

REGIS MIDDLE SCHOOL ATHLETICS

Grades 5 thru 8
2018-2019 Calendar

**** Games/meet schedules will be available the first week of practice ****

FALL

Cross Country	<u>Grades 6th through 8th, boys and girls</u> - Starts <u>September 5th</u> on the front lawn of Regis.
Football	<u>Grades 7th & 8th, boys and girls</u> - Athletes will meet <u>August 13th at 6:00PM</u> at the Regis football field. Practice times will be announced and equipment will be distributed.
Girls Tennis	<u>Grades 6th through 8th</u> - Practice will start <u>September 5th</u> .
Girls Volleyball	<p><u>Grades 5th & 6th</u> - Practice will start with player evaluations and the drafting of teams on <u>August 27th</u>, at the St. Pat's gym. <u>5th graders should report at 6:30PM.</u> <u>6th graders should report at 5:00PM.</u></p> <p><u>Grades 7th & 8th</u> - Practice will start with player evaluations and the drafting of teams on <u>August 27th</u>, at the IC gym. <u>8th graders should report at 5:00PM.</u> <u>7th graders should report at 6:30PM.</u></p>

EARLY WINTER- Before Christmas break

Boys Basketball	<p><u>Grades 5th & 6th</u> – Practice will start with player evaluations and the drafting of teams on <u>October 22nd</u>, at the St. Pat's gym. <u>5th graders should report at 6:00PM.</u> <u>6th graders should report at 4:45PM.</u></p> <p><u>Grades 7th & 8th</u> – Practice will start <u>October 15th</u>, at the IC gym. <u>7th graders should report at 4:45PM.</u> <u>8th graders should report at 3:30PM.</u></p>
Dance	<u>Grades 5th through 8th, girls-</u> Practice will start <u>October 17th</u>

LATE WINTER- After Christmas break

Girls Basketball	<p><u>Grades 5th & 6th</u> – Practice will start with player evaluations and the drafting of teams on <u>January 3</u>, at the St. Patrick gym. <u>6th graders should report at 4:00PM.</u> <u>5th graders should report at 6:00PM.</u></p> <p><u>Grades 7th & 8th</u> – Practice will start with player evaluations and the drafting of teams on <u>January 3</u>, at the IC gym. <u>8th graders should report at 3:30PM.</u> <u>7th graders should report at 5:30PM.</u></p>
Wrestling	<u>Grades 6th through 8th, boys and girls-</u> Practice will start <u>January 2nd</u> .

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SPRING

Track and Field	<u>Grades 6th through 8th, boys and girls</u> - Practice will start <u>April 2nd</u>
Boys' Tennis	<u>Grades 6th through 8th</u> - TBD
Girls Soccer	<u>Grades 6th through 8th</u> - Practice will start <u>April 2nd</u>

5th through 8th Grade Sports Eligibility Form and Checklist

INCOMPLETE PAPERWORK WILL NOT BE ACCEPTED. PAPERWORK INCLUDES ALL FORMS AND TWO (2) SEPARATE CHECKS. (One check for your child's athletic fee and one check for concessions security deposit. EVERYONE must submit a concessions security deposit check regardless of whether you plan to work your shift or not. If you choose to work your shift, your check will NOT be cashed unless you do not fulfill your obligation. Everyone who does not buy out of concession shifts will be required to work two (2) concession shifts per sport per child.



ATHLETE INFORMATION

Athlete's Last Name	First Name	Grade
Parent/Guardian(s)	<input type="checkbox"/> RMS <input type="checkbox"/> IC <input type="checkbox"/> St. James <input type="checkbox"/> St. Mary's <input type="checkbox"/> CV	School Attending (circle one)
Street Address	City	ZIP
Primary Phone Number	Secondary Phone Number	
E-mail address(es) – Print clearly as this will be a point of contact		



SPORT SELECTION – Please check sports you will be participating in

- | | | |
|---|---|--|
| <input type="checkbox"/> Volleyball (Fall, gr 5-8) | <input type="checkbox"/> Football (Fall, gr 7-8,) | <input type="checkbox"/> Cross Country (Fall, gr 7-8) |
| <input type="checkbox"/> Girls' Tennis (Fall, gr 6-8) | <input type="checkbox"/> Girls' Volleyball (Fall, gr 5-8) | <input type="checkbox"/> Boys Basketball (Winter, gr 5-8) |
| <input type="checkbox"/> Wrestling (Winter, gr 6-8) | <input type="checkbox"/> Dance (Winter, gr 5-8) | <input type="checkbox"/> Girls Basketball (Winter, gr 5-8) |
| <input type="checkbox"/> Track & Field (Spring, gr 6-8) | <input type="checkbox"/> Boys' Tennis (Spring, 6-8) | <input type="checkbox"/> Girls' Soccer (Spring, gr 6-8) |

MEDICAL INFORMATION

- Medical card is filled out and signed by a physician. *(Physical is needed every two years.)* 
- Alternative Medical card is used on alternate years and does not need a physician signature. 

OTHER FORMS

- Co-Curricular Code – Must be signed by parent and athlete and turned in 
- Concussion Forms – Must be signed by parent and athlete and turned in. 

Checks are payable to:
RMSBC

Athlete Fee - Concession Security Deposit

Athletic Fee: \$100 – 1 sport \$150 – 2 sports \$200 – 3 sports Check # _____

Concession Security Deposit: (\$100 per sport per athlete) EVERYONE must submit a check for concession deposit
 Families can choose to either work concessions shifts or opt to BUYOUT for each athlete. Two (2) concession shifts per sport per athlete must be worked to fulfill your work commitment. If you want to BUYOUT out of your concessions shifts, the BUYOUT fee will be \$100 per sport per athlete. *Example: Athlete in 2 sports = \$200.00 check (required). You may work four (4) concessions shifts or select BUYOUT and have your check cashed.*

Work (Do not cash ck) Total: _____ or BUYOUT Total: _____ Check # _____

Parent/Guardian Signature: _____

Date: _____

REGIS MIDDLE SCHOOL

Co-Curricular Activity Code

2018-2019

Philosophy:

The Regis Middle School believes that co-curricular activities are a contributing and worthwhile part of the total school program. It is a privilege to participate in co-curricular activities and with that participation comes responsibility. Participants, coaches, parents, faculty, and administrators share the responsibility of compliance and enforcement.

What is a Co-Curricular Activity?

A co-curricular activity is defined as “participation in an activity that is not academically required by the curriculum.” There are various opportunities for students to be involved in co-curricular activities at Regis. Regis Middle School’s co-curricular activities include, but are not limited to:

RMS Booster Club Activities

Sponsored by the RMS Booster Club. Participation requires a physical or alternate year card, activity fee payment, and a deposit for the RMS Booster Club Work or Pay Program.

- Cross Country (7-8)
- Football (7-8)
- Volleyball (5-8)
- Basketball (5-8)
- Track (7-8)
- Tennis (6-8)
- Girls’ Soccer (6-8)
- Wrestling (6-8)

Other Co-Curricular Activities

These activities are offered throughout the school year. Information will be made available to students as the activities arise.

- Brains & Brawn Competition
- Chess Club
- Student Council
- Drama
- Musical Competition

Academic Requirements:

A student is allowed to have two D’s in any grading period and participate in activities (a grading period is defined as mid-quarter progress report and quarter report card). Any student who receives three or more D’s or an F is ineligible to participate in activities.

A student who does not meet the academic requirements will be suspended from activities for five school days. At the end of the fifth school day, the student’s grade(s) will be rechecked. If their grade(s) meet the academic requirement, they will be allowed to continue in activities. If their grades do not meet the academic requirement, they will be suspended for another five days and then the grade(s) will be rechecked. If their grades do not meet the academic requirement, this five-day cycle will continue until the grade(s) are raised to the level or the activity ends.

A student in athletic activities may practice during the five-day suspension, but they cannot participate in any games or performances. A student in non-athletic activities, who does not have a performance, may NOT practice during the five-day suspension period.

Behavioral Requirements:

The behavior of students in and out of school reflects not only on the individual, but also on the team and school. All students are expected to behave in a way that is consistent with the morals and values of the Catholic Church.

1. If a student receives two school detentions, he/she will not participate in the next practice.
2. If the student receives a third detention during the sport season, this will result in a ten calendar day suspension.

Any student involved in the following will receive a ten calendar day suspension from co-curricular activities:

3. Negative acts against persons or property (for example: physical fighting, verbal harassment, vandalism, etc.)
4. Conduct resulting in suspension from school.

Disqualification from Participation:

A student disqualified (through a ten calendar day suspension) from participation in a co-curricular activity:

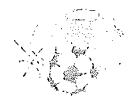
1. May NOT attend practice.
2. May attend games, performances, etc., but only as a spectator, not as a participant.
3. May be allowed to continue the co-curricular activity subject to approval by the administration. The severity of the school violation will be taken into consideration.

Possession or use of tobacco, alcohol, or other controlled substances will result in the student being immediately banned from participation in any co-curricular activity for the remainder of the season.

Attendance Requirements:

Attendance is important to academic success. Students are expected to attend school on a regular basis if they desire to be active in a co-curricular.

1. In case of illness, the student is required to be at school by 10:30am in order to participate in contests or performances that afternoon or evening.
2. A student's ability to participate due to other types of absences will be handled by the principal.



CO-CURRICULAR ACTIVITY CODE COMPLIANCE SHEET 2018-2019

We, as parents and students, have carefully read the Regis Middle School Co-Curricular Activity Code and by our signatures agree to abide by the code. We understand that this agreement is binding for the entire school year. We also acknowledge that all school equipment and uniforms remain the property of RMS and items not returned within one week at the end of an activity will be charged to us at the fair market replacement price.

As parents we understand and agree to pay the RMS Booster Club activity fee. We also agree to participate in the RMS Booster Club work or pay program. In the event we are unable to work when we are assigned, we will find our own substitute. And should we fail to work or find a substitute for the assigned hours, we understand that our check will be cashed.

As parent(s) and participant(s), we understand that participants are to have a signed physical exam or alternate year card on file BEFORE practice begins. A physical exam is required every other school year, typically in the odd numbered years (grades 5, 7, 9 and 11). Alternate year cards are used in the year that the physical exam is not required.

We are aware of the requirement to provide our own health insurance for any injuries that might occur during participation in an activity.

Parent/Guardian Signature _____

Student Signature _____

Date _____

Please keep the activity code at home and return this signed and dated page to the Regis Middle School office. The signatures of both a student and a parent/guardian are required for participation.



PARENT & ATHLETE AGREEMENT

Related to Concussion Law WI Stat. 118.293

As a Parent and as an Athlete it is important to recognize the signs, symptoms, and behaviors of concussions. By signing this form you are stating that you understand the importance of recognizing and responding to the signs, symptoms, and behaviors of a concussion or head injury. *This form must be on file for every sports season and every youth athletic organization the athlete is involved with and must be renewed each school year (clubs- every 365 days).*

Parent Agreement:

I _____ have read the Parent Concussion and Head Injury Information and **understand** what a concussion is and how it may be caused. I also understand the common signs, symptoms, and behaviors. I agree that my child must be removed from practice/play if a concussion is suspected.

I understand that it is my responsibility to seek medical treatment if a suspected concussion is reported to me.

I understand that my child cannot return to practice/play until providing written clearance from an appropriate health care provider to his/her coach.

I understand the possible consequences of my child returning to practice/play too soon.

Parent/Guardian
Signature _____ Date _____

Athlete Agreement:

I _____ have read the Athlete Concussion and Head Injury Information and **understand** what a concussion is and how it may be caused.

I understand the importance of reporting a suspected concussion to my coaches and my parents/guardian.

I understand that I must be removed from practice/play if a concussion is suspected. I understand that I must provide written clearance from an appropriate health care provider to my coach before returning to practice/play.

I understand the possible consequence of returning to practice/play too soon and that my brain needs time to heal.

Athlete
Signature _____ Date _____



Questions and Contact Information

Related to Concussion Law WI Stat. 118.293

Name _____ Date _____

Address _____

City _____ Zip _____ County _____

Phone _____ Email _____

Age _____ School _____ School District _____

Check all that apply
I participate in:

- | | | | |
|--|--|--|--|
| <input type="checkbox"/> Football | <input type="checkbox"/> Baseball/Softball | <input type="checkbox"/> Basketball | <input type="checkbox"/> Hockey |
| <input type="checkbox"/> Soccer | <input type="checkbox"/> Golf | <input type="checkbox"/> Volleyball | <input type="checkbox"/> Wrestling |
| <input type="checkbox"/> Track & Field | <input type="checkbox"/> Cross Country | <input type="checkbox"/> Cheerleading | <input type="checkbox"/> Skiing/Snowboarding |
| <input type="checkbox"/> Gymnastics | <input type="checkbox"/> Tennis | <input type="checkbox"/> Swimming & Diving | |
| <input type="checkbox"/> Other _____ | | | |

Name of Current Team _____

1. Have you ever had a concussion? _____, if yes, how many? _____

2. Have you ever experienced concussion symptoms? _____ Did you report them? _____

Emergency Contacts:

Name: _____ Relationship: _____

Phone Number: _____

Name: _____ Relationship: _____

Phone Number: _____

Please complete this form and return to the person operating the youth athletic activity.

REGIS MIDDLE SCHOOL WORK OR PAY GUIDELINES

Your Regis Middle school Booster Club provides the necessary funds to support Regis activities by admissions, concessions and spirit wear clothing sales for Regis sporting events. In order for the Booster Club to be successful, parent volunteers are needed to work at least two (2) shifts per sport that each of your children participates in or pay \$100 per sport/per child to opt out of working. All parents of athletes, regardless of sport or season, are required to issue the appropriate check amount to the Regis Middle School Booster Club prior to their son/daughter being allowed to attend practice. The check should be turned in at Code Signing along with sport fees, physical forms, etc. or sent to the Regis High School Office.

The check will only be cashed if you opt out or do not work your scheduled shifts. A member of the Booster club will contact you prior to the first day of practice for all sports during the year to collect any unpaid Work or Pay checks. Athletes will not be allowed to participate until the Work or Pay fee is turned in. This will be strictly enforced with no exceptions for athletes, parents and/or coaches.

We started an online sign-up procedure in the fall of 2012 for Work or Pay shifts. Please follow the instructions for access and registration through the Booster Club option in the Regis Catholic Schools website and then select the dates and events you want to work. The sign-up is first-come, first-served and the shifts will be posted as the sport schedules are released.

It is required that someone 16 or older work the scheduled shifts. High school students under 16 may work along with a parent but only one credit will be granted; however, the high school student could receive service hours for his/her time worked. Each available shift is listed separately and only one worker will be given credit per shift. After you have fulfilled your work obligation, your check will be destroyed. **If you fail to work the assigned shifts, your Work or Pay Fee check be cashed.**

Please contact Emily Gehling (e_gehling@yahoo.com) if you have any questions.

July 24th, 2018

PREPARTICIPATION PHYSICAL EVALUATION CLEARANCE FORM

WISCONSIN INTERSCHOLASTIC ATHLETIC ASSOCIATION – ATHLETIC PERMIT CARD

(Print or Type)

ALL STUDENTS PARTICIPATING IN INTERSCHOLASTIC ATHLETICS MUST HAVE THIS CARD ON FILE AT THEIR SCHOOL PRIOR TO PRACTICE OR PARTICIPATION

Physical examination taken April 1 and thereafter is valid for the following two school years; physical examination taken before April 1 is valid only for the remainder of that school year and the following school year.

NAME (Last) _____ (First) _____ (Middle Initial) _____ Date of Birth _____

Age _____ Sex _____ Grade _____ School _____ City _____

Present Address _____ Telephone _____

Cleared without restriction Cleared, with the following qualifications: _____

Not cleared Pending further evaluation For all sports For certain sports: _____

Reason: _____

Recommendations: _____

I have examined the above-named student and completed the preparticipation physical evaluation. The athlete does not present apparent clinical contraindications to practice and participate in the sport(s) as outlined above. A copy of the physical exam is on record in my office and can be made available to the school at the request of the parents. If conditions arise after the athlete has been cleared for participation, a physician may rescind the clearance until the problem is resolved and the potential consequences are completely explained to the athlete (and parents/guardians).

Name of Physician (Print/Type) _____

SIGNATURE OF LICENSED PHYSICIAN (MD OR DO)/PA/APNP*: _____

Clinic Name _____

Address/Clinic _____ City _____ State _____ Zip Code _____

Telephone _____ Date of Examination _____

* Physicians may authorize Nurse Practitioners to stamp this card with the physician's signature or the name of the clinic with which the physician is affiliated.

Parents' Place of Employment _____

Family Physician _____ Family Dentist _____

Name of Private Insurance Carrier _____ Telephone _____

Subscriber Member Name (Primary Insured) _____

Emergency Information

Allergies _____

Other Information (medication, etc.) _____

Immunizations Up to date (see attached documentation) Not up to date - specify _____

(e.g., tetanus/diphtheria; measles, mumps, rubella; hepatitis A, B; influenza; poliomyelitis; pneumococcal; meningococcal; varicella)

1. I hereby give my permission for the above named student to practice and compete and represent the school in WIAA approved interscholastic sports except those restricted on this card.
2. Pursuant to the requirements of the Health Insurance Portability and Accountability Act of 1996 and the regulations promulgated thereunder (collectively known as "HIPAA"), I authorize health care providers of the student named above, including emergency medical personnel and other similarly trained professionals that may be attending an interscholastic event or practice, to disclose/exchange essential medical information regarding the injury and treatment of this student to appropriate school district personnel such as but not limited to: Principal, Athletic Director, Athletic Trainer, Team Physician, Team Coach, Administrative Assistant to the Athletic Director and/or other professional health care providers, for purposes of treatment, emergency care and injury record-keeping.

SIGNATURE OF PARENT/GUARDIAN _____ DATE _____

WISCONSIN INTERSCHOLASTIC ATHLETIC ASSOCIATION ALTERNATE YEAR ATHLETIC PERMIT CARD

Physical Date _____ SCHOOL YEAR 20 _____ - 20 _____

NAME _____ GRADE _____ DATE OF BIRTH _____
Last First Middle Initial

Present Address _____ Telephone _____

Parents' Place of Employment _____

Family Physician _____ Family Dentist _____

Name of Private Insurance Carrier _____ Telephone _____

Subscriber Member Name (Primary Insured) _____

1. I hereby give my permission for the above named student to practice and compete and represent the school in WIAA approved sports.
 2. I also attest to the fact that the above named student has had no injury or illness serious enough to warrant a medical evaluation prior to participating this school year.
 3. Pursuant to the requirements of the Health Insurance Portability and Accountability Act of 1996 and the regulations promulgated thereunder (collectively known as "HIPAA"), I authorize health care providers of the student named above, including emergency medical personnel and other similarly trained professionals that may be attending an interscholastic event or practice, to disclose/exchange essential medical information regarding the injury and treatment of this student to appropriate school district personnel such as but not limited to: Principal, Athletic Director, Athletic Trainer, Team Physician, Team Coach, Administrative Assistant to the Athletic Director and/or other professional health care providers, for purposes of treatment, emergency care and injury record-keeping.
 4. It is recommended that information regarding your child's allergies and prescribed medication be made available.
- PARENT: If there is any question that this student may not be qualified for athletic competition without, at least, a partial re-evaluation, contact your medical advisor before signing card.

SIGNATURE OF PARENT _____ DATE _____

ALL STUDENTS PARTICIPATING IN INTERSCHOLASTIC ATHLETICS MUST HAVE THIS ALTERNATE YEAR CARD ON FILE AT THEIR SCHOOL PRIOR TO PRACTICE OR PARTICIPATION