



**RICHMOND
SCHOOL DISTRICT**

Student-Athletics Handbook

Richmond School

Introduction

Interscholastic Athletics are team-based organized sport activities sponsored by the district which occur outside the school day and do not receive academic credit toward promotion and/or graduation.

The purpose of participating in interscholastic athletics at Richmond is three-fold:

- To promote physical fitness
- To teach athletic skills and maneuvers unique to each designated sport
- To teach team-based skills, good sportsmanship, game rules and the rules of competitive play

Student involvement in interscholastic athletic activities is considered to be a privilege, with accompanying responsibilities and expectations.

Athletic Director(s)

If you have questions about any program, you can contact the Athletic Director.

Phone: 262.538.1360

Email: athletic.director@richmond.k12.wi.us

Athletic Department web page: www.richmond.k12.wi.us

Arrowhead Middle School Athletic Conference

Richmond School participates in the AMSAC. The following schools are in the conference:

Richmond, Lake Country, Merton, North Shore Middle School, North Lake, Swallow, Stone Bank and Erin.

A regular season has approximately 10 games. The games are typically between 4 p.m. and 8 p.m. and are hosted at the various schools within the conference. The seasons typically last 9 weeks with practice three to five times a week. The only weekend games are during the AMSAC tournament with a possible additional tournament for 8th grade basketball teams.

Sports Offerings

All sports are available to both boy and girl student-athletes.

5th Grade:

Intramural Softball (Fall), Basketball (Girls-Fall; Boys-Winter), Track and Field (Spring)

6th Grade:

Intramural Softball (Fall), Basketball (Girls-Fall; Boys-Winter), Volleyball (Spring), Track and Field (Spring)

7th Grade:

Intramural Softball (Fall), Basketball (Girls-Fall; Boys-Winter), Volleyball (Spring), Track and Field (Spring)

8th Grade:

Intramural Softball (Fall), Basketball (Girls-Fall; Boys-Winter), Volleyball (Spring), Track and Field (Spring)

Conference Tournament Host

Richmond School hosts one AMSAC tournament a year. Every eighth year the school does not host a tournament. This is a major fundraiser for the Athletic Department. Parent volunteers are requested. Richmond PTOBC assists with running the tournament.

Other AMSAC Sports Offerings:

The following sports are available through various local clubs, such as Merton Running Club and Arrowhead Wrestling Club: cross country, wrestling, gymnastics and cheerleading.

Athletic Fees:

All students participating on an athletic team will pay one athletic fee per AMSAC sport, per year. Fees are due before practice begins.

Fee structure as of August 2022: \$75 per student per sport

Numbers of Student-Athletes per Team

Team size will be adjusted based on the needs of the athletes, the number of participants and the availability of funds.

During the first week of practice, students will be evaluated by multiple coaches and possibly the physical education teacher and/or Athletic Director(s).

In grades 5th – 7th, teams will be created to reflect similar abilities. In 8th grade, if there are enough participants to create two teams, the teams will be divided into an A team and a B team, two A teams, or two B teams, depending on ability levels.

Play Time

To develop all players, the following play times for student athletes is expected:

5th, 6th, & 7th grade(s):

Equal or near equal play time over the course of the regular season. Competitive play during tournaments requires that every team member plays at least 25% of the tournament.

8th grade:

At a minimum, every athlete must play 25% of every game during the regular season. Competitive play during tournaments requires that every team member plays at least 25% of the tournament(s).

Schedules

The coach will hand out practice and game schedules during the first week of practice in each individual sport. These schedules are tentative and subject to change. Revised schedules are distributed by the coaches to the student-athletes as needed. A separate sports calendar is also available through Richmond's website. The word of the coach takes more precedence than the online calendar.

Student-Athlete Requirements

1. Student-Athletes must maintain a summative score of 2 or higher in each class to fully participate. (see Grades for Extra-Curricular Activities section for more information)
2. Student-Athletes must be well-rested on weeknights and before games.
3. Student-Athletes' hair must be neat, clean and out of eyes at all times.
4. Student-Athletes must attend all scheduled practices from the first day of membership in the sport. The Student-Athletes must notify the coach **IN ADVANCE** if they cannot attend.
5. Student-Athletes absent from school due to illness on game days will not participate in the game or practice. Excused absences, such as funeral, doctor's appointments, etc., are exceptions. Student-Athletes must be in school **by 11:45 a.m. (1/2 day)** in order to participate in the game or practice held that evening.
6. When Student-Athletes stay after school to attend a game, they must remain on school grounds and report to guided-study hall until the game or practice begins.
7. Any Student-Athletes who receive an in-school or out-of-school suspension will not participate in any activities until they are reinstated in school.
8. Student-Athletes who receive a detention must serve the detention first and then participate in any school activity. Every offense a student receives will be a one-game suspension if the infraction happens during the season.
9. Student-Athletes must have on file a copy of their physical examination form and other required forms before they can participate. No participation unless all pertinent forms are returned.
10. Conditioning is important throughout the year. There will be no smoking, no drinking (of intoxicating beverages), or any unauthorized use or possession of drugs. In-season enforcement procedures will be followed as prescribed for the Procedure for Violation of Rules & Requirements section of the handbook.
11. Student-Athletes must wear an undershirt underneath their basketball game jersey(s) that is the same color as the jersey.

Grades for Extra-Curricular Activities

1. Academics come first. Grades and behavior should show consistent effort and cooperation. At a minimum, a student must maintain a minimum summative score of 2 or higher in EACH subject.
2. When a Student-Athlete's grade drops below the summative score of 2, the educator in the class where this grade was earned has the prerogative to determine the Student-Athlete's lack of academic performance. This determination will result in the student being on "academic ALERT or behavior ALERT" and the following measures will occur:

- a. Educator or Athletic Director(s) will inform the parent(s) and Student-Athlete of his/her academic or behavior standing (academic alert or behavior alert) through a phone call, note, or email.
- b. If the situation continues and the Student-Athlete has no plan for improvement or does not make any improvements, the educator shall inform the Athletic Director(s), who will in turn inform the Principal. It is at this point the Student-Athlete is **SUSPENDED** from participation in the athletic program.
- c. The Athletic Director(s) then notifies the student, parent, and coach of the Student-Athlete's suspension from the athletic program. This suspension will continue until there is an indication of academic or behavioral improvement by the Student-Athlete. Academic and behavioral suspension means Student-Athletes will attend each scheduled game during their suspension as a team member and sit on the bench but **NOT** participate in the game. The student *may* participate in practice sessions so that learning to play the sport in a safe manner and as a team member is not interrupted.
- d. **Reinstatement to the team is our goal as well as best performance in academics and behaviors.** When there is noticeable improvement in the Student-Athlete's behavior or grades (through the completion of an assignment, an assessment retake or another assessment), and the grade earned for that course is a summative score of 2 or higher, or the Student-Athlete displays improved behavior, then the student is no longer **SUSPENDED** and can play. The educator will inform the Athletic Director, who will inform the Principal, Coach, Student-Athlete, and parent that the Student-Athlete is now eligible to play.

The Student-Athlete is responsible for creating his/her own plan and follow through for reinstatement. This will contribute to his/her personal and social growth.

Procedures for Violation of Rules and Requirements

1. Any rule infractions must be reported to the Athletic Director(s) within 48 hours of the incident. The report should include the date, time, place, individuals involved, and a brief description of the alleged infraction. The Student-Athlete(s) involved will be called in to verify/deny said allegations before the Athletic Director(s) and Coaches.
2. In the event that an alleged violation takes place and it was reported to the Coach/Athletic Director(s), it shall be the responsibility of the Coach to call the Student-Athlete(s) in for verification attempts.
3. If the Student-Athlete(s) admits to the violation, it then shall be the responsibility of the in-season Coach/Athletic Director(s) to notify the Student-Athlete and parents of the suspension from competition requirements under the enforcement guidelines.
4. Upon notification of the violation and suspension imposed, the Student-Athlete and his/her parents shall also be notified of the right to appeal.

The enforcement guidelines are as follows:

First Violation One (1) game suspension

Second Violation Twenty percent (20%) suspension of scheduled games

Third Violation Removal from team

In the event the misconduct occurs at the end of the season, the consequence will be determined at that time. The consequence could include Saturday or after school detention or school suspension.

Grievance Procedure for Student-Athletes

1. In case of a dispute between a Student-Athlete and Coach or parent, **the Coach will be the first person approached** with the intention of resolving the issue.
2. An issue not resolved by the procedure above will be referred to the Athletic Director(s) for resolution.
 - a. Of the Athletic Director(s) can resolve the issue in session, they will do so. If not, the issue will be referred to the Principal.
 - b. If the issue is not resolved as outlined in “a” above, it will be handled by the Superintendent.
3. If any parties in a dispute are not satisfied after following the procedures above, the School Board may be contacted for a final determination of the matter.

Appeal Procedure and Process for Student-Athletes

1. After the ruling of ineligibility by suspension from athletics is made, a Student-Athlete and/or his/her parents may formally appeal the decision. This should be done in writing and the request for an appeal with the Principal shall be addressed **no later than five (5) days from date of the suspension**.
2. If the issue is not resolved, it will be handled by the Superintendent. The Athletic Director(s) shall arrange for notification to the parents of the date, time and place of the meeting.
3. The agenda of the hearing shall be confined to the details relating to:
 - a. explanation of violation or infraction
 - b. date of violation
 - c. period of suspension
 - d. any other pertinent information regarding the report of the violation

Richmond Parent Teacher Organization and Booster Club

General Information

Purpose

The Richmond Parent Teacher Organization and Booster Club will be a non-sectarian, non-political, non-profit volunteer organization that supports existing athletic programs at Richmond School through the promotion of fellowship, communication and the fostering of school spirit amongst parents, players, coaches and the school community in general.

The Booster Club and its Chairperson(s) work with the Athletic Director(s) to plan/coordinate tournaments held at Richmond School. The organization also assists with uniforms, special events and other expenditures necessary for the athletic program.

Structure and Accountability

The club will operate in close cooperation with the Richmond Athletic Department and Program Director(s) and will work within the policies and guidelines of the Richmond School Board.

Before the Student-Athlete is eligible to participate in a sport,
all forms must be completed and submitted online.

**FORMS ARE ATTACHED FOR REVIEW AND LINKED
FOR SUBMISSION BELOW. FORMS ARE ALSO ON THE
ATHLETICS WEB PAGE.**

Physical forms **MUST** be printed, filled out by a Physician
and turned in to the health room.

Athletic fee turned in to the office.

****Click [HERE](#) to Complete This Form Online****

RICHMOND SCHOOL ATHLETIC PERMIT FORM

School Year _____

Student Name _____ Grade _____ Teacher _____

Name of Person(s) with Legal Custody _____ Relationship _____

Phone Numbers of (Name)	Home	Work	Cell/pager/other
Mother			
Father			
Emergency Contact			

If parents cannot be reached during a medical emergency, please contact the above named person.

Yes No Does your child presently have a medical condition that the coach/activity supervisor should be aware of?

If yes, please explain and indicate any procedures necessary to stabilize the condition until professional medical help can be obtained if your child would become ill while participating in an activity/event:

Yes No Is your child prescribed any form of medication that must be taken while participating in an off-campus activity or event?

Name of Medication	Dose/Frequency	Possible Side Effects

Ordering Physician's Name _____ Phone Number _____

Yes No Does your child have allergies? Describe type and typical reaction _____

Physical restrictions _____

Insurance Company _____ Phone Number _____

I hereby give permission for the above student to practice, compete, and represent the school in approved interscholastic sports excepting those restricted on this form and as parent (or legal guardian) of the above named student state that

- **Coaching/Activity staff may be informed about your child's health concern in order to provide safe, appropriate care for your child.**
- I grant permission for my son/daughter, named above, to be given immediate emergency care in case of injury as the result of athletic competition.
- My insurance company covers my son/daughter for all extra-curricular activities.
- I agree to be financially responsible for the safe return of all athletic equipment issued to my son/daughter.

Signature of Parent/Guardian _____ Date _____

****Click [HERE](#) to Complete This Form Online****

Richmond Parent(s) Pledge

As a parent,

- I acknowledge that I am a role model.
- I will remember that school athletics are an extension of the classroom, offering learning experiences for students.
- I will show respect for all players, coaches, spectators, officials and support groups.
- I will participate in cheers that support, encourage and uplift the teams involved.
- I understand the spirit of fair play and that good sportsmanship is expected by our school and AMSAC.
- I hereby accept my responsibility to be a model of good sportsmanship that comes with being the parent of a student-athlete.

As a parent,

- I will communicate with the coach on issues, but not before/after practices or games.
- I will make sure I schedule an appointment at an appropriate time to discuss these issues.
- I will assure that my child attends all scheduled practices and games or will communicate with the coach when my child is unable to attend. I will give as much notice as possible.

Reminders,

- Remember that young people play sports for THEIR enjoyment, not to entertain you.
- Do not have unrealistic expectations and understand that doing one's best is as important as winning.
- Respect the official's decisions and encourage all participants to do the same.
- Respect and show appreciation for the coaches and understand that they have given their time to provide sport activities for our young people.
- Encourage athletes and coaches to play by the rules and to resolve conflicts without resorting to hostility or violence.

- Show respect for my team’s opponents and realize there would be no game without them.
- Do not use bad language and harass athletes, coaches, officials or other spectators.
- Always show good sportsmanship as young people are impressionable.

I agree to be financially responsible for the safe return of all athletic equipment issued to my Student-Athlete.

Parent/Guardian Signature _____ Date _____

Parent/Guardian Signature _____ Date _____

Source: Information taken from the Ohio High School Athletic Association and Hartland Elementary School

****Click [HERE](#) to Complete This Form Online****

MUST READ: [CONCUSSION AND CARDIAC ARREST INFO PAGE](#)

COACHES AGREEMENT As a coach 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 Centers for Disease Control and Prevention (CDC) fact sheet for Coaches in English or Spanish and the Wisconsin Interscholastic Athletic Association (WIAA) Concussion Policy and WIAA concussion resources. By signing this form, you are stating that you understand the importance of recognizing and responding to concussions and head injuries per the guidelines set forth by the Department of Public Instruction (DPI), WIAA, and Wis. Stat. 118.293. By signing this form, you are stating you have read the Sudden Cardiac Arrest Information sheet. Additionally, coaches are advised to read information on the WIAA website regarding sudden cardiac arrest. I have read the Department of Public Instruction and WIAA’s Concussion and Head Injury Information sheet and understand what a concussion is and how it may be caused. I also understand what the signs, symptoms, and behaviors are and agree to remove the athlete from practice/play if the athlete exhibits signs, symptoms or behavior consistent with a concussion or head injury or if I suspect the athlete has sustained a concussion or head injury. I understand that it is my responsibility to inform the parents/guardian if I suspect a concussion or if a suspected concussion is reported to me and that the athlete may not return to practice or play until the athlete is evaluated by an appropriate health care provider and provides me with written clearance to participate in the activity from the health care provider. I understand concussions can have a serious effect on a young, developing brain and need to be addressed correctly. I understand it is advisable to have an Emergency Action Plan in place for all sport practice and competition sites that outlines the plan of action in case of the sudden collapse of an athlete. It is advisable to review and practice the emergency action plan with respective school personnel, coaches, on site medical personnel and local EMS.

 Date _____ Printed Name: _____ Sport: _____ School
 District: _____ Team/League: _____ Age Level: _____

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 that 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 signature _____ Date

ATHLETE 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. Athlete Agreement: I, _____ have read the Concussion and Head Injury Information sheet. I have had the opportunity to read more information on 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 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 be evaluated by an appropriate health care provider and provide to my coach written clearance to participate in the activity from the health care provider before I may return to practice/play. I understand that after a head injury my brain needs time to heal and that it may not heal properly if I return to practice/play too soon. I have read the Sudden Cardiac Arrest Information sheet. I understand that I should stop activity/exercise immediately if I have any warning signs of sudden cardiac arrest and report the symptoms to my coaches and my parents/guardians.

Athlete Signature _____ Date

Richmond School Student-Athlete Pledge

As a student-athlete of Richmond School,

- I am sincerely interested in contributing my best to the success of our athletic team during the coming year.
- I, therefore, agree to abide by all rules and regulations of my school.

This pledge has been set forth with the purpose of allowing me the privilege of being a part of a successful organization, to give me the full opportunity to become a better competitor, and to instill within me the desirable traits of a responsible adult.

I realize and understand that in the case that I do not live up to this code, I am willing to be removed from further athletic competition.

Student-Athlete Signature _____ **Date** _____

Parent/Guardian Signature _____ **Date** _____

****RETURN TO RICHMOND ATHLETIC DIRECTOR(S)/OFFICE**

Richmond School Statement of Physical Examination

Last Name _____ First Name _____ DOB _____

Place of Birth (County/State) _____ Sex _____

If this Student-Athlete has had a physical **within the last two years** and the Statement of Physical Examination **is on file** with the Richmond Athletic Department, please list the date of examination.

(The date of the exam **MUST** be less than two years of the last day of the conference tournament of the sport in which the student is competing.)

If this Student-Athlete has **NOT** had a physical within the last **two years**, please have a licensed physician complete the form below.

PHYSICAL EXAMINATION

Date of Examination _____

The above-named student has been examined and there are not apparent contraindications to participating in interscholastic athletic activities **except** as follows:

Sports or school activities in which this student cannot participate are **(if none, write NONE)**:

If the student is restricted or disqualified, please indicate **reason(s)**: _____

*If approved for **only one year** of competition, check here _____

Signature of Licensed Physician _____

Address _____

City _____ State _____ Zip _____

Phone _____

Below to be completed by parent:

I also attest to the fact that the above named student has not been hospitalized or suffered any serious illness or injury since the time of his/her last physical examination. If student has suffered any serious illness or has been hospitalized for any reason since the date of his/her examination, **please do not sign this section.**

THIS STUDENT MUST BE RE-EXAMINED.

Parent/Guardian Signature _____ Date _____
