

# Wildcats

## Woodall School Athletic Policy 2022-2023



# Woodall School Athletic Policies

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## Grades 3-8

### 1. **ELIGIBILITY- (CCAA)**

- a. –A copy of CCAA policy may be obtained from the Athletic Director.

### 2. **PROCEDURE FOR ATHLETIC ENROLLMENT**

- a. The athletic Director/Coaches reserve the right to approve participation based on the athlete's prior performance, behavior and/ or attendance.
- b. Students who choose not to fulfill specific sport guidelines will not be allowed to participate in competitive athletics.
- c. Students will be held financially accountable for the loss or irresponsible damage of any school uniform or equipment issued to them.

### 3. **GRADES FOR ATHLETICS**

- a. The district attendance policy will be followed.
- b. Athletes will be required to dress out daily.
- c. Students enrolled in athletics (5-8) will, at times be required to remain after school
- d. A student who chooses not to attend, not to participate, or to leave a scheduled athletic competition without prior coach approval may be penalized.

### 4. **PHYSICAL EXAMINATION**

- a. All students who participate in competitive athletics from 5<sup>th</sup> to 8<sup>th</sup> grade will be required to have a physical and parent permission form on file with the Athletic Director.
- b. Students must have a physical on file within the first two weeks of a semester.
- c. New students must have a physical to enroll in athletics.

### 5. **INSURANCE**

- a. Students enrolled in competitive athletics must be adequately covered by accident and hospitalization insurance.
- b. The Woodall Board of Education, Woodall Athletic Department, or Coach is NOT responsible for the cost of any accident occurring to an athlete while participating in a sport of the school.

**6. ATTENDANCE-DAY OF CONTEST**

- a. The policy of the Woodall School on attendance in school by an athlete on the day of a contest requires the student to attend at least one half of his/her classes to be able to dress for, compete, or travel that day.
- b. A student who has been suspended (in-school or home) may not practice or compete on that day or those days.

**7. NO PASS-NO PLAY**

- a. See the CCAA rules and guidelines.

**8. CONDUCT**

- a. The current student/parent handbook will be followed.
- b. Disciplinary actions may carry over into successive semesters.
- c. If an athlete exhibits behavior determined by the administration to be improper, the athlete will face penalties or lose the right to represent the school.

**9. TRAVEL**

- a. When school transportation is provided, students are required to travel to the events on that transportation.
- b. After the event, students may be released to their parent/guardian only.
- c. Parents will be responsible for picking up students promptly following events. Failure to do so may result in the student not attending future events.

**CONCUSSION/HEAD INJURY FACT SHEET STUDENT-ATHLETES****WHAT IS CONCUSSION?**

A concussion is a brain injury  
Is caused by a bump or blow to the head  
Can change the way your brain normally works  
Can occur during practice or in games in any sport  
Can happen even if you have not been knocked out  
Can be serious even if you have just been “dinged”

**WHAT ARE THE SYMPTOMS OF A CONCUSSION?**

Headache or “pressure” in head  
Nausea or vomiting  
Balance problems or dizziness  
Sensitivity to light  
Sensitivity to noise  
Feeling sluggish, hazy, foggy or groggy  
Concentration or memory problems  
Confusion  
Does not “feel right”

**WHAT SHOULD I DO IF I THINK I HAVE A CONCUSSION?**

Tell your coaches or parents. Never ignore a bump or blow to the head even if you feel fine. Also, tell your coach if one of your teammates may have a concussion.

Get a medical checkup. A doctor or health care professional can tell you if you have a concussion and when you are OK to return to play.

Give yourself time to get better. If you have had a concussion, your brain needs time to heal. While your brain is still healing, you are much more likely to have a second concussion. Additional concussions can cause damage to your brain. It is important to rest until you get approval from a doctor or health care professional to return to play.

**HOW CAN I PREVENT A CONCUSSION?**

Follow your coach’s rules for safety and the rules of the sport.  
Practice good sportsmanship.

Use the proper equipment, including personal protective equipment (such as helmets, padding, shin guards and eye and mouth guards – IN ORDER FOR EQUIPMENT TO PROTECT YOU, it must be the right equipment for the game , position and activity; it must be worn correctly and used every time you play.)

**FOR MORE INFORMATION VISIT:**

[www.cdc.gov/TraumaticBraininjury/](http://www.cdc.gov/TraumaticBraininjury/)

[www.oata.net](http://www.oata.net)

[www.ossaa.com](http://www.ossaa.com)

[www.nfhslearn.com](http://www.nfhslearn.com)

**IT’S BETTER TO MISS ONE GAME THAN THE WHOLE  
SEASON!**

**CONCUSSION/HEAD INJURY FACT SHEET PARENTS/GUARDIANS****WHAT IS A CONCUSSION?**

A concussion is a brain injury. Concussions are caused by a bump or blow to the head. Even a “ding”, “getting your bell rung” or what seems to be a mild bump or blow to the head can be serious. You cannot see a concussion. Signs and symptoms of a concussion can show up right after the injury or may not appear to be notice until days or weeks after the injury. If you child reports any symptoms of a concussion or if you notice any symptoms yourself, seek medical attention right away.

**WHAT ARE THE SYMPTOMS REPORTED BY ATHLETES?**

- Headache or “pressure” in head
- Nausea or vomiting
- Balance problems or dizziness
- Sensitivity to light
- Sensitivity to noise
- Feeling sluggish, hazy, foggy or groggy
- Concentration or memory problems
- Confusion
- Does not “feel right”

**WHAT ARE THE SIGNS OBSERVED BY PARENTS/GUARDIANS?**

- Appears dazed or stunned
- Is confused about assignment or position
- Forgets an instruction
- Is unsure of game, score or opponent
- Move clumsily
- Answers questions slowly
- Loses consciousness (even briefly)
- Shows behavior or personality changes
- Cannot recall events prior to hit or fall
- Cannot recall events after hit or fall

**HOW CAN I HELP MY CHILD PREVENT A CONCUSSION?**

Ensure they follow their coach’s rules for safety and the rules of the sport.  
Make sure they use the proper equipment, including personal protective equipment (such as helmets, padding, shin guards and eye and mouth guards – IN ORDER FOR EQUIPMENT TO PROTECT YOU, it must be the right equipment for the game, position and activity; it must be worm correctly and used every time you play.)  
Learn the signs and symptoms of a concussion.

**FOR MORE INFORMATION VISIT:**

[www.cdc.gov/TraumaticBraininjury/](http://www.cdc.gov/TraumaticBraininjury/)  
[www.oata.net](http://www.oata.net)  
[www.ossaa.com](http://www.ossaa.com)  
[www.nfhslearn.com](http://www.nfhslearn.com)

**IT’S BETTER TO MISS ONE GAME THAN THE WHOLE SEASON!**

## **Athlete/Parent/Guardian Sudden Cardiac Arrest Symptoms and Warning Signs Information Sheet and Acknowledgement of Receipt and Review Form**

### **What is sudden cardiac arrest?**

Sudden cardiac arrest (SCA) is when the heart stops beating, suddenly and unexpectedly. When this happens, blood stops flowing to the brain and other vital organs. SCA doesn't just happen to adults; it takes the lives of students, too. However, the causes of sudden cardiac arrest in students and adults can be different. A student's SCA will likely result from an inherited condition, while an adult's SCA may be caused by either inherited or lifestyle issues.

SCA is NOT a heart attack. A heart attack may cause SCA, but they are not the same. A heart attack is caused by a blockage that stops the flow of blood to the heart. SCA is a malfunction in the heart's electrical system, causing the heart to suddenly stop beating.

### **How common is sudden cardiac arrest in the United States?**

While studies have shown sudden cardiac death among young athletes is very uncommon, SCA is the #1 cause of death for student athletes.

### **Are there warning signs?**

Although SCA happens unexpectedly, some people may have signs or symptoms, such as:

- fainting or seizures during exercise;
- unexplained shortness of breath;
- a racing heart;
- dizziness;
- chest pain with exercise; or
- extreme fatigue.

These symptoms can be unclear in athletes, since people often confuse these warning signs with physical exhaustion. SCA can be prevented if the underlying causes can be diagnosed and treated.

### **What are the risks of practicing or playing after experiencing these symptoms?**

There are risks associated with continuing to practice or play after experiencing these symptoms. When the heart stops, so does the blood that flows to the brain and other vital organs. Death or permanent brain damage can occur in just a few minutes. Most people who experience SCA die from it.

## **Can you screen for cardiac abnormalities?**

The annual sports preparticipation physical examination includes a personal and family health history to screen for symptoms or warning signs of SCA.

An electrocardiogram (ECG) and echocardiogram (ECHO) are noninvasive and painless options. However, these procedures are not currently advised by the American Academy of Pediatrics and the American College of Cardiology unless the preparticipation examination reveals an indication for these tests.

## **Senate Bill 239 – The Chase Morris Sudden Cardiac Arrest Prevention Act (the Act)**

The Act is intended to address any sport sanctioned and offered in grades 7 through 12 by a school district in order to keep student-athletes safe while practicing or playing. The requirements of the act are:

- All student-athletes and their parents or guardians must read and sign this form. It must be returned to the school before participation in any athletic activity. A new form must be signed and returned each school year.
- Schools may also hold informational meetings. The meetings can occur before each athletic season. Meetings may include student-athletes, parents, coaches and school officials. Schools may also want to include doctors, pediatric cardiologists and athletic trainers.
- In order to coach an athletic activity, coaches are required once each year to complete an approved SCA training course offered by a provider approved by the Oklahoma State Department of Health.

### *Removal from play/return to play*

- Any student who collapses or faints without a concurrent head injury while participating in an athletic activity shall be removed by the coach from participation at that time.
- Any student who is removed or prevented from participating in an athletic activity shall not return to participation until the student is evaluated and cleared for return to participation in writing by a health care provider. Health care provider is defined as a person who is licensed, certified, or otherwise authorized by the laws of this state to practice a health care or healing arts profession or who administers health care in the ordinary course of business (such as a physician, physician assistant, advanced practice nurse, or cardiologist).



## **Athlete/Parent/Guardian Sudden Cardiac Arrest Symptoms and Warning Signs**

**Woodall Public School**  
(NAME OF SCHOOL)

I have reviewed the Athlete/Parent/Guardian Sudden Cardiac Arrest Symptoms (SCA) and Warning Signs informational material jointly developed by Oklahoma State Department of Health and the Oklahoma State Department of Education and understand the symptoms and warning signs of SCA related to participation in athletic programs.

\_\_\_\_\_  
Signature of Student-Athlete

\_\_\_\_\_  
Print Student-Athlete's Name

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Print Parent/Guardian's Name

\_\_\_\_\_  
Date

*This form is required to be completed annually prior to the athlete's first practice and/or competition and be kept on file for one year beyond the date of signature in the principal's office or the office designated by the principal.*

**CONCUSSION AND HEAD INJURY ACKNOWLEDGEMENT  
AND INFORMATION SHEET**

In compliance with Oklahoma Statute Section 24-155 of Title 70, this acknowledgement form is to confirm that you have read and understand the Concussion Fact Sheet provided to you by Woodall Public School District related to potential concussions and head injuries occurring during participation in athletics.

I, \_\_\_\_\_, as a student-athlete who participated in Woodall School District's athletic programs and I, \_\_\_\_\_ as the parent/legal guardian, have read the information material provided to us by Woodall School District related to concussions and head injuries occurring during participation in athletic programs and understand the content and warnings.

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SIGNATURE OF STUDENT-ATHLETE

DATE

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SIGNATURE OF PARENT/LEGAL GUARDIAN

DATE

*This form should be completed annually prior to the athlete's first practice and/or competition and be kept on file for one year beyond the date of signature in the principal's office or the office designated by the principal.*

Student's Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

I, (We) realize that there is a possibility that a child may suffer injury, including permanent paralysis or death, as a result of participation in athletic activities.

I, (We) further understand that the school district disclaims any financial responsibility for costs of medical treatment, hospitals, ambulances or paramedics, etc. arising out of or by virtue of an injury to my (our) child while participating in such interscholastic competitions or preparation therefore.

I, (We) understand and agree to abide by all provisions of the Student Handbook and the Woodall School District Athletic Policies.

Parent/Guardian (please print) \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Phone: \_\_\_\_\_

Insurance Provider \_\_\_\_\_

Policy Number: \_\_\_\_\_



## Wildcat Athletics

### Behavior Contract

Athlete's Name \_\_\_\_\_

As student athletes, you are bound by a stricter moral and behavioral code than non student-athletes. As such, you will be responsible for conducting yourself in a manner above and beyond non student-athletes. If you choose to accept this responsibility, you and your guardian must sign this contract, and in doing so, you agree to abide by the consequences set forth below:

Every member of the Woodall Athletic Program has a duty to represent himself/herself, the team and the school in the best manner possible. This applies to your behavior both in school and out of school. You are expected to avoid situations where you might be accused of any wrong-doing in class or out of class.

In-school discipline problems resulting in ISS or Suspension may result in dismissal from the Athletic Program. The following violations may also result in suspension or dismissal from the Woodall Athletic Program:

1. Continual behavior problems during the school day or on bus routes.
2. Appearing on Eligibility list multiple times throughout the school year. Whether you're in season or in offseason. (ex. Athlete plays basketball but not football they still have to stay off list during football season)
3. Any illegal activity at school or away from school.
4. Missing Practice
5. Skipping Practice or School
6. Poor Sportsmanship
7. Harassment (verbal, physical, sexual etc...) of another student or team member.
8. Any act (either in school or away from school) which in the opinion of the coaching and/or school administration, reflects in a negative manner on the Woodall Athletic Program.
9. Electronic communication (text, Face book, Twitter, Instagram etc...) should be positive and should never negatively reflect on other teammates or coaching staff. If it is not positive don't post it.

By signing below, you affirm that you have read this and fully understand the rules set forth by this Contract. You are also stating that you understand that violations of the Woodall Athletic Program behavior policies could result in your being dismissed from the athletic program

Player's Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_

*"We are CHAMPIONS on the field and off the field"*

# WOODALL PUBLIC SCHOOL

Ginger Knight, Superintendent  
Kim Kocsis, Principal

14090 West 835 Road  
Tahlequah, Oklahoma 74464

Telephone (918) 456-1581

Fax (918)456-5015

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## BIOLOGICAL SEX AFFIDAVIT

STATE OF OKLAHOMA

§

COUNTY OF CHEROKEE

§

I, \_\_\_\_\_, the undersigned person, being of lawful age, being first duly sworn,  
on oath, state that I am the lawful parent or guardian of \_\_\_\_\_. I further  
acknowledge that \_\_\_\_\_ was the biological sex of the student at birth.  
Male or Female

\_\_\_\_\_  
Affiant

Subscribed and sworn to me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
Notary Public or officer administering oath

My commission expires:

\_\_\_\_\_  
(Seal)

As per 70 O.S. § 27-106, prior to the beginning of each school year, the parent or legal guardian of a student who competes on a school athletic team shall sign an affidavit acknowledging his or her biological sex at birth.

*“WE are Woodall....Some wish for it, WE work for it!”*