

CLUB PARTICIPATION

MUSKEGO NORWAY SCHOOLS
2024-25 SCHOOL YEAR

STUDENT: _____

GRADE: _____

EMERGENCY TREATMENT

- The co-curricular staff, including athletic trainers, coaches/advisors, or other qualified personnel may apply first aid treatment for any injury sustained during participation in co-curricular programs sanctioned by the school.
- The athletic trainer may evaluate and treat other emergent or non-emergent student injuries or medical conditions brought to the athletic trainer's attention as they relate to the student's physical activity, conditioning or injury prevention.
- If staff, including athletic trainers, coaches/advisors, or other qualified personnel, determines that student is in need of immediate medical attention beyond that which can be provided by the staff at school and the student's parent/guardian or emergency contact cannot be reached, the staff may use their judgment in securing medical aid, including ambulance service, at my expense.
- I acknowledge that my participation in this co-curricular activity involves a risk of injury, including bodily injury, and assume the risk for same.

_____ I understand the risks inherent in participation in this co-curricular activity.

_____ I accept full responsibility for my child's medical expenses caused by injury through participation in co-curricular activities.

STUDENT SIGNATURE

DATE: _____

PARENT/GUARDIAN SIGNATURE

DATE: _____

INSURANCE FOR STUDENT

_____ I acknowledge that my child has accident insurance coverage through a private insurance carrier.

_____ I do not have health insurance for my child. If you do not have private insurance, voluntary student accident coverage is available through a third party (https://www.k12specialmarkets.com/Enroll_1)

PARENT/GUARDIAN SIGNATURE

DATE

CONCUSSION MANAGEMENT

In accordance with Wisconsin’s Sidelined for Safety Act 172, we hereby acknowledge having read the Muskego-Norway School District Concussion Management Plan (attached and received) and have been informed of the signs, symptoms, and risks of a concussion. The student agrees to accept responsibility for reporting his/her injuries and illness to the coach/advisor, athletic training staff, parent/guardian, or other health care personnel including any signs and symptoms of a concussion. We acknowledge, understand, and agree to abide by the fact that students are prohibited from any participation until the student and parent/guardian have read this plan and consent to all Muskego-Norway School District concussion protocols.

STUDENT SIGNATURE
DATE: _____

PARENT/GUARDIAN SIGNATURE
DATE: _____

MUSKEGO-NORWAY SCHOOL DISTRICT CO-CURRICULAR PARTICIPATION FORM

CO-CURRICULAR PHILOSOPHY:

The Co-Curricular Activity Program of the Muskego-Norway School District is a vital part of the educational system. The primary purpose of this program is to assist students in growing and maturing into responsible members of our school and community. The co-curricular program is, and will continue to be, an important part of school life.

Respect, courtesy, honesty, integrity, responsibility, pride, and good sportsmanship are basic to good citizenship and should form the basis for all behavior. Since students involved in co-curricular activities represent their school, their behavior frequently determines the opinion others have of their school and the individuals within that school community.

This co-curricular code outlines the standards for students participating in our activities program. These include standards of behavior in the areas of school attendance, academic achievement, and proper conduct. In addition, as we look at society, we see that the use of tobacco, alcohol, and other drugs is widespread in our culture; as that use may be habit forming and harmful to an individual and society. As it is the responsibility of the Muskego-Norway school system to teach the dangers of usage and to discourage that use, it is logical to adopt a code that endorses that responsibility.

As students experience the privilege of participating in a co-curricular activity, they must also accept the responsibility of maintaining a set of standards that will bring credit to themselves, their family, their school, and their activity. The following are established policies that support the standards and expectations of our co-curricular program. Deviation from the standards will mean suspension from part or the entire program. Unless otherwise described, the term "violation" in this code means a confirmed or admitted act.

CO-CURRICULAR CODE:

This code has been endorsed and adopted by the Muskego-Norway School Board. Every student who wishes to become involved in the district's Co-Curricular Activity Program agrees to abide by the conditions outlined. This code is in effect at all times, 12 months a year, 24 hours per day, 7 days per week, in season and off season, on or off campus, from the first day a student becomes involved in the Muskego-Norway Co-Curricular Activity Program until such time that the student graduates from their school and has completed all school-sponsored activities.

VIOLATIONS:

- The possession or use of tobacco or tobacco products, nicotine, non-prescription inhalant/vaping devices, or any related products regardless of the substance/content, alcohol, drugs, drug paraphernalia, controlled or illegal substances, performance enhancing substitutes (PES), or the improper use of legal substances.
- Conduct, in or out of school, that brings discredit to the student, his/her parent/guardian, school, or activity/team.
- The above-stated conditions do not preclude an advisor or coach from creating additional guidelines and consequences specific to a given activity.

PROBLEM SOLVING PROCEDURE:

It has been stated that co-curricular participation is a microcosm of society. These activities enhance the overall educational experience of the student. The development of lifetime skills like honesty, integrity, respect, dedication, commitment, and loyalty are all important qualities for students to learn. One of the most important lifetime skills that can be developed through participation is problem solving. If we indeed believe that co-curricular programs mimic life, then the potential exists for conflict in interpersonal relationships. Conflict is an inevitable part of the human condition. Students should learn to embrace it as an educational opportunity. Although these skills are best developed in the home, MNSD feels an obligation to reinforce their development and endorses the following guidelines for the benefit of healthy dialogue and resolution.

WHEN A PROBLEM EXISTS, FOLLOW THESE STEPS SEQUENTIALLY:

1. The participant should reflect on program philosophy and goals as stated by the coach/advisor. Then take a personal inventory and an insightful look at your goals, desires and motivation. How do they match up with the program?
2. The participant should speak to their parent/guardian. The parent should avoid being the "middle man" and running interference. Discussion should focus on resolving the questions listed in #1 and the conflict. No resolution?
3. The participant should talk with the advisor/coach. Follow the "how to" steps outlined below. The parent should avoid denying the participant this educational opportunity by meeting with the advisor/coach on behalf of the participant. Following this session, the parent and participant should talk. No resolution?
4. The parent should call the advisor/coach to arrange a meeting with the participant included. Please avoid approaching a coach after a game (see #2 below). Following this session, the parent and participant should talk. No resolution?

5. The parent should call the Activities Coordinator to arrange a meeting with advisor/coach and participant included. No resolution?
6. The parent should call the Principal to arrange a meeting with the Activities Coordinator, coach and participant included.

HOW TO APPROACH YOUR ADVISOR OR COACH WITH A PROBLEM:

1. The most opportune time to arrange a meeting is before or after practice. All successful problem solvers realize that effective communication only results when emotions are held in check. Therefore, out of respect for all parties, attempting to resolve conflict on game day is not effective and must be avoided.
2. After a meeting is arranged, put your thoughts on paper. Rehearse. Take notes with you to the meeting. Use positive communication skills; i.e. proper eye contact, respect, and emotional control. The advisor/coach will seek to understand your position. Understanding does not necessarily imply agreement.
3. After making your case, become an active listener. Seek to understand the advisor/coach position before defending your own. Take notes. Avoid interrupting.
4. Remember that listening does not necessarily imply agreement for either party. Successful problem solvers understand the concept of “agreeing to disagree” and are respectful of others’ opinions.

It is the student’s responsibility to read and follow all rules of eligibility. These rules are posted on the MNSD website.

THE CO-CURRICULAR PROGRAMS OF THE MUSKEGO-NORWAY SCHOOL DISTRICT RECOGNIZES THE NEED FOR MAXIMUM STUDENT AND PARENT COOPERATION TO MAKE STUDENTS A SUCCESS. YOUR SIGNATURES/APPROVAL SIGNIFY THAT YOU HAVE READ AND UNDERSTAND THE CO-CURRICULAR CODE AND THE WIAA RULES OF ELIGIBILITY AND AGREE TO ABIDE BY THE CONDITIONS SET FORTH. THE ABOVE INFORMATION IS A CONDENSED VERSION OF THE CO-CURRICULAR CODE CONTAINED IN THE STUDENT HANDBOOK.

LEGAL WAIVER AND RELEASE:

1. I give my permission for the above-named student to practice, compete and represent the school in any WIAA and/or approved interscholastic sports or MNSD clubs offered.
2. I grant permission for any medical records pertaining to the health of the above-named student be made available as necessary to the proper school district personnel and appropriate health care providers, including emergency medical personnel.
3. It is recommended that information regarding your child’s allergies and prescribed medications be made available.
4. We authorize consent between the athlete, parent/guardian, Muskego-Norway School District representative, Ascension Wisconsin, d/b/a Midwest Orthopedic Specialty Hospital (through athletic training services) representative or any healthcare provider to discuss any pertinent information in regards to current or previous medical conditions, perform necessary evaluative procedures and secure treatment of injuries or medical conditions sustained through participation.
5. We further authorize the Muskego-Norway School District representative or Ascension Wisconsin, d/b/a Midwest Orthopedic Specialty Hospital representative to take any necessary action in the case of an emergency. We further authorize transportation by Emergency Medical Service Personnel to an Emergency Management Facility and the EMF to treat the condition in the event that we are physically unable to give consent ourselves.
6. We understand that participation in co-curricular activities provided by Muskego-Norway School District may result in injury, some of which could be serious including, but not limited to; concussion, permanent paraplegia, and death. Participants hold the responsibility to perform only approved safe techniques in practices and games or events.
7. Participants/Parents/Guardians have been educated on the signs, symptoms and care of concussions and agree to abide by MNSD concussion protocols.
8. We accept all risks associated with participation while using our facilities or services.

Having been cautioned and warned, we sign this document voluntarily, intelligently and with full knowledge of its legal consequences. Furthermore, we release the Muskego-Norway School District, the members of the Muskego-Norway School Board, and their respective employees and agents and Ascension Wisconsin, d/b/a Midwest Orthopedic Specialty Hospital representatives from any liability and/or claims of negligence that may occur during participation in any practice and/or event which is in any way related to the co-curricular activity. We further understand that the Muskego-Norway School District does not provide accident insurance on behalf of participants in such co-curricular activities, and that the responsibility for medical coverage for any injury or illness sustained as a result of participation does not lie with the District. We understand that this release will apply to myself, and personal representatives, heirs, and assigns.

Student Name: _____

Student Signature: _____

Date: _____

Parent Signature: _____

Date: _____

MUSKEGO-NORWAY SCHOOL DISTRICT - RANDOM DRUG TESTING PROGRAM
CONSENT/RELEASE FORM (DURATION OF HIGH SCHOOL CAREER)

Graduation Year: _____ Date of Birth: _____

Student Last Name: _____ Student First Name: _____

Parent/Legal Guardian Name(s): _____

Address: _____ City: _____

Home No.: _____ Work No.: _____ Cell No.: _____

CONSENT TO PARTICIPATE AND RELEASE INFORMATION

I, _____, am the parent/legal guardian of _____ (name of student), and I consent to my child's participation in the random drug testing program within the Muskego-Norway School District. I understand that as a condition of participation, my child will be subject to random drug testing pursuant to the Muskego-Norway School District's Random Drug Testing Policy.

We understand that the District will test for the presence of certain substances which may include alcohol, metabolites of nicotine, marijuana, opiates, cocaine, amphetamines, performance enhancers and phencyclidine (PCP). The District reserves the right to test for any other drug, within the meaning of the Policy, at the discretion of the School District Administration.

I consent to my child's participation in the Random Drug Testing Program pursuant to the terms of the District Policy. I also consent to the release of information concerning the results of the Random Drug Testing Program to the Muskego-Norway School District's personnel who hold a legitimate educational interest.

We understand that participation in the co-curricular program and/or holding a parking permit is a privilege and not a right and is subject to random testing under the District's Random Drug Testing Policy. **This form will be enforced for the duration of the student's high school career in accordance with the terms of Policy 5530.01, Random Drug Testing for High School Participants in Co-Curricular Activities and Students with Parking Permits.** Since my child has elected to become a member of the Muskego High School co-curricular program and/or hold a parking permit at Muskego High School, we agree to abide by the Random Drug Testing Policy. We understand that this release form is valid for the duration of our child's enrollment at Muskego High School. We have read and understand the Policy and statements above.

Signature of Parent(s)/Legal Guardian(s)

Date

Signature of Student

Date

PARENT AGREEMENT

As a parent/guardian and as an athlete it is important to recognize the signs, symptoms, and behaviors of concussions and sudden cardiac arrest. By signing this form, you are stating that you have read the Department of Public Instruction's (DPI) and the Wisconsin Interscholastic Athletic Association (WIAA) Concussion and Head Injury information sheet and Sudden Cardiac Arrest Information sheet.

Parent Agreement:

I, _____ have read the DPI's Concussion and Head Injury Information sheet. I have had the opportunity to read more information about concussions on the Centers for Disease Control and Prevention's (CDC) websites. I 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 they are evaluated by an appropriate health care provider and provide written clearance from the health care provider to their coach.

I understand concussions can have a serious effect on a young, developing brain and need to be addressed correctly.

I have read the Sudden Cardiac Arrest information sheet. I understand that my child should stop activity/exercise immediately if they have any warning signs of sudden cardiac arrest. I understand it is recommended if my child has any warning signs of sudden cardiac arrest while exercising, they have a medical examination before exercising or returning to participation in their sport. I understand that I or my child should report a family history of heart problems or warning signs of sudden cardiac arrest to the healthcare provider doing the medical examination.

I understand how to request at my cost the administration of an electrocardiogram, in addition to a comprehensive physical examination required to participate in a youth athletic activity. I understand the athletic director may be able to assist me.

Parent/Guardian Signature

Date _____

AUTHORIZATION FOR USE & DISCLOSURE OF PROTECTED HEALTH INFORMATION

We do hereby authorize the Ascension Wisconsin, d/b/a Midwest Orthopedic Specialty Hospital, Athletic Training Staff, to use and disclose the protected health information of the above athlete for purposes of participation in athletic training services. Protected health information will be used by those individuals participating in Athletic Training Services as well as the staff involved in sporting events.

YOUR RIGHTS WITH RESPECT TO THIS AUTHORIZATION

Right to receive copy of this authorization - I understand that if I agree to sign this authorization, I must be provided with a copy explaining: how we use and disclose your health information; your privacy rights with regard to your protected health information; and our obligations to you concerning the use and disclosure of your protected health information.

Right to refuse to sign this authorization - I understand that I am under no obligation to sign this form. If I choose not to sign this form, it will not limit my ability to participate in Athletic Training Services.

Right to Withdraw This Authorization - I understand that I have the right to withdraw this authorization at any time by providing a written statement of withdrawal to Ascension Wisconsin, d/b/a Midwest Orthopedic Specialty Hospital. 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.

Re-disclosure - I understand that information used or disclosed pursuant to this authorization may be subject to re-disclosure and no longer protected by federal privacy standards.

I grant the athletic trainer permission to share protected health information as required in medical care situations with other healthcare providers involved in the care of the student.

This authorization is good through the period of the above athlete's participation in the Athletic Training Services.

We have had an opportunity to review and understand the content of this form. By signing this authorization, I am confirming that it accurately reflects our wishes.

Parent Name: _____

Parent Signature: _____ Date: _____

Student Name: _____

Student Signature: _____ Date: _____

MUSKEGO-NORWAY SCHOOL DISTRICT
OFF-CAMPUS RUNNING PROGRAM
RULES OF THE ROAD

The following rules have been designed for Muskego-Norway School District students who train off campus. As a result of the unique training needs of the athlete, certain cautions and responsibilities must be communicated to improve safety and enjoyment of the sport. Both the student and parent must read and approve this document before participation may begin.

- 1) Whenever possible, run on the sidewalk.
- 2) When no sidewalk is available, run on the LEFT side of the road (facing traffic) and as far onto the shoulder as possible. **NEVER** run in the actual path of traffic.
- 3) When you are running with others, line up single file.
- 4) Watch for cars any time you are crossing the street or going through an intersection. Look both ways. Just because a teammate starts to cross does not guarantee a safe crossing.
- 5) When in doubt, don't cross. Always assume the car does not see you.
- 6) Be aware of your surroundings. When you are in a neighborhood, your behavior is not only a reflection of you individually, but of the team and school collectively. Be an ambassador of MHS! This includes language (your voices carry a lot farther than you realize), comments, or actions that bring discredit to our program. Never step on personal property, and pay attention to pets. Leave them alone and keep your distance.
- 7) Never run on the "blind curve" on Woods Road.
- 8) When in the Park doing hill workouts:
 - Everyone on the team shouts when there is any sort of vehicle/bike approaching.
 - Everyone on the team goes into the grass on your right when any type of vehicle/bike passes.
 - Everyone on the team stops running while in the grass until the vehicle/bike passes.

I desire to voluntarily train off the school campus. In consideration for me being granted permission to train off campus, I agree as follows:

- I understand that training off campus, by its very nature, carries with it certain inherent risks of injury that include, but are not limited to concussion, quadriplegia, paraplegia, bodily injury and death. **I know, understand, and appreciate the risks that are inherent in the above-listed activity. I hereby acknowledge and agree that my participation is voluntary and that I knowingly assume all such risks.**
- In consideration of permission for me to voluntarily train off campus, I, for myself, my heirs, personal representatives or assigns, agree to defend, hold harmless, indemnify and release the Muskego-Norway School District, and its School Board, officers, directors, employees, agents, volunteers, and insurers (the 'RELEASED PARTIES') from and against any and all claims, demands, actions, or causes of action of any kind or character, including but not limited to, damage to personal property, or personal injury, bodily injury and/or death, which may result from my participation in the above-listed activity. This release includes, but is not limited to, claims based on the negligence of the RELEASED PARTIES, but expressly does not include claims based on the intentional or reckless conduct by the RELEASED PARTIES.

I HAVE READ EACH OF THE ABOVE PARAGRAPHS CAREFULLY, AND I ACKNOWLEDGE THAT I HAVE THE OPPORTUNITY, IF I WISH, TO DISCUSS ANY OF THE TERMS CONTAINED IN THIS AGREEMENT. I UNDERSTAND THAT BY SIGNING THIS DOCUMENT I AM RELEASING CLAIMS AND GIVING UP SUBSTANTIAL RIGHTS, INCLUDING MY RIGHT TO SUE.

Student Signature: _____

Date: _____

Parent/Guardian Signature: _____

Date: _____

STUDENT NAME: _____ GRAD YEAR _____

MUSKEGO HIGH SCHOOL

TRANSPORTATION GUIDELINES FOR ATHLETES IN ALL SPORTS DURING THE 2024-25 SCHOOL YEAR

When students are responsible for transporting themselves to practices, home and/or away contests they may do so under the following conditions:

- All drivers must possess a valid Wisconsin driver's license.
- Transportation provided in private vehicles must be indemnified by the personal accident and injury insurance of the owner or the driver.
- All drivers must exercise caution when driving and obey all traffic laws and all in the car must wear seat belts.
- The Muskego-Norway School District is not liable for injury, loss, accident, illness or damage incurred by drivers or passengers in vehicles.

We have read and agree to abide by the conditions described above. I give permission for my student to drive or be driven by a member of our team. Furthermore, we release the Muskego-Norway School District, the members of the Muskego-Norway School Board and their respective employees, agents and assigns from any claim of liability or negligence for injury, illness or accident that may occur as a result of this practice. I agree to release and hold harmless the Muskego-Norway School District and its agents, employees and representatives from liability from any and all loss or expense, including costs and attorneys fees, for any damages caused by injury to my son/daughter or his/her property resulting from utilizing the above-referenced travel. I agree to indemnify the Muskego-Norway School District for any and all loss, damages, or expense, including costs and attorneys fees, incurred by the Muskego-Norway School District for any action commenced by me or on behalf of me or for any action commenced by my son/daughter resulting from utilizing the above-referenced transportation.

Student Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

STUDENT NAME: _____ GRADE: _____

STRENGTH AND CONDITIONING (MUSKEGO POWER)

To be eligible to participate in the Strength and Conditioning Program, the student must view a safety video, have a current physical form on file, maintain regular attendance (three unexcused absences will result in dismissal for the remainder of the session), have a program and follow the program for safety reasons or be removed from the program, and provide a lock if not in a PE class. Parent/guardian and student are aware and accept the various risks of injury involved in participation in the program. We understand these risks can include but are not limited to spinal cord injury, which may result in paralysis or other permanent injuries including death. Student must follow the posted program unless changes have been made specifically by the instructor. Student will ask the instructor to explain or demonstrate all exercises before they are performed. Student will report all injuries to the instructor before he/she leaves the weight room for the day. Student will never train in the weight room alone or without the supervision of MHS personnel.

Parent/guardian and student acknowledge that we have read and understand the above statements of assumption of risk. Having been cautioned and warned of the inherent risks in participation, we fully understand and agree to participation in the MHS strength and conditioning program. Furthermore, we release the Muskego-Norway School District, the members of the Muskego-Norway School Board, and their respective employees and agents from any liability for negligence and claims for injury or illness that may occur which is in any way related to my child's participation. We further understand that the Muskego-Norway School District does not provide health insurance on behalf of participants and that the responsibility for medical coverage for any injury or illness sustained as a result of participation does not lie with the District. We understand that this release will apply to myself and personal representatives, heirs and assigns.

Student Signature: _____ **Date:** _____

Parent/Guardian Signature: _____ **Date:** _____