WILTON-WING MINERS

Activities Code of Conduct 2026-2027

Our Mission

The Wilton-Wing Activities Program is committed to developing student-athletes of character through competition, teamwork, leadership, and sportsmanship. Participation in extracurricular activities is a privilege that carries responsibilities both in and out of school.

Miner Expectations

Respect teammates, coaches, officials, opponents, and spectators. Represent the school and community with pride. Display good sportsmanship, be accountable for your actions, attend practices and contests consistently, and give your best effort every day.

Academic Eligibility

Students must meet NDHSAA eligibility requirements and Wilton-Wing standards. Students receiving two or more failing grades become ineligible until the next weekly eligibility check. Junior high athletes participating at the varsity level must maintain passing grades in all classes.

Absence Due to Illness

Students must attend at least one-half day of school on the day of a contest unless approved by administration. If a student leaves school due to illness during the school day, they will be ineligible to compete or practice that day.

Physical Examination Requirement

All student-athletes in grades 4–12 must have a current NDHSAA Preparticipation Physical Evaluation completed and signed by a licensed healthcare provider and parent/guardian before practicing or competing. Forms must be on file with the Wilton-Wing Activities Office. Co-op athletes must also provide a copy to the Wilton-Wing Activities Office.

Injury, Medical Care & Concussion Policy

Wilton-Wing Schools provide qualified coaches, safe facilities, and equipment; however, injuries may occur. Medical expenses are the responsibility of the participant and parent/guardian. Athletes are encouraged to use Sanford Sports Medicine athletic trainers. Any athlete restricted by a healthcare provider may not return until written medical clearance has been provided. All concussion return-to-play decisions must be cleared through Sanford Sports Medicine.

Alcohol, Tobacco & Drugs

Use or possession of alcohol, tobacco, vaping products, illegal drugs, or drug paraphernalia is prohibited. First offense: 6-week suspension. Second offense: 18-week suspension. Offenses accumulate over a 12-month period in accordance with Wilton-Wing and NDHSAA policy.

Curfew

10:00 PM on school nights and nights before contests. 12:00 AM on weekends. Violations may result in a one-game suspension or additional team discipline.

Transportation Guidelines

1. All participants are required to ride the district provided transportation. At no time may students drive themselves to a contest. In a few instances, parents may be allowed to transport their student/athlete, but it must be cleared through the activity director (or advisor or head coach) prior to the event (in writing). If, for any reason, a student/athlete should drive him/herself to a practice or event they must have a signed (and notarized) liability waiver in place. The liability waiver can be picked up and notarized at the front office of the Wilton School. Without the waiver and advanced notice to the advisor/coach, any student driving themselves will receive proper consequences for breaking the transportation rule.

2. We encourage all students to ride home with their team. However, if a parent wishes to take their student home, that parent must make a face-to-face contact with the designated travel advisor/coach after the activity/game to sign the release form. If an adult, other than a parent, needs to take the student after the event, the parent must first call the activity director or advisor/coach prior to the event to notify them of travel arrangements. If okay, the adult responsible for taking the student home must make a face-to-face contact with the designated travel advisor/coach after the event to sign the release form.

3. Advisor/Head Coaches have 100% autonomy in deciding whether to release students/athletes to any adult: parent or otherwise. If the advisor/coach determines releasing the student is a safety risk, that student will ride home with the team. We apologize for any inconvenience this may cause, but we will not put our students in a potentially dangerous situation.

Dress Code

Students are expected to dress appropriately and represent Wilton-Wing with pride. Coaches may establish activity-specific dress expectations consistent with the Student Handbook.

Character & Communication

A Miner works hard, supports teammates, competes with integrity, accepts coaching, wins with humility, and loses with class. Concerns should follow this chain: Student → Coach → Parent/Student/Coach → Activities Director → Superintendent.

Parent Partnership

Encourage effort over results, model sportsmanship, support coaches and officials, and help your child develop responsibility and resilience. Follow the chain of command and abide by the 24-hour rule prior to any coach or athletic director contact.

Additional Information

This Code of Conduct is in effect throughout the school year, including activities that begin before or end after the school year. Co-op students are expected to follow all Wilton-Wing Activities policies. Participation is a privilege, not a right. Additional policies are available in the Wilton Public School Student Handbook.

Agreement

I have received and read a copy of the 2026-27 Wilton-Wing Miners Activities Code of Conduct. I understand these requirements and acknowledge it is my responsibility to abide by these same requirements.

Student: _____

Parent/Guardian: _____

Date: _____

Medical Care Release Form

SANFORD
ORTHOPEDICS
SPORTS MEDICINE

This information is needed regardless of your primary care facility in the event of an emergency when you cannot be reached.

School: _____ Sport(s): _____

Athlete's name: _____ Parents or guardian: _____

Address: _____

Phone (Work): _____ (Home/Cell): _____

Policy holder's Name: _____ Medical insurance company: _____

Policy number: _____ Group Number: _____

Primary care facility: _____

Allergies: (Bee stings, medications, etc.) _____

Other medical conditions: (Diabetes, asthma, etc.) _____

_____

ATHLETIC TRAINER CONSENT

I give my permission to Sanford Bismarck to administer immediate first-aid, follow-up treatment, and rehabilitation to my child when appropriate in his or her professional judgment or as recommended by the consulting physician or other healthcare provider (Chiropractor, Physical Therapist, Nurse Practitioner, etc.). I understand that Sanford Bismarck will communicate any necessary medical information with appropriate medical personnel and coaching staff.

TREATMENT CONSENT

In the event of accident or emergency, I do hereby grant permission to the attending medical provider and emergency medical personnel to execute any and all necessary and indicated medical and first aid procedures on my child. I understand that there will be an effort to contact me before any procedures are carried out, if possible, however, I understand that there may be a situation in which emergency care must be undertaken immediately by the attending medical provider and emergency medical personnel.

All of the preceding information is complete to the best of my knowledge. By signing this form, I hereby grant consent for treatment or services to be provided by Sanford Bismarck. I also certify that no guarantee or assurance has been made as to the results that may be obtained. I hereby give consent to carry out such procedures as indicated. I recognize that participation in interscholastic athletics involves some inherent risks for potentially severe injuries. I, individually and on behalf of my child, hereby irrevocably, and unconditionally release, acquit, and forever discharge Sanford and its officers, agents, attorneys, representatives and employees from any and all losses, claims, demands, actions and causes of action, obligations, damages, and costs or expenses of any nature (including attorney's fees) that my child or I may incur or sustain to person, property or both, which arise out of, result from, occur during or are otherwise connected with my child's participation in interscholastic athletics if due to the ordinary negligence of Sanford.

Signed _____ _____

Parent/Guardian Date

Original copy goes to the School. Additional copies need to be sent to the Coach and Sports Medicine staff.