

**SHAWANO HAWKS  
EXTRA-CURRICULAR  
ATHLETIC HANDBOOK  
Shawano Community  
Middle School**





## **Paper Work Needed For Sports Participation**

- 1. **Athletic Code signed by Athlete and Parent**  
– 1 per school year
- 2. **Athletic Waiver signed by Athlete and Parent**  
– 1 per school year
- 3. **Physical Card signed by Physician and Parent**  
– 1 per school year (OR)
  - a. **\*\* Alternate Year Card signed by Parent for second year of physical**
- 4. **Concussion Form signed by Athlete and Parent**  
– 1 per school year
- 5. **Emergency Card - signed by parent**  
– **NEED 1 FOR EACH SPORT**
- 6. **Authorization for Disclosure of Health Information**  
- 1 per school year
- 7. **Athletic Fee - \$10.00 per sport**

## Extra-Curricular Athletics Philosophy

Extra-curricular activities at Shawano Community Middle School exist so students have the opportunity to try various types of activities during the maturing and growing process. Participants are provided instruction and encouragement so they may learn basic skills and improve upon existing skills under qualified direction. All students who practice regularly and put forth effort according to the coach's expectations, which includes passing all classes, may participate in competitions or meets.

### **PRINCIPLES OF MIDDLE SCHOOL EXTRA-CURRICULAR ATHLETICS**

1. To allow as many students as possible to participate in the activities of their choice.
2. To develop the basic skills of each activity and improve upon existing skills for each student.
3. To provide students a guided activity in which to utilize their abundance of energy.
4. To guide participants in good sportsmanship, which translates to good citizenship.
5. To foster a sense of responsibility and commitment to a team.
6. To present students with opportunities to develop friendships with teammates and opponents.
7. To teach participants the rules of the game.
8. To demonstrate for participants the benefits of healthy habits, good nutrition and safety.

All students are given the opportunity to participate in the extra-curricular sports of their choice. Students are not "cut" from activities due to a lack of skill. Everyone participates in competitions; regardless of individual skills.

Students must understand that academic performance is the primary reason for being in school. **Grades will be checked every other week.** If a student has a failing (F) grade in any subject, they will out of competition for at least 1 week, but allowed to practice daily. The Friday in between grade checks is for the students who had a failing (F) grade and were out of competition for that week. At this time, the student-athlete must be passing all classes to resume eligibility to compete. In order to teach the basic skills of each sport during our short middle school seasons, as well as to foster a sense of responsibility and commitment to team, it is necessary that student-athletes attend all practices as assigned by the coach for the entire practice session. As a result, no new participants will be permitted to join any team after the first competition. This may not apply to transfer students new to SCMS.

Any questions can be referred to Mrs. Beth Bartz, Athletic Director, SCMS. 715-526-2192 ext. 3113

## Shawano Community Middle School Athletics Code

**The goal of athletics programs at SCMS is to encourage student participation in a safe and encouraging environment where the focus is learning and growing.**

Students participating in extracurricular athletics are leaders and represent the community, school, coach, and themselves. Students are expected to conduct themselves in an appropriate manner at all times.

- 1) The use or possession of any tobacco/alcohol/controlled substances, which includes illegal or prohibited performance enhancing substances, in or out of school, is expressly forbidden, and will result in immediate suspension from all events for the current season. Suspensions may also include subsequent season(s), up to an entire school year. Occurrences during the summer will result in a minimum one season suspension. Suspensions may include, but are not limited to: sports, clubs, student council, yearbook, PTA sponsored events, dances – both as a participant and a spectator. (This list is not all inclusive and is subject to change.) These consequences may be enacted in addition to any other school district / legal proceedings that result from student use / possession of controlled substances.
  
- 2) Athletes must comply with all rules established by district policy, school administrators, teachers, coaches, and school behavior / discipline plan(s). Students who receive office referrals for behavior or who have on-going behavioral issues, including repeated minor discipline offenses may lose extracurricular privileges.
  
- 3) Student-athletes are expected to obey the rules of their chosen sport and show good sportsmanship and citizenship at all times. This is an expectation both on and off the playing field. **Participation in extracurricular sports is a privilege.**
  
- 4) **Students participating in extra-curricular athletics are expected to carry passing grades in all classes.** If a student is failing one or more classes when grades are checked, he/she will be withheld from participation in all competitions included in the following week. Students who are failing are still expected to comply with team requirements and expectations and attend all practices.
  
- 5) Student-athletes must be willing to follow the coach's directions and attend all games and practice sessions, unless excused. Students must maintain a clean attendance record. Truancy warnings, tardies, and unexcused absences constitute a poor attendance record, which could result in suspension of participation. Attendance and participation at practices/school may influence the amount of playing time an athlete will receive. Students must be in school in order to participate in practice or competitions, unless excused by an administrator or the MS athletic director. Absences considered excused include: dental appointments, funerals, medical appointments (not for illness). Students cannot participate in games or practice if they have missed any part of the school day due to illness, disciplinary issues, or have been unexcused. Any questions as to whether an absence is considered excused should be

directed to an administrator or the athletic director. **Students will not be penalized for missing practice to attend religious instruction.**

6) Student-athletes agree not to use social media (Facebook, Twitter, Snapchat etc.) to voice negative comments about opponents, teammates, parents, coaches, school faculty members, and/or officials. Violations may result in forfeiting part of all of a season.

7) It is understood that the **SCMS Athletic Code** is in effect all year, not just on a seasonal basis. Failure to comply with the items outlined in this policy will result in consequences which may lead to suspension of all individual rights to participate in extracurricular athletics. (This code may not be all inclusive as individual coaches may have additional guidelines particular to their sport.)

Any questions or concerns about any of the items listed in the **SCMS Athletics Code** should be directed to the coach or a school administrator for clarification. Shawano Middle School phone number is: 715-526-2192.

Questions about an individual sport should be directed to the coach of that sport.

### **SCMS SPORTS AVAILABLE TO SCMS STUDENTS**

#### **GRADE 6**

Soccer (Co-Ed)  
Track  
Cross Country  
Wrestling

#### **GRADE 7 & 8**

Soccer (Co-Ed)  
Football  
Volleyball (girls)  
Cross-country  
Basketball  
Track  
Cheer  
Wrestling

**PLEASE TEAR OFF AND RETURN THE LAST 2 PAGES OF THE  
SCMS ATHLETICS CODE TO SCMS OFFICE  
(Do not give any forms/fees to the coach)**

## Shawano Community Middle School Athletics Code

**\*\* NOTE: Student and Parent signatures on this Athletic Code are good for (one) school year and will serve to cover all sports in which the student chooses to participate. The Athletic Code must be signed on a yearly basis.**

*Student signature below indicates that he/she has read, understands, and agrees to comply with all of the policies listed in the **SCMS Athletics Code**.*

**Student Name (printed):** \_\_\_\_\_

**Student Signature:** \_\_\_\_\_

**Grade:** 6    7    8      **Date:** \_\_\_\_\_

*Parent signature below indicates that he/she read and reviewed the **SCMS Athletics Code** with their student-athlete and agrees to help their student comply with the policies so that he/she has a successful and rewarding extra-curricular athletics experience.*

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

**Date:** \_\_\_\_\_

Sports:

\_\_\_\_\_ Football      \_\_\_\_\_ Volleyball (girls)      \_\_\_\_\_ Cross Country      \_\_\_\_\_ Cheerleading  
\_\_\_\_\_ Wrestling      \_\_\_\_\_ Basketball      \_\_\_\_\_ Track      \_\_\_\_\_ Soccer (Co-Ed)



**Did you turn this page over and sign the back?**

**Shawano School District Athletic Waiver  
ACKNOWLEDGMENT OF WARNING BY STUDENT**

I, \_\_\_\_\_, hereby acknowledge that I have been properly advised, cautioned and warned by the proper personnel of the Shawano School District that by participating in any of its sports programs I am exposing myself to the risk of serious injury, including but not limited to, the risk of sprains, fractures and ligament and/or cartilage damage which could result in a temporary or permanent, partial or complete, impairment in the use of my limbs, brain damage, paralysis, or even death. Having been so cautioned and warned, it is still my desire to participate in the district's sports program(s), and should I choose to participate in the program, I hereby further acknowledge and understand the risk of serious injury to which I am exposing myself by participating in the sports program(s).

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

**ACKNOWLEDGMENT OF WARNING BY PARENTS**

We/I the Parent(s)/Guardian(s) of \_\_\_\_\_ do hereby acknowledge that we/I have been fully advised cautioned and warned by the proper personnel of the Shawano School District that our/my child named above may suffer serious injury, including but not limited to sprains, fractures, brain damage, paralysis or even death, by participating in the district's sports program(s). Notwithstanding such warnings, and with full knowledge and understanding of the risk of serious injury to our/my child named above which may result, we/I give our/my consent to \_\_\_\_\_ participating in the sport(s) program(s).

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

**\*\* NOTE:** Your signatures on this Athletic Waiver are good for (one) school year and will serve to cover all sports in which the student chooses to participate. The Athletic Waiver must be signed on a *yearly basis*.





**ThedaCare**

**AUTHORIZATION FOR THE DISCLOSURE OF HEALTH INFORMATION**

**Athlete's Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Authorizes information to be released from:** \_\_\_\_\_ **Information Released to:** (Officials of the school I attend, including coaching staff and Athletic Directors who are involved in my sporting events).

Theda Care  
122 E. College Ave.  
Appleton, WI 54911

Shawano Community High School  
220 County Road B  
Shawano, WI 54166

**Information to be released includes:** All information concerning my health that impacts my ability to participate in sports. This may include information about injuries (such as sprains, strains), surgeries (such as ACL reconstruction, rotator cuff repair), concussions (ImPACT test results) or medical conditions (such as asthma).

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

I understand that if the person(s) and/or organization listed above are not health care providers, health plans, or health care clearinghouses, who must follow the federal privacy standards, the health information disclosed as a result of this authorization may no longer be protected by the federal privacy standards and my health information may be re-disclosed without obtaining my authorization

**YOUR RIGHTS WITH RESPECT TO THIS AUTHORIZATION:**

**Right to inspect or Copy the Health Information to be used or disclosed** – I understand that I have the right to inspect or copy the health information I have authorized to be used or disclosed by this authorization form. I may arrange to inspect my health information or obtain copies of my health information by contacting the health information department. **Right to Receive Copy of this Authorization** – I understand that if I agree to sign this authorization, which I am not required to do so I must be provided with a signed copy of the form. **Right to refuse to sign this authorization** – I understand that I am under no obligation to sign this form and that the person(s) and or organization (s) listed above who I am authorizing to use and/or disclose my information may not condition treatment, payment, enrollment in a health plan or eligibility for health care benefits on my decision to sign this authorization. **Right to withdraw this Authorization** – I understand that written notification is necessary to cancel this authorization. To obtain information on how to withdraw my authorization or to receive a copy of my withdrawal, I may contact the health information department. I am aware that my withdrawal will not be effective as to uses and/or disclosures of my health information that the person(s) and or organization(s) listed above have already made in reference to this authorization.

**EXPIRATION DATE:** This authorization is good for one year from the date signed. I have had an opportunity to review and understand the content of this authorization form. By signing this authorization I am confirming that it accurately reflects my wishes.

**Parent/Guardian Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_