EXTRA-CURRICULAR ACTIVITIES HANDBOOK
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Mission Statement
To create well educated, respectful citizen leaders in a K-12th grade College Prep Science and Art School.

Vision Statement
As a K-12th grade College Prep Science and Arts school, our goal is to educate all students academically, socially, emotionally, and physically so they are prepared for the challenges of school, college, and his/her future career. We set high standards for academic achievement, attendance, student behavior, and expect our students to have a productive and successful school year.

Contact Information

<table>
<thead>
<tr>
<th>SCHOOL</th>
<th>ATHLETIC DIRECTOR</th>
</tr>
</thead>
<tbody>
<tr>
<td>Vision Charter School</td>
<td>Cindy Moretti</td>
</tr>
<tr>
<td>19291 Ward Rd.</td>
<td>P: (208) 455-9220 Ext. 363</td>
</tr>
<tr>
<td>Caldwell, ID 83605</td>
<td>E: <a href="mailto:cindymoretti@visioncsd.org">cindymoretti@visioncsd.org</a></td>
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<td>P: (208) 455-9220</td>
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<tr>
<td>F: (208) 455-9121</td>
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Organizational Structure
School Board
Charter Administrator
Athletic Director
Varsity Head Coach
Sub-varsity and Middle School Coaches
Volunteers

Organizational Affiliation
Vision Charter School is a member of the 2A Western Idaho Conference (WIC) and Idaho High School Activities Association. The WIC consists of seven schools: Cole Valley Christian, Marsing, McCall, Melba, New Plymouth, Nampa Christian, and Vision Charter. Middle School also includes Vale, Nyssa, and North Star. We recognize and adhere to the guidelines set by the Western Idaho Conference(WIC) and Idaho High School Activities Association(IHSAA).
Interscholastic Athletics Philosophy
Every coach and staff member is expected to be a positive role model that seeks to prepare student-athletes to meet the challenges of competition. Vision Athletics is committed to the highest level of competition and to instill and reinforce Vision Athletic’s core values.

Core Values- Respect, Responsibility, Integrity, Servant leadership, & Sportsmanship
Respect- Taking correction as a compliment- Giving 100%/100% of the time
Responsibility- Focusing attention and effort. Recovering quickly from mistakes. Staying positive no matter what.
Integrity- Your “yes” means yes and your “no” means no.
Servant Leadership- Putting your team first in every decision.
Sportsmanship- Reacting correctly even when others don’t. Encourage your team-Give your best- Respect the officials and opponent

Responsibilities Players and Parents
Players
As a participant, your job is to do your best at every practice and competition-both as an athlete and as an enthusiastic and supportive team leader. Good sportsmanship for athletes means you must:
1. Accept and take seriously your responsibility as a player and role model and also recognize your privilege of representing your school and community. Practice good sportsmanship at all times - on and off the field or court.
2. Cooperate with your coaches and follow school and team rules of conduct as outlined in your student and athletic handbooks.
3. Respect officials and accept their decisions.
4. Follow the rules of the game.
5. Avoid foul language.
6. Know that participating is a privilege, not a right
7. Uphold and reflect Vision’s core values: Respect, Responsibility, Integrity, Servant Leadership and Sportsmanship

Parents
The role of a parent in the education of a student-athlete is vital. Fairness and respect are lifetime values taught through athletics and activities. These are the principles of good sportsmanship and character.
1. Realize that athletics are part of the educational experience, and the benefits of involvement go beyond the final score of a game.
2. Encourage students to perform their best, just as we would urge them on with their classwork
3. Participate in positive cheers that encourage our student-athletes; and discourage any cheers that would redirect that focus. Avoid foul language.
4. Learn, understand, and respect the rules of the game, the officials who administer them and their decisions
5. Respect the tasks our coaches face and support them as they strive to educate our youth
6. Respect your opponents as student-athletes, and acknowledge them for striving to do their best.

**Communication with Coaches and Guardians**

**Expectations from a Coach**
1. Philosophy of the game
2. Expectations the coach has for the players on the team
3. Location and times of all practices and contests
4. Athletic eligibility

**Expectations from Parents/Guardians**
1. Contribution to your child’s skill improvement and development
2. Notification of any schedule conflicts **well in advance**
3. Specific health concerns your child may be experiencing
4. To be informed of a coach’s philosophy and/or expectations

*It is not appropriate to discuss playing time, team strategy, position assignment, or play calling. Nor is it appropriate to confront a coach **immediately following a game or practice**. If a parent or guardian has specific concerns they wish to address with a coach, a meeting should be scheduled. If concerns are not resolved during the initial meeting with the coach, the parent or guardian should schedule a meeting with the Athletic Director.*

**ACADEMIC ELIGIBILITY FOR ALL SPORTS & EXTRACURRICULAR ACTIVITIES:**
Any student who has two D’s or an F in ANY class at grade check time will move into Academic Probation. Grade checks will be completed every other Monday starting after the first week of practice for each Sport/Activity. During academic probation, students are able to participate in practices and games as long as the grade(s) are brought up to a C- prior to the next grade check at the end of the two weeks. In the event that the grades are cured, the student is off of Academic Probation and returned to his/her full privileges. In the event the student still has an F or two D’s at the two week grade check, the student will be required to attend practices, may attend competitions but will not be allowed to compete.

**Academic Probation Level 1:** 2 weeks to bring grades to a minimum of a C-
*Any student with an F in any course will not be allowed to miss school for any athletics, activities, or extra curricular activities.*

**Academic Probation Level 2:** Required to attend practices, not allowed to compete
*Any student with an F in any course will not be allowed to miss school for any athletics, activities, or extra curricular activities.*
HEALTH EXAMINATION and CONSENT FORM

It is required all students complete a history and physical examination prior to his/her first 9th and 11th grade practice in the interscholastic (9-12) athletic program in the State of Idaho. The exam is at the expense of the student and may not be taken prior to May 1 of the 8th and 10th grade years. This examination is to be done by a licensed physician, physician’s assistant or nurse practitioner under optimal conditions. Interim history forms are required during the 10th and 12th grade years and must be submitted to the school administration prior to the first practice.

Name: ___________________________ Sex: M / F Date of birth: ____________ Age: ____________

Address: ___________________________ Phone: ___________________________

School: ___________________________ Sports: ___________________________ Participation Grade: ___________________________

MEDICAL HISTORY

Fill in details of “YES” answers in space below:

1. Have you ever been hospitalized? ☐ Yes ☐ No

2. Have you ever had surgery? ☐ Yes ☐ No

3. Do you have any allergies (medicine, bees, other insects)? ☐ Yes ☐ No

4. Have you ever had any allergies (medicine, bees, other insects)? ☐ Yes ☐ No

5. Do you have any allergies (medicine, bees, other insects)? ☐ Yes ☐ No

6. Have you ever had a head injury? ☐ Yes ☐ No

7. Have you ever had heat or muscle cramps? ☐ Yes ☐ No

8. Have you ever been dizzied during or after exercise? ☐ Yes ☐ No

9. Have you ever been dizzied during or after exercise? ☐ Yes ☐ No

10. Have you ever been dizzied during or after exercise? ☐ Yes ☐ No

11. Have you ever been dizzied or passed out in the heat? ☐ Yes ☐ No

12. Have you ever been knocked out or unconscious? ☐ Yes ☐ No

13. Have you ever been diagnosed with a concussion? ☐ Yes ☐ No

14. Have you ever had a seizure? ☐ Yes ☐ No

15. Have you ever had a stinger, burned or pinched nerve? ☐ Yes ☐ No

16. Have you ever had a condition that results in a diagnostic concussion? ☐ Yes ☐ No

17. Have you ever had a condition that results in a diagnostic concussion? ☐ Yes ☐ No

18. Have you ever had a condition that results in a diagnostic concussion? ☐ Yes ☐ No

19. Have you ever had a condition that results in a diagnostic concussion? ☐ Yes ☐ No

20. Have you ever had any other medical problems (infectious mononucleosis, diabetes, etc.)? ☐ Yes ☐ No

21. Have you ever been told you have a health problem? ☐ Yes ☐ No

22. Have you ever been told you have a heart murmur? ☐ Yes ☐ No

23. Have you ever been told you have a condition that results in a diagnostic concussion? ☐ Yes ☐ No

24. Have you ever been told you have a condition that results in a diagnostic concussion? ☐ Yes ☐ No

25. Have you ever been told you have a condition that results in a diagnostic concussion? ☐ Yes ☐ No

26. Have you ever been told you have a condition that results in a diagnostic concussion? ☐ Yes ☐ No

27. Have you ever been told you have a condition that results in a diagnostic concussion? ☐ Yes ☐ No

28. Have you ever been told you have a condition that results in a diagnostic concussion? ☐ Yes ☐ No

29. Have you ever been told you have a condition that results in a diagnostic concussion? ☐ Yes ☐ No

30. Have you ever been told you have a condition that results in a diagnostic concussion? ☐ Yes ☐ No

31. Have you ever been told you have a condition that results in a diagnostic concussion? ☐ Yes ☐ No

32. Have you ever been told you have a condition that results in a diagnostic concussion? ☐ Yes ☐ No

33. Have you ever been told you have a condition that results in a diagnostic concussion? ☐ Yes ☐ No

34. Have you ever been told you have a condition that results in a diagnostic concussion? ☐ Yes ☐ No

35. Have you ever been told you have a condition that results in a diagnostic concussion? ☐ Yes ☐ No

36. Have you ever been told you have a condition that results in a diagnostic concussion? ☐ Yes ☐ No

37. Have you ever been told you have a condition that results in a diagnostic concussion? ☐ Yes ☐ No

38. Have you ever been told you have a condition that results in a diagnostic concussion? ☐ Yes ☐ No

39. Have you ever been told you have a condition that results in a diagnostic concussion? ☐ Yes ☐ No

40. Have you ever been told you have a condition that results in a diagnostic concussion? ☐ Yes ☐ No

41. Have you ever been told you have a condition that results in a diagnostic concussion? ☐ Yes ☐ No

42. Have you ever been told you have a condition that results in a diagnostic concussion? ☐ Yes ☐ No

43. Have you ever been told you have a condition that results in a diagnostic concussion? ☐ Yes ☐ No

44. Have you ever been told you have a condition that results in a diagnostic concussion? ☐ Yes ☐ No

45. Have you ever been told you have a condition that results in a diagnostic concussion? ☐ Yes ☐ No

46. Have you ever been told you have a condition that results in a diagnostic concussion? ☐ Yes ☐ No

47. Have you ever been told you have a condition that results in a diagnostic concussion? ☐ Yes ☐ No

48. Have you ever been told you have a condition that results in a diagnostic concussion? ☐ Yes ☐ No

49. Have you ever been told you have a condition that results in a diagnostic concussion? ☐ Yes ☐ No

50. Have you ever been told you have a condition that results in a diagnostic concussion? ☐ Yes ☐ No

12. Have you had a medical problem or injury since your last evaluation? ☐ Yes ☐ No

13. Have you ever sprained/strained, dislocated, fractured, broken or had repeated swelling or other injuries of any of bones or joints?

☐ head ☐ back ☐ shoulder ☐ forearm ☐ hand ☐ hip ☐ knee ☐ ankle

☐ neck ☐ chest ☐ elbow ☐ wrist ☐ finger ☐ thigh ☐ shin ☐ foot

14. Were you born without a kidney, testicle, or any other organ? ☐ Yes ☐ No

15. When was your first menstrual period?

What was your last menstrual period?

What was the longest time between your periods last year?

Explain “YES” answers:

CONSENT FORM

(Parent or guardian and student permission and approval)

I hereby consent to the above named student participating in the interscholastic athletic program at his/her school of attendance. This consent includes travel to and from athletic contests and practice sessions. I further consent to treatment deemed necessary by physicians designated school authorities for any illness or injury resulting from his/her athletic participation. I also consent to release of any information contained in this form to carry out treatment and healthcare operations for the above named student.

If the health care provider’s exam will be performed without compensation as part of the school’s health examination program for participation in high school activities, I agree to the waiver provisions as set forth in Idaho Code Section 39-7703 and agree that the health care provider shall be immune from liability as specified in said section.

PARENT OR GUARDIAN SIGNATURE ___________________________ DATE: ____________

This application to compete in interscholastic athletics for the above school is entirely voluntary on my part and is made with the understanding that I have not violated any of the eligibility rules and regulation of the State Association.

SIGNATURE OF STUDENT ___________________________ DATE: ____________
# Idaho High School Activities Association

## Physical Examination Form

### Clearances

| A. | Cleared for all sports and other school-sponsored activities. |
| B. | Cleared after completing evaluation/rehabilitation for: |

### Clearance / Recommendations

| C. | NOT cleared to participate in the following IHSAA sponsored sports /activities: baseball basketball cheer/dance cross country football golf soccer softball swimming tennis track volleyball wrestling |
| D. | Student is NOT permitted to participate in high school athletics. |

#### Reason:

**Recommendation:**

- **Name of physician:**
- **Address:**
- **Phone:**
- **Signature of physician/medical provider:**
- **Date:**

*Note: This Physical Examination Form MUST be signed by a licensed physician, physician assistant or nurse practitioner.*
INTERIM QUESTIONNAIRE

It is required all students complete a history and physical examination prior to his/her first 9th and 11th grade practice in the interscholastic (9-12) athletic program in the State of Idaho. The exam is at the expense of the student and may not be taken prior to May 1 of the 8th and 10th grade years. This examination is to be done by a licensed physician, physician’s assistant or nurse practitioner under optimal conditions. Interim history forms are required during the 10th and 12th grade years and must be submitted to the school administration prior to the first practice.

Name: ___________________________ Date of birth: ____________ Sex: M / F
Address: ___________________________ Phone: ___________________________
School: ___________________________ Participation Grade: ___________________________

MEDICAL HISTORY

SINCE LAST PHYSICAL EXAMINATION, HAS THIS STUDENT:

Fill in details of "YES" answers in space below:

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
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<tbody>
<tr>
<td>1. Had surgery?</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>2. Been hospitalized?</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>3. Been under a physician’s care</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>4. Had serious illness?</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>5. Had an injury requiring a physician’s care?</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>6. Been rendered unconscious?</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>7. Been diagnosed with a concussion?</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>8. Started taking any new medications?</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>9. Developed any new drug allergies?</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>10. Developed any health problems?</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

Explain "YES" answers: ____________________________________________________________

CONSENT FORM

(Parent or guardian and student permission and approval)

I hereby consent to the above named student participating in the interscholastic athletic program at his/her school of attendance. This consent includes travel to and from athletic contests and practice sessions. I further consent to treatment deemed necessary by physicians designated school authorities for any illness or injury resulting from his/her athletic participation. I also consent to release of any information contained in this form to carry out treatment and healthcare operations for the above named student.

My child ☐ should or ☐ should NOT have a physical examination prior to participation in high school athletics.

Name: ___________________________ Address: ___________________________
City: ___________________________ Zip: ___________________________
Phone: ___________________________

PARENT OR GUARDIAN SIGNATURE: ___________________________ DATE: ____________

This application to compete in interscholastic athletics for the above school is entirely voluntary on my part and is made with the understanding that I have not violated any of the eligibility rules and regulation of the State Association.

SIGNATURE OF STUDENT: ___________________________ DATE: ____________

Note: The original copy of this form MUST be returned to the school.
A FACT SHEET FOR
High School Parents

This sheet has information to help protect your teens from concussion or other serious brain injury.

What Is a Concussion?
A concussion is a type of traumatic brain injury—or TBI—caused by a bump, blow, or jolt to the head or by a hit to the body that causes the head and brain to move quickly back and forth. This fast movement can cause the brain to bounce around or twist in the skull, creating chemical changes in the brain and sometimes stretching and damaging the brain cells.

How Can I Help Keep My Teens Safe?
Sports are a great way for teens to stay healthy and can help them do well in school. To help lower your teens’ chances of getting a concussion or other serious brain injury, you should:

• Help create a culture of safety for the team.
  o Work with their coach to teach ways to lower the chances of getting a concussion.
  o Emphasize the importance of reporting concussions and taking time to recover from one.
  o Ensure that they follow their coach’s rules for safety and the rules of the sport.
  o Tell your teens that you expect them to practice good sportsmanship at all times.
• When appropriate for the sport or activity, teach your teens that they must wear a helmet to lower the chances of the most serious types of brain or head injury. There is no “concussion-proof” helmet. Even with a helmet, it is important for teens to avoid hits to the head.

How Can I Spot a Possible Concussion?
Teens who show or report one or more of the signs and symptoms listed below—or simply say they just “don’t feel right” after a bump, blow, or jolt to the head or body—may have a concussion or other serious brain injury.

Signs Observed by Parents
• Appears dazed or stunned
• Forgets an instruction, is confused about an assignment or position, or is unsure of the game, score, or opponent
• Moves clumsily
• Answers questions slowly
• Loses consciousness (even briefly)
• Shows mood, behavior, or personality changes
• Can’t recall events prior to or after a hit or fall

Symptoms Reported by Teens
• Headache or “pressure” in head
• Nausea or vomiting
• Balance problems or dizziness, or double or blurry vision
• Bothered by light or noise
• Feeling sluggish, hazy, foggy, or groggy
• Confusion, or concentration or memory problems
• Just not “feeling right,” or “feeling down”

Talk with your teens about concussion. Tell them to report their concussion symptoms to you and their coach right away. Some teens think concussions aren’t serious or worry that if they report a concussion they will lose their position on the team or look weak. Remind them that it’s better to miss one game than the whole season.

GOOD TEAMMATES KNOW:
IT’S BETTER TO MISS ONE GAME THAN THE WHOLE SEASON.
CONCUSSIONS AFFECT EACH TEEN DIFFERENTLY.

While most teens with a concussion feel better within a couple of weeks, some will have symptoms for months or longer. Talk with your teens’ healthcare provider if their concussion symptoms do not go away or if they get worse after they return to their regular activities.

Plan ahead. What do you want your teen to know about concussion?

What Are Some More Serious Danger Signs to Look Out For?

In rare cases, a dangerous collection of blood (hematoma) may form on the brain after a bump, blow, or jolt to the head or body and can squeeze the brain against the skull. Call 9-1-1, or take your teen to the emergency department right away if, after a bump, blow, or jolt to the head or body, he or she has one or more of these danger signs:

• One pupil larger than the other
• Drowsiness or inability to wake up
• A headache that gets worse and does not go away
• Slurred speech, weakness, numbness, or decreased coordination
• Repeated vomiting or nausea, convulsions or seizures (shaking or twitching)
• Unusual behavior, increased confusion, restlessness, or agitation
• Loss of consciousness (passed out/knocked out). Even a brief loss of consciousness should be taken seriously

What Should I Do If My Teen Has a Possible Concussion?

As a parent, if you think your teen may have a concussion, you should:

1. Remove your teen from play.
2. Keep your teen out of play the day of the injury. Your teen should be seen by a healthcare provider and only return to play with permission from a healthcare provider who is experienced in evaluating for concussion.
3. Ask your teen's healthcare provider for written instructions on helping your teen return to school. You can give the instructions to your teen’s school nurse and teacher(s) and return-to-play instructions to the coach and/or athletic trainer.

Do not try to judge the severity of the injury yourself. Only a healthcare provider should assess a teen for a possible concussion. You may not know how serious the concussion is at first, and some symptoms may not show up for hours or days. A teen’s return to school and sports should be a gradual process that is carefully managed and monitored by a healthcare provider.

Teens who continue to play while having concussion symptoms or who return to play too soon—while the brain is still healing—have a greater chance of getting another concussion. A repeat concussion that occurs while the brain is still healing from the first injury can be very serious, and can affect a teen for a lifetime. It can even be fatal.

To learn more, go to cdc.gov/HEADSUP

Revised January 2019
PARENT/GUARDIAN & ATHLETE
CONCUSSION INFORMATION WRITTEN CONSENT

I, ________________, by signing below, hereby acknowledge that the Vision Charter School has provided me with the necessary and appropriate education on concussion as mandated under subsection 33-1625, Idaho Code. The education included appropriate guidelines that identified the signs and symptoms of concussion and head injury, and described the nature and risk of concussion and head injury in accordance with standards of the Centers for Disease Control and Prevention.

I acknowledge that in addition to receiving the education designated in the above paragraph, that I understand the nature of concussion, the signs and symptoms of concussion, and the risks of allowing a student athlete to continue to play after sustaining a concussion.

________________________________________  _________________________  ____
Student Name (Please Print)  Student Signature  Date (mm/dd/yyyy)

________________________________________  _________________________  ____
Parent/Guardian Name (Please Print)  Parent/Guardian Signature  Date (mm/dd/yyyy)
Notice of Risk, Transportation Consent, and Release of Liability Form

NOTICE OF RISK

IHSAA activities that students plan to participate in during the school year

When a person practices, plays and participates in any activity/sport, the activity/sport can be dangerous. Every participant places themselves in situations where they face the risk of serious and/or permanent injury and death. Injuries, which may result from practicing, playing and participating in activities/sports, could cause serious injury, impairment and death. The damage could affect the general health and well-being of the participant.

Serious injury could impair a person’s ability to earn a living and engage in social recreational activities in the future.

We the undersigned understand the inherent dangers of practicing, playing and participating in school sponsored activities/sports. We also recognize the importance of following instructions given by the coaches/advisors regarding playing techniques, training, diet, hydration, and the importance of following all team rules and guidelines.

TRANSPORTATION CONSENT and RELEASE OF LIABILITY FORM

For the Student Under 18

I, __________________________, represent and warrant that I am the custodial parent/legal guardian of my child/ward, __________________________, who is under the age of 18 on the date this document is signed and a student of the Vision Charter School. I authorize my child/ward to:

☐ Ride with other students who have parental permission to drive and are authorized to have other students as passengers.
☐ Ride with parents of other students
☐ Ride on School authorized transportation
☐ Drive his/her own vehicle
☐ Other students may ride with my child/ward

For the following school sponsored activity/athletics/function (may include function dates):

☐ I do not wish my child/ward to ride with any other parents, students, or school provided transportation.

By signing below, for myself and on behalf of my heirs, assigns, personal representatives, next of kin, and marital community (if any), I do hereby agree to indemnify, release and hold harmless, including the costs of defense, Vision Charter School, the School Board of Trustees, their respective committees, officers, agents, employees, insurers, attorneys, servants, volunteers, representatives, subcontractors, affiliates, successors and assigns, and others for whom the released parties may have legal responsibility, from and against any and all actions, claims, causes of action, responsibility and liability for injuries or damages which arise in any way, directly or indirectly, from said student’s use of and/or participation in the transportation as specified and indicated above.

And we acknowledge we have carefully read and understand the “Notice of Risk” for students participating in athletics/activities and that my son/daughter plans on participating in.

Signature: ______________________________________________________ Date: ____________________________