KSHSAA recommends that an athlete not return to practice or competition the same day the athlete suffers or is suspected of suffering a concussion. The KSHSAA also recommends that an athlete's return to practice and competition should follow a graduated protocol under the supervision of the health care provider (MD or DO).

For current and up-to-date information on concussions you can go to:

<http://www.cdc.gov/concussion/HeadsUp/youth.html>

<http://www.kansasconcussion.org/>

For concussion information and educational resources collected by the KSHSAA, go to:

<http://www.kshsaa.org/Public/General/ConcussionGuidelines.cfm>

Student-athlete Name Printed

Student-athlete Signature

Date

Parent or Legal Guardian Printed

Parent or Legal Guardian Signature

Date

The parties to this document agree that an electronic signature is intended to make this writing effective and binding and to have the same force and effect as the use of a manual signature.



Dear Parent/Guardian,

Woodland Spring Middle School is implementing an innovative program for our student-athletes called ImPACT. ImPACT is a computerized exam utilized in many professional, collegiate, and high school sports programs across the country to provide important brain function baseline data. If an athlete is believed to have suffered a head injury during competition, ImPACT may be used by the doctor to help determine the severity of the head injury and coordinate safe return to play.

The computerized exam is given to athletes at the beginning of the season. This non-invasive test is set up in “video-game” type format and takes about 30-45 minutes to complete. It is simple, and actually many athletes enjoy the challenge of taking the test. Essentially, the ImPACT test is a preseason physical of the brain. It tracks information such as memory, reaction time, speed, and concentration. It, however, is not an IQ test.

If a concussion is suspected, the athlete will be required to re-take the test. Both the preseason and post-injury test data is utilized by a medical professional to help evaluate the injury. The information gathered can also be shared with your family doctor. The test data will enable these health professionals to determine when return to play is appropriate and safe for the injured athlete. If an injury of this nature occurs to your child, you will be promptly contacted with all the details.

I wish to stress that the ImPACT testing procedures are non-invasive, and they pose no risks to your student-athlete. We are excited to implement this program given that it provides medical professionals with additional information for managing concussions and preventing potential brain damage that can occur with multiple concussions. The Woodland Spring Middle School administration and coaching staff are striving to keep your child’s health and safety at the forefront of the student-athlete experience. ***It is mandatory to return the attached consent/Opt-out form with the appropriate signatures.*** If you have further questions regarding this program please feel free to contact me at 913-592-8188.

Sincerely,
Zack Harwood, A.D.
Woodland Spring Middle School

www.impacttest.com



Select only ONE of the following: Either Consent or Opt-out

☐ 1. Consent Form _____

For use of the Immediate Post-Concussion Assessment and Cognitive Testing (ImPACT)

I have read the attached information. I understand its contents. I have been given an opportunity to ask questions and all questions have been answered to my satisfaction. I agree to participate in the ImPACT Concussion Management Program.

Printed Name of Athlete _____

Sport(s) _____

Signature of Athlete

Date

Signature of Parent

Date

☐ 1. Opt-Out Form _____

I have read the attached information. I understand its contents. I have been given an opportunity to ask questions and all questions have been answered to my satisfaction. I choose not to participate in the ImPACT Concussion Management Program.

Printed Name of Athlete _____

Sport(s) _____

Signature of Athlete

Date

Signature of Parent

Date

FRONTIER LEAGUE EXPECTATIONS

CITIZENSHIP & SPORTSMANSHIP

In compliance with the KSHSAA regulations and the Frontier League, Woodland Spring Middle School adheres to the values and concepts of citizenship and sportsmanship.

Sportsmanship is in – Be in style.

- 1. Be courteous to all participants, coaches, officials, staff and fans. Booing is prohibited.**
- 2. Abide by and respect the official's decisions. Know the contest rules.**
- 3. Win with character and lose with dignity.**
- 4. Display appreciation for good performance regardless of the team.**
- 5. Exercise self-control and reflect positively upon yourself, the team and your school.**
- 6. Permit only positive sportsmanship behavior to reflect on your school and its activities.**
- 7. Please do not stomp on, kick or otherwise abuse the bleachers.**

Thank you for your cooperation and assistance in modeling the concepts of sportsmanship for our youth.

**EMERGENCY MEDICAL INFORMATION
AND
INSURANCE VERIFICATION (MANDATORY BY KSHSAA)**

Name of Student (PLEASE PRINT)

PARENT OR GUARDIAN MUST ANSWER THESE QUESTIONS:

1. Is your child covered by Medical Insurance? ☐ YES ☐ NO

2. If yes, what is the name of the Insurance Company?

3. What is the Medical Insurance Policy Number?

4. If you have a family physician, please list his/her name and telephone number(s):

PHYSICIAN

	Work#:	Home#:
--	--------	--------

5. If your child is injured while participating in a school-sponsored activity and it is necessary to take him/her to a hospital, do you have a preference? ☐ YES ☐ NO

HOSPITAL PREFERENCE

6. List below telephone numbers where you might be reached:

HOME

WORK

7. In case of emergency, if we cannot contact one of the parents, list below either a relative or a neighbor whom we should contact:

NAME

RELATIONSHIP

PHONE

Please communicate with the coach/sponsor of any special medical needs that your child may have.

Special conditions/information emergency personnel should be aware of: (ex. Contacts, Asthma, Inhaler needed, Diabetes, etc.):

This is to verify that the above named student is currently covered by an insurance policy, which will be in effect throughout the _____ school year, and that the above-mentioned policy covers injuries sustained in both practice sessions and/or athletic events. It is understood that neither the school nor the coaching staff assumes any responsibility in case of accident. Insurance is mandatory before a student can practice or participate in any sport per the Kansas State High School Activities Association. If your student does not have insurance contact the athletic office immediately to inquire about student insurance that is available from K & K Student Insurance Group. Forms are available in the athletic office for you convenience.

Date

Revised
9/00

Signature of Parent/Guardian

**READ, SIGN & MUST RETURN
WITH PHYSICAL IN ORDER FOR
STUDENT TO PRACTICE**

Woodland Spring Middle School
ACTIVITY RULES/EXPECTATIONS

Philosophy: Though each and every student may not have *equal* playing time, each student *will* have the opportunity to participate as long as they are in compliance with Kansas State High School Activities Association (KSHSAA), USD 230, and WSMS participation policies and team rules.

- 1.) All participants must be in compliance with all Kansas State High School Activities Association, USD 230, and WSMS participation policies and team rules. Student participants must also be in good standing, both academically and behaviorally, to participate:
Academic Weekly Eligibility: Any player who is failing ("F") a class will be ineligible for the week. Any student receiving a failing grade is to meet with the teacher of each class he/she is failing to ascertain and attempt to remedy the problem.
Behavior: If a student must serve a tenth hour and/or part of a practice is inexcusably missed, he/she may also have an additional team consequence, i.e. extra running. After the 3rd tenth hour, a conference will be held with the coaches. Any student who is suspended (ISS or OSS) is not considered to be in good standing and will not be allowed to participate during the suspension.
- 2.) All players should be dressed and ready for practice at 3:30pm sharp. It is the player's responsibility to secure his/her belongings. Valuables should be given to the coach to secure until the end of the contest/practice. Players are responsible for any equipment/uniforms checked out to them. School items that are lost or unreasonably destroyed must be reimbursed by the student participant.
- 3.) Players must follow the safety/playing instructions given by the coaches.
- 4.) Members of the team are required to travel to and from the game by school transportation provided for this purpose. Only the coach and/or the building administration may excuse a participant from returning with the team. A participant may be given permission to return home with his/her parents or with the parents of another student. The participant must present a written request to the coach and/or building administrator. Before he/she can ride home with another parent, written confirmation from his parent AND the other parent is needed. That parent must sign the student(s) out with the coach before leaving the contest site.
- 5.) Players are expected to be in attendance at school all day to participate in practice/games. A building administrator may grant exceptions. Players who are absent from school because of illness or family emergency will be excused. Players who are absent from practice for some other reason must have a written excuse handed in to the coach before practice if possible or before the following practice. Any player with an unexcused absence the week before/of a game may not be permitted to play in the game.
- 6.) If a player is injured, he/she must have a written doctor's release before he/she is allowed to resume participation.
- 7.) We request that parents pick students up within 15 minutes of the ending time of practice/game.
- 8.) All players are expected to have a positive attitude, put forth their best effort, show willingness to work and cooperate, and display good sportsmanship -- both at practice and at games.
- 9.) In the event that a large number of students are involved in an activity, the coach/sponsor may divide the team into a varsity, junior varsity, tournament team, etc. This is the coach's decision.
- 10.) In order for a student participant to letter in an activity, he/she must complete the entire season of that activity and be in good standing. EXCEPTION: A participant who, by reason of illness or injury, fails to complete a full season, and if, in the opinion of the coach/sponsor, he/she would have lettered if able to complete the season.

Cut off and return this bottom section to the coach/sponsor before the first game.

I have read and understand these rules and have discussed them with my son/parent.

Parent/guardian signature

Student participant signature

date

WSMS ACTIVITY LATE PICKUP

Date: _____

Parent: _____

WSMS coaches/sponsors are required to supervise any/all student participants until they have all been picked up from the game/practice. Therefore, WSMS coaches/sponsors respectfully request that the parent make arrangements for the student to be picked up from all WSMS practices and games **within 15 minutes** of the scheduled end of the activity. WSMS coaches/sponsors are expected, in turn, to provide each parent with a schedule with ending and approximate return times listed for each game and practice. (It is impossible to predict the *exact* ending and return time for games; however, we will base our times on past experience.)

Your student, _____ has not been picked up on time after the last _____ practices. Student participants who are habitually late in being picked up from games/practices will be dealt with by the coach/sponsor, which may include disciplinary action.

Coach name/signature

FRONTIER LEAGUE SCHOOLS

Baldwin Junior High School- Bulldogs

400 Eisenhower Road
Baldwin City, Kansas 66006
(785) 594-2448
[BJHS Map Link](#)



Ottawa Middle School- Whirlwinds

1230 South Ash
Ottawa, Kansas 66067
(785) 229-8030
[OMS Map Link](#)



Eudora Middle School- Cardinals

2635 Church
Eudora, Kansas 66025
(785) 542-4960
[EMS Map Link](#)



Paola Middle School- Panthers

405 North Hospital Drive
Paola, Kansas 66071
(913) 294-8030
[PMS Map Link](#)



Louisburg Middle School- Wildcats

505 East Amity
Louisburg, Kansas 66053
(913) 837-1351
[LMS Map Link](#)



Pioneer Ridge Middle School- Jaguars

16200 Kill Creek Road
Gardner, Kansas 66030
(913) 856-3850
[PRMS Map Link](#)



Spring Hill Middle School- Mavericks

301 East South Street
Spring Hill, Kansas 66083
(913) 592-7288
[SHMS Map Link](#)



Trailridge Middle School- Huskies

495 E. Grand Street
Gardner, Kansas 66030
(913) 856-3550
[TMS Map Link](#)



Wheatridge Middle School- Mustangs

318 East Washington
Gardner, Kansas 66030
(913) 856-2900
[WMS Map Link](#)



Woodland Spring Middle School- Stallions

17450 W. 167th Street
Olathe, Kansas 66062
(913) 592-8188
[WSMS Map Link](#)



OTHER SCHOOLS

Anderson County Junior/Senior High

1100 West Hwy 31
Garnett, Kansas 66032
(785) 448-3115
[AC J/SH Map Link](#)



Mission Trail Middle School

1001 Persimmon Drive
Olathe, Kansas 66061
(913) 780-7260
[MTMS Map Link](#)



Chisholm Trail Middle School

16700 159th Street
Olathe, Kansas 66062
(913) 780-7240
[CTMS Map Link](#)



Piper Middle School

4420 N 107th Street
Kansas City, Kansas 66109
(913) 721-1144
[PMS Map Link](#)



Wellsville Middle School

602 Walnut Street
Wellsville, Kansas 66092
(785) 883-4350
[WMS Map Link](#)



Tonganoxie Middle School

824 Washington Street
Tonganoxie, Kansas 66086
(913) 416-1470
[TMS Map Link](#)



Blue Valley Southwest High School

17600 Quivira Road
Overland Park, Kansas 66221
(913) 624-2000
[BVSWSHS Map Link](#)

