



# **Student Activities Handbook**

2026 - 2027



1127 U.S. Highway 14, Ranchester, WY 82839  
Phone: 307-655-9541 Fax: 307-655-9477

Parents, Students and Staff,

Successful extra curricular programs are built on strong relationships, mutual respect, and proactive communication. All stakeholders, (student-athletes, coaches, administrators, and parents) play an important role in creating a positive experience that supports growth, accountability, teamwork, and character development.

This guiding document is intended to provide guidance for healthy, respectful, and solution-oriented communication within our middle and high school athletic and activities programs. Our goal is always to address questions, concerns, and challenges in a manner that supports student-athletes while maintaining professionalism and trust among all parties involved. Ultimately, it is the responsibility of all stakeholders to work together to offer the best possible experience for our students as they participate in our athletic and activity programs in Sheridan School District #1.

Sincerely,

Jeff Jones, Ed. D.  
SCSD #1 Superintendent

#### **EQUAL EDUCATIONAL OPPORTUNITIES**

The Board believes that discrimination has no place in public education. Schools should be open to all who wish to enjoy their benefits. This right should not be curtailed because a student possesses characteristics, which do not conform to majority patterns. Sheridan County School District #1 does not discriminate based on race, color, national origin, sex, age, or disability in admission or access to, or treatment of employment in, its educational programs or activities. Inquiries concerning Title VI, [Title IX](#), Section 504, and ADA may be referred to Sheridan County School District #1, 1127 US Highway 14, Ranchester, WY 82839.

REF: Policies IGB, IGBA IGBFA, IGBG, IGBJ, IHBC,  
20 U.S.C. 794, Rehabilitation Act of 1973, Section 504  
20 U.S.C. 1401, Individuals with Disabilities Education Act  
20 U.S.C. 1681, Education Amendments of 1972, Title ~

20 U.S.C. 1703, Equal Employment Opportunity Act of 1972  
42 U.S.C. 2000, Civil Rights Act of 1964, Titles VI and VII  
42 U.S.C. 12101 et seq., Americans with Disabilities Act

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## **I. Stakeholder Collective Commitments**

### ***A. Commitment to Positive Partnerships***

Our athletic programs are strongest when coaches, student-athletes, and parents work together with trust, honesty, professionalism, and mutual respect. By maintaining proactive communication and focusing on solutions, we create an environment where student-athletes can grow not only as athletes, but also as young people of character and integrity.

#### **Coaches**

Coaches serve as leaders, mentors, and role models within the athletic program. As part of that responsibility, coaches are expected to:

- Understand that they are students first and athletes second.
- Exhibit good sportsmanship and show respect toward all stakeholders, including game officials.
- Communicate clearly and appropriately with student-athletes regarding expectations, roles, conduct, and opportunities for improvement.
- Foster an environment where student-athletes feel respected, supported, and encouraged to grow.
- Provide honest and constructive feedback in a manner that promotes learning and development.
- Be proactive in addressing concerns before they become larger issues.
- Maintain professionalism and appropriate boundaries in all communications and meetings.
- All coaches must sign the Conflict Resolution Agreement prior to coaching in their first practice of the school year.

#### **Students**

Student-athletes are expected to:

- Understand that they are students first and athletes second.
- Communicate respectfully and honestly with coaches.
- Ask questions when clarification is needed.
- Demonstrate accountability, effort, sportsmanship, and a willingness to improve.
- Address concerns directly and appropriately with coaches whenever possible.
- Seek support from parents, coaches, counselors, or administrators when needed.

#### **Parents/Guardians**

Parents and guardians play an essential role in supporting student-athletes and athletic programs. Parents are expected to:

- Understand that they are students first and athletes second.
- Exhibit good sportsmanship and show respect toward all stakeholders, including game officials.
- Support respectful and solution-focused communication.
- Encourage student-athletes to communicate directly with coaches whenever appropriate.
- Partner with coaches in a positive and constructive manner.

## ***B. Commitment to Proactive Communication***

Our expectation is that concerns and questions will be addressed at the lowest appropriate level whenever possible, while also recognizing that individual situations may require additional support or supervision.

### **Step 1 — Student-Athlete and Coach Communication**

Whenever appropriate, the first step should be direct communication between the student-athlete and the coach. Student-athletes are encouraged to respectfully ask questions, seek clarification, and discuss concerns related to their experience within the program.

Examples may include:

- Role expectations
- Skill development
- Practice habits
- Team expectations
- Ways to improve

Coaches are expected to respond professionally, respectfully, and constructively.

### **Step 2 — Formal Meeting Between Student-Athlete and Coach**

If a more formal meeting is needed between the student-athlete and coach, the coach should schedule a meeting that includes another adult staff member from the coaching staff present during the conversation.

The purpose of having an additional adult present is to:

- Support clear communication
- Promote accountability and professionalism
- Ensure all parties feel supported and comfortable
- Help maintain a positive and productive environment

If the student-athlete does not feel comfortable meeting without a parent/guardian present, the meeting may include:

- The student-athlete
- The coach
- A designated coaching staff member
- The parent/guardian

### **Step 3 — Formal Meeting Between Parent and the Coach**

If the parent is the one wanting to meet or talk with the coach, the “24 Hour Rule” should be followed by both the parent and the coach. This rule just means that no discussion that involves anger, frustration, concern, etc. should take place between a parent and a coach within 24 hours of a contest. The goal of any such meeting is to discuss the situation at hand with a solution-focused perspective, in a respectful tone, and with emotions clearly under control.

Once the meeting is scheduled, the following should be present:

- The student-athlete (unless the adults in the meeting determine it is best not to include the student)
- The coach
- A designated coaching staff member
- The parent/guardian

#### **Step 4 — Inclusion of Administration After On-Going Concerns and/or Special Circumstances**

In some situations, a coach, parent/guardian, or student-athlete may feel additional support or supervision is appropriate. In those situations, an administrator may be requested to attend the meeting.

Examples may include:

- Significant ongoing concerns
- Situations involving student well-being
- Communication breakdowns
- Highly emotional or complex situations
- Concerns regarding policy, conduct, or program expectations

These meetings may include:

- Student-athlete
- Coach
- Parent/guardian
- Coaching staff representative
- Administrator

### ***C. Proactive Communication Summary***

While the preferred communication progression is generally:

1. Student-Athlete and Coach Meet
2. Student-Athlete, Coach, and Parent/Guardian Meet
3. Student-Athlete, Coach, Parent/Guardian, and Administrator Meet

**\*We also recognize that every situation is unique. At any point within this process, any participant may request that an individual with supervisory responsibility or additional adult support be present during meetings or discussions in order to help ensure a respectful, productive, and supportive environment for everyone involved.**

## II. Violation Protocols For Parents And Spectators

- 1) First Violation
  - Required meeting with administrator (via phone or in person).
  - Review Stakeholder Collective Commitments in Activity Handbook.
  - Verbal or written warning.
- 2) Second Violation
  - Required meeting with an administrator (via phone or in person).
  - Review Stakeholder Collective Commitments in Activity Handbook.
  - Parent not allowed to attend their child's next athletic event on SCSD#1 property.
- 3) Third Violation
  - Required meeting with the administrator (via phone or in person).
  - Review Stakeholder Collective Commitments in Activity Handbook.
  - Parent not allowed to attend any athletic event on SCSD#1 property for the balance of the school year.
  - If necessary, additional disciplinary action consistent with district policy and expectations.

**\*Immediate Administrative Action** - Serious violations may result in immediate consequences without progressive steps.

Examples may include:

- Threatening behavior
- Harassment or intimidation
- Physical aggression
- Abusive or profane conduct
- Discriminatory behavior
- Significant disruption and/or unsportsmanlike behavior at practices, contests, meetings, or school activities.

Possible consequences may include:

- Immediate removal from an event or activity
- Suspension of attendance privileges
- Removal from team activities
- Administrative or law enforcement involvement when appropriate

By signing below, I acknowledge that I have read the [Stakeholder Collective Commitments](#) and the [Violation Protocols for Parents and Spectators](#) above. The student signature is required prior to participation in any scheduled athletic contest or scheduled activity performance. At least one parent/guardian signature is expected prior to the student participating in any scheduled athletic contest or scheduled activity performance.

Student

Date

Parent/Guardian

Date

### **III. Middle School Sports**

Just as the structures and practices that define schooling at the middle school are different from those used at other levels, appropriate sports programs for middle school students should differ from the programs for high school students. During these critical years, young adolescents are experiencing one of life's greatest periods of physical, emotional, social and intellectual growth. An important challenge and role for middle schools is to help students incorporate these dramatic changes into the knowledge, skills and attitudes they need to succeed in high school and later in life.

A major hallmark of middle schools is their focus on being developmentally responsive that recognize the following:

- exploration rather than specialization
- strengthening of fundamental skills in a variety of activities
- teamwork and sportsmanship
- meaningful relationships
- health and safety
- resiliency, responsibility and accountability
- continuing opportunities to play
- transitioning to high school athletic programs

### **IV. SCSD #1 Eligibility and Activity Code Policy**

(Policy IGDJ-R2 - Secondary Schools Eligibility and Activity Code)

To participate in the activity programs in Sheridan County School District #1, students will be expected to follow certain expectations and requirements. Participation in activities is a privilege, not a right in Sheridan County School District #1. The purpose of these rules is to:

- Promote a healthy environment to ensure the well-being of students who are or will be participating in extracurricular activities;
- Give students positive reasons to resist peer pressure;
- Ensure consistency of expectations for students and discipline/consequences among the various activity programs.

#### **Definitions for this Code:**

##### **Activity is defined as:**

- An event or contest occurring outside the classroom;
- Participation is not required as a part of any of the student's classes;
- Participation does not affect the grade of the student in any of his/her classes; and
- If questions arise, the student's principal will be the sole determiner of what qualifies as an "activity".

##### **High School Career is defined as:**

- The entire time students are attending high school. (usually 4 years)

##### **Timeline for Activity Code is Defined as:**

- The activity code timeline for fall activity participants is defined as: the first day of fall practice set by the Wyoming High School Activities Association or the first day of school, whichever comes first, and ending the last day of school of the current school year.
- The activity code timeline for all students not involved in a fall activity is defined as: The first day of school until the last day of school of the current school year.

- All infractions occurring during the activity code timelines above, regardless of whether or not a student is between seasons at the time of the infraction, will result in enforcement of the consequences and will accumulate over the student's high school career.
- All infractions occurring outside the activity code timeline, such as after school has ended for that school year, and before the first fall sports practice of the next school year, will not be enforced per the activity code.

**Expected Conduct:** Activity participants are expected to conduct themselves at all times in such a manner as to be a credit to themselves, their parents or guardians, their school and their community.

**WHSAA Eligibility:** Students ineligible by state requirements (Wyoming High School Activities Association) are automatically ineligible by local requirements.

**Academic Eligibility:** Grades are checked weekly. Students, staff, coaches and Athletic Director will be notified of academic status on Tuesdays of each week. An eligibility list will be emailed to staff each Tuesday morning. If a student is on the failing list, he/she will have one week to increase the failing grade to a passing one. If the failing grade is not raised to a passing grade by the following Tuesday, the student will be declared ineligible for that week of activities (7 days) or Tuesday to Tuesday. Knowing it may take more than a week for reteaching and relearning, if the student is actively engaged in bringing up their grade, they will not be considered ineligible. After 7 days, when the next Tuesday list is generated, student eligibility will again be determined. Students will remain ineligible until the weekly Tuesday eligibility list deems the student eligible. This eligibility requirement applies to each class individually. The principal will make the final determination on eligibility. Once the eligibility list is sent to coaches, the coach is responsible for enforcement of the rules or the team will be subject to forfeiture of the contest per Wyoming High School Activities Association Rules regarding allowance of an ineligible student to participate in an activity.

**Attendance:** Students must be in attendance the entire school day in order to participate in extracurricular activities that day, unless approved by the administrator. Exceptions to the rule would include doctor, dentist appointments, and funerals.

**Transportation:** Students are required to ride the bus to and from the activity, unless an alternative transportation request is completed prior to the activity. If parents wish to bring their child home after the activity, the parents must sign them out with the coach/sponsor. If a student is riding home with another person an alternative transportation request is REQUIRED (EEADA-E) and that person will also sign the student out with the coach indicating assumption of responsibility for that student. This person may be asked to show the coach identification for the safety of our students. **Note:** Any student who is ineligible to compete in a contest will NOT travel with the team or be on the bench or sidelines during that contest.

**Behavior Policies:** All District and individual school behavior policies apply during practices, while participating, and spectating.

**Felonious Infraction:** If a student is charged with a felony, the student will be suspended immediately from activities for an indefinite time period while school administration determines the course of action to be used in dealing with that student. If a student is found guilty of a felony, he/she will automatically incur a minimum 365-day suspension from activities.

**Honesty and Self-Admission Clause:**

- Self-admission includes a student contacting a coach or school official within 48 hours of the infraction to self-report. Acceptable forms of notification by the student include: phone call, voicemail, text message, or email to a school official. If a student self-admits within the 48 hours, the penalty may be reduced by the activities director and administration.
- Must be the participant's first offense.

**Infractions** – A participant will be subject to disciplinary action if during the course of the participant's high school career, he or she commits any of the following infractions:

- Use or possession of tobacco (includes Electronic Cigarettes (E-Cigs) and/or Vapor Pens). Alcohol, or Inhalants
- Use or possession of marijuana or any other illegal, controlled substance, that is not prescribed to the individual, as defined by Wyoming State Law
- Fighting, Bullying, Hazing or Harassment
- Crimes Against Persons or Property, Theft, Vandalism
- Felonious Infractions

**Additional Infraction Consideration:** In addition to the infractions listed above, each coach/sponsor may have activity specific expectations that will be reviewed at the beginning of each activity season for which the participants will be responsible. Additionally, lack of overall classroom performance, expected behavior, effort, and/or failing to complete assigned tasks could cause the student to be determined ineligible by the building principal. A meeting with student, parent, coach and principal must take place before the student is deemed ineligible for such reasons.

| STEPS OF INELIGIBILITY                                  |                                |                                |
|---------------------------------------------------------|--------------------------------|--------------------------------|
|                                                         | 6 – 12 contests                | 13 – 18 contests               |
| STEP                                                    | FB, CC, GO, TRK                | VB, BB, WRE                    |
| 1                                                       | 1 day of competition           | 2 days of competition          |
| 2                                                       | 2 days of competition          | 4 days of competition          |
| 3                                                       | 4 days of competition          | 8 days of competition          |
| 4                                                       | Ineligible for 1 calendar year | Ineligible for 1 calendar year |
| Non-athletic activities – according to number of events |                                |                                |

**Infraction/Violation Chart:**

Suspensions for infractions will vary depending upon the frequency of the activity and severity of the infraction as follows:

| INFRACTION / VIOLATION CHART                                                                           | % OF SEASON   |               |               |               |               |
|--------------------------------------------------------------------------------------------------------|---------------|---------------|---------------|---------------|---------------|
| Infraction                                                                                             | 1st Violation | 2nd Violation | 3rd Violation | 4th Violation | 5th Violation |
| Tobacco, Alcohol & Inhalants (use or possession)                                                       | Step 1        | Step 2        | Step 3        | Step 4        | HS Career     |
| Marijuana or other illegal controlled substance – Not prescribed to the individual (use or possession) | Step 2        | Step 3        | Step 4        | HS Career     |               |

|                                                                     |        |           |        |           |           |
|---------------------------------------------------------------------|--------|-----------|--------|-----------|-----------|
| Fighting, Bullying, Hazing, or Harassment                           | Step 1 | Step 2    | Step 3 | Step 4    | HS Career |
| Conviction of a Crime against Persons or Property, Theft, Vandalism | Step 2 | Step 3    | Step 4 | HS Career |           |
| Felonious Infractions                                               | Step 4 | HS Career | -      | -         |           |

**Explanation of Infraction Chart:** This code is in effect upon the student's enrollment in Sheridan County School District #1 grades 9-12. Any appeals to this code should be presented in writing to the Director of Activities.

This code will be reviewed at the start of each activity season, by the respective coach/sponsor, with all participants involved.

**\*Note:** Once a student commits an infraction, regardless of the category, they will move to the 2nd, 3rd, 4th then 5th (if applicable) violation for every subsequent infraction.

**Multiple Infractions:** In the event of multiple infractions occurring at a single time, all infractions will be counted as a single violation of the most severe offense (e.g., a student found using alcohol and committing vandalism on a single occasion will be treated as though he/she committed a single vandalism offense).

· Infractions will accumulate over the course of a participant's high school career.

**Middle School to High School Carryover:** Infractions occurring at the Middle School level will not carry over to the High School.

**Student Supports:** Students committing infractions resulting in the above penalties, will be encouraged to seek help by enrolling in assistance programs such as the Tobacco Awareness Program (TAP) or participating in other support group organizations at their own expense. Evidence of enrollment and completing attendance in one or more of these programs may result in a reduction of the total number of days of competition missed by the student.

**Department of Family Services**

247 Grinnell St., Suite 100  
Sheridan, WY 82801  
307-672-2404

**Northern Wyoming Mental Health Center**

909 Long Drive, Suite C  
Sheridan, WY 82801  
307-672-8958 or 307-674-4405

\*Must complete an evaluation and prescribed personalized program

Revised: 8/7/08; 08/21/2012; 06/17/14; 8/18/15; 10/20/15; 8/16/16; 9/19/17; 3/10/20, 6/15/21, 7/21/21, 8/17/21, 7/20/22, 7/19/23, 6/18/24, 6/10/25, 6/30/26

## V. Concussion Information

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

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

### Returning too Soon

Athletes with the signs and symptoms of concussion should be removed from play immediately. The King-Devick Assessment will be utilized to help determine a concussion. 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 the student-athlete’s safety.

### Suspecting a concussion

Any athlete even suspected of suffering a concussion should be removed from the game or practice immediately. No athlete may return to activity after an apparent head injury or concussion, regardless of how mild it seems or how quickly symptoms clear, without medical clearance. 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, and when in doubt, the athlete sits out.

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

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

### **Guidelines used by SCSD #1 for returning to play**

Any athlete will be required to sit out of games and practices until they are cleared of symptoms of a concussion. This is determined by the following: 1) A release from a licensed medical provider (medical doctor, physicians, assistant, registered nurse, etc.) or the athletic trainer for SCSD#1 and 2) ability of the participant to perform at baseline levels established prior to the season using the ImPACT baseline assessment program. This re-assessment on the ImPACT test is to be conducted by the SCSD#1 athletic trainer.

### **Concussion Activity Agreement**

I have read this letter. I understand that it is essential that I disclose any incidents outside of school or school activities that have occurred in which the aforementioned symptoms were present. This disclosure will be made to the coach and athletic director.

|                              |                           |      |
|------------------------------|---------------------------|------|
| Student-Athlete Name Printed | Student-Athlete Signature | Date |
|------------------------------|---------------------------|------|

|                                  |                                    |      |
|----------------------------------|------------------------------------|------|
| Parent or Legal Guardian Printed | Parent or Legal Guardian Signature | Date |
|----------------------------------|------------------------------------|------|

## **VI. Student and Parent/Guardian Informed Consent**

Participation in all activities requires the acceptance of risk of possible serious injury. The risk can be minimized by following your coach's rules and procedures, by familiarizing yourself with the rules of the activity, and by following the specific rules issued by manufacturers for the safe use of your activity equipment. The risk is always there, but you can help minimize it by making safety a shared responsibility of following the activities rules, the coaches' rules, and the equipment manufacturer's rules. You, as a participant, can help make the activity safer by not intentionally using techniques which are illegal and which can cause serious injury.

Your signature below indicates that you have been informed about the importance of following rules in activities participation; and you realize that there is a risk of being injured that is inherent in all activities. You realize that the risk of injury may be severe, including the risk of fractures, brain injuries, paralysis or even death.

|                      |      |
|----------------------|------|
| Signature of Student | Date |
|----------------------|------|

|                              |      |
|------------------------------|------|
| Signature of Parent/Guardian | Date |
|------------------------------|------|

## **VII. Parent/Guardian Consent for Emergency Medical Assistance**

I hereby authorize Sheridan School District #1 and the faculty members in charge of my child named below to obtain all necessary medical care for my child in the event that I cannot be reached to authorize it myself. I hereby authorize any licensed physician and/or medical personnel to render necessary medical treatment to my child.

**Student's Name** \_\_\_\_\_

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

**Fathers Name:** \_\_\_\_\_

**Mothers Name:** \_\_\_\_\_

**Father Phone Numbers:**

**Mother Phone Numbers:**

**Work:** \_\_\_\_\_

**Work:** \_\_\_\_\_

**Home:** \_\_\_\_\_

**Home:** \_\_\_\_\_

**Cell:** \_\_\_\_\_

**Cell:** \_\_\_\_\_

**Insurance Information: Company** \_\_\_\_\_ **Policy #** \_\_\_\_\_

**Insured Person:** \_\_\_\_\_

**Policy Holder's Social Security Number:** \_\_\_\_ - \_\_\_\_ - \_\_\_\_

Signature acknowledges that we have read and understand the above warning and we give consent for emergency assistance that might be needed.

**Signature of Parent/Guardian** \_\_\_\_\_ **Date** \_\_\_\_\_

## **VIII. Athletic Insurance Waiver**

Sheridan School District #1 does not provide athletic insurance for students' participation in interscholastic athletics. Families are expected to provide their own health insurance and agree to be responsible for any medical expenses incurred. Please sign indicating that your child is covered, or that you accept financial responsibility, and that Sheridan School District #1 is not responsible for any medical expenses incurred as a result of athletic injury.

**Signature of Parent/Guardian** \_\_\_\_\_ **Date** \_\_\_\_\_

# **WHSAA Physical Form**

## **WYOMING HIGH SCHOOL ACTIVITIES ASSOCIATION SCHOOL PHYSICAL EXAMINATION MEDICAL RECORD**

PHYSICIANS STATEMENT MUST BE DATED AFTER JUNE 1 TO BE VALID FOR THE UPCOMING SCHOOL YEAR

Name \_\_\_\_\_ Sex \_\_\_\_\_ Age \_\_\_\_\_ Date of Birth \_\_\_\_\_  
 Grade \_\_\_\_\_ School \_\_\_\_\_ Sport(s) \_\_\_\_\_  
 Address \_\_\_\_\_ Phone \_\_\_\_\_  
 Personal Physician \_\_\_\_\_

***In case of emergency, contact***

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone (H) \_\_\_\_\_ (W) \_\_\_\_\_

Explain "Yes" answers below. Circle questions you don't know the answers to.

|                                                                                                                              | Yes                      | No                       |                                                                                                                                                                                                                                 | Yes                      | No                       |
|------------------------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------|
| 1. Have you had a medical illness or injury since your last check up or sports physical?                                     | <input type="checkbox"/> | <input type="checkbox"/> | 10. Do you use any special protective or corrective equipment or devices that aren't usually used for your sport or position (for example, knee brace, special neck roll, foot orthotics, retainer on your teeth, hearing aid)? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Have you ever been hospitalized overnight?                                                                                | <input type="checkbox"/> | <input type="checkbox"/> | 11. Have you had any problems with your eyes or vision? Do you wear glasses, contacts, or protective eyewear?                                                                                                                   | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Are you currently taking any prescription of nonprescription (over-the-counter) medications or pills or using an inhaler? | <input type="checkbox"/> | <input type="checkbox"/> | 12. Have you ever had a sprain, strain, or swelling after injury?                                                                                                                                                               | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Do you have any allergies (for example, to pollen, medicine, food, or stinging insects)?                                  | <input type="checkbox"/> | <input type="checkbox"/> | Have you broken or fractured any bones or dislocated any joints?                                                                                                                                                                | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Have you ever passed out during or after exercise?                                                                        | <input type="checkbox"/> | <input type="checkbox"/> | Have you had any other problems with pain or swelling in muscles, tendons, bones, or joints?                                                                                                                                    | <input type="checkbox"/> | <input type="checkbox"/> |
| Have you ever been dizzy during or after exercise?                                                                           | <input type="checkbox"/> | <input type="checkbox"/> | <i>If yes, check appropriate box and explain below</i>                                                                                                                                                                          |                          |                          |
| Have you ever had chest pain during or after exercise?                                                                       | <input type="checkbox"/> | <input type="checkbox"/> | Head _____ Elbow _____ Hip _____                                                                                                                                                                                                |                          |                          |
| Do you get tired more quickly than your friends do during exercise?                                                          | <input type="checkbox"/> | <input type="checkbox"/> | Neck _____ Forearm _____ Thigh _____                                                                                                                                                                                            |                          |                          |
| Have you ever had racing of your heart or skipped heartbeats?                                                                | <input type="checkbox"/> | <input type="checkbox"/> | Back _____ Wrist _____ Knee _____                                                                                                                                                                                               |                          |                          |
| Have you had high blood pressure or high cholesterol?                                                                        | <input type="checkbox"/> | <input type="checkbox"/> | Chest _____ Hand _____ Shin/calf _____                                                                                                                                                                                          |                          |                          |
| Have you ever been told you have a heart murmur?                                                                             | <input type="checkbox"/> | <input type="checkbox"/> | Shoulder _____ Finger _____ Ankle _____                                                                                                                                                                                         |                          |                          |
| Has any family member or relative died of heart problems or of sudden death before age 50?                                   | <input type="checkbox"/> | <input type="checkbox"/> | Upper Arm _____ Foot _____                                                                                                                                                                                                      |                          |                          |
| Have you had a severe viral infection (for example, myocarditis or mononucleosis) within the last month?                     | <input type="checkbox"/> | <input type="checkbox"/> | 13. Do you want to weigh more or less than you do now?                                                                                                                                                                          | <input type="checkbox"/> | <input type="checkbox"/> |
| Has a physician ever denied or restricted your participation in sports for any heart problems?                               | <input type="checkbox"/> | <input type="checkbox"/> | Do you lose weight regularly to meet weight requirements for your sport?                                                                                                                                                        | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Do you have any current skin problems (for example, itching, rashes, acne, warts, fungus, or blisters)?                   | <input type="checkbox"/> | <input type="checkbox"/> | 14. Do you feel stressed out?                                                                                                                                                                                                   | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Have you ever had a head injury or concussion?                                                                            | <input type="checkbox"/> | <input type="checkbox"/> | 15. Record the dates of your most recent immunizations (shots) for:                                                                                                                                                             |                          |                          |
| Have you ever been knocked out, become unconscious, or lost your memory?                                                     | <input type="checkbox"/> | <input type="checkbox"/> | Tetanus _____ Measles _____                                                                                                                                                                                                     |                          |                          |
| Have you ever had a seizure?                                                                                                 | <input type="checkbox"/> | <input type="checkbox"/> | Hepatitis B _____ Chickenpox _____                                                                                                                                                                                              |                          |                          |
| Do you have frequent or severe headaches?                                                                                    | <input type="checkbox"/> | <input type="checkbox"/> | <b>FEMALES ONLY</b>                                                                                                                                                                                                             |                          |                          |
| Have you ever had numbness or tingling in your arms, hands, legs, or feet?                                                   | <input type="checkbox"/> | <input type="checkbox"/> | 16. When was your first menstrual period? _____                                                                                                                                                                                 |                          |                          |
| Have you ever had a stinger, burner, or pinched nerve?                                                                       | <input type="checkbox"/> | <input type="checkbox"/> | When was your most recent menstrual period? _____                                                                                                                                                                               |                          |                          |
| 8. Have you ever become ill from exercising in the heat?                                                                     | <input type="checkbox"/> | <input type="checkbox"/> | How much time do you usually have from the start of one period to the start of another? _____                                                                                                                                   |                          |                          |
| 9. Do you cough, wheeze, or have trouble breathing during or after activity?                                                 | <input type="checkbox"/> | <input type="checkbox"/> | How many periods have you had in the last year? _____                                                                                                                                                                           |                          |                          |
| Do you have asthma?                                                                                                          | <input type="checkbox"/> | <input type="checkbox"/> | What was the longest time between periods in the last year? _____                                                                                                                                                               |                          |                          |
| Do you have seasonal allergies that require medical treatment?                                                               | <input type="checkbox"/> | <input type="checkbox"/> | <b>Explain "Yes" answers here:</b> _____                                                                                                                                                                                        |                          |                          |

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

Signature of athlete \_\_\_\_\_ Signature of parent/guardian \_\_\_\_\_ Date \_\_\_\_\_

**PARENT/GUARDIAN CONSENT FOR EMERGENCY MEDICAL ASSISTANCE**

I hereby authorize \_\_\_\_\_ School District and its faculty members in charge of my child named below to obtain all necessary medical care for my child in the event that I cannot be reached to authorize it myself. I hereby authorize any licensed physician and/or medical personnel to render necessary medical treatment to my child.

Student's Name \_\_\_\_\_ Work Phone Number; Father \_\_\_\_\_  
 Address \_\_\_\_\_ Mother \_\_\_\_\_  
 \_\_\_\_\_ Home Phone Number \_\_\_\_\_

INSURANCE INFORMATION: Company \_\_\_\_\_ Policy # \_\_\_\_\_  
 Insured Person \_\_\_\_\_

Signature acknowledges that we have read and understand the above warning and we give consent for emergency assistance that might be needed.

Date \_\_\_\_\_ Signature of Parent/Guardian \_\_\_\_\_