



COEUR D'ALENE CHARTER ACADEMY ATHLETICS PACKET 2023-2024

The information below explains the policies and procedures related to participation in sports at the Academy. **Complete the following pages and return them, along with other appropriate forms, to the school office prior to participation in a sport.** Coaches will hand out schedules and other information to the students at pre-season meetings. If you need additional information, please contact Rachel Reiswig or Aaron Lippy or at (208) 676-1667.

ATHLETES WILL NOT BE ALLOWED TO TRYOUT OR PRACTICE UNTIL THIS PACKET IS COMPLETE AND PHYSICALS ARE PROCESSED AND CLEARED THROUGH THE OFFICE. ATHLETES WILL NOT BE ALLOWED TO COMPETE IN GAMES/MEETS UNTIL CONCUSSION TESTING IS COMPLETED AND ATHLETIC FEES ARE PAID.

SPORTS CHECKLIST:

- 2023-2024 Athletics Information
- Athletic Early Release Permission Form
- Idaho Health Examination and Consent Form
- Physical Examination Form
- Interim Questionnaire (Only return if a current physical is on file)
- Concussion Testing (COMPLETED AT CDA CHARTER)
- Fee paid (Specific for each sport)

NOTE: ONLY ONE ATHLETIC PACKET IS REQUIRED PER SCHOOL YEAR.

Listen to and read the <u>Weekly Announcements</u> during the 2023-2024 school year for specific start dates, tryout dates, and times. Please also check the event calendar at https://coeurdalene.tandem.co/ .	
HIGH SCHOOL – APPROXIMATE DATES	
Girls Soccer:	August 2023—October 2023
Boys Soccer:	August 2023—October 2023
Cross-Country:	August 2023—October 2023
Ski Club:	December 2023—February 2024
Tennis:	February 2024—May 2024
Track & Field:	February 2024—May 2024
MIDDLE SCHOOL – APPROXIMATE DATES	
Girls Volleyball:	September 2023—October 2023
Cross-Country:	September 2023—October 2023
Ski Club:	December 2023—February 2024
Tennis Club:	April 2024—May 2024
Track & Field:	April 2024—May 2024

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ATTENDANCE REQUIREMENT FOR STUDENT PARTICIPATION IN EXTRACURRICULAR ACTIVITIES

Students who are absent from school one or more periods on the day of an extracurricular activity in which they are scheduled to take part, **will not be allowed to participate in that activity**. This includes games, practices, meetings, and/or rehearsals. Any extracurricular activity involving in-school time or out-of-school time requires attendance at school that day. Exceptions may be made by the activities director for verified medical appointments, unavoidable circumstances, or other prearranged cases.

SPORTS PHYSICAL OR INTERIM QUESTIONNAIRE?

Students are required to undergo a physical examination and have the Idaho Health Examination and Consent Form on file in the school office **prior to their first practice** for any Coeur d'Alene Charter Academy sponsored athletic activity. Physical exams must be conducted by a licensed physician, physician's assistant, or nurse practitioner.

An Interim Questionnaire must be completed and on file in the school office in any year a physical exam is not required.

- For any student in grades 6-8 to participate in sports, a physical exam (Idaho Health Examination and Consent Form) must be taken after May 1 of the 5th grade year and it will remain valid for the duration of middle school.
- For high school students, physicals are required in the 9th and 11th grade year. Students who have a physical their 10th grade year **MUST** have another for the 11th grade. Physical exams will be valid if dated after May 1st of the 8th or 10th grade year.

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ACADEMIC PROBATION AND EXTRACURRICULAR ELIGIBILITY

Extracurricular eligibility will be based on official Charter Academy quarter grade reports. In the case of dual enrollment, college semester grade reports will also be used to determine extracurricular eligibility. The minimum grade requirements for full eligibility are passing at least four classes, having no F's and no more than one D. Classes used to determine extracurricular eligibility include all Charter Academy classes, all dual enrollment classes, and all classes taken from non-traditional schools such as home schools or internet schools. Any class, regardless of duration, will be considered for eligibility purposes when the grade is reported on an official grade report.

Any student who receives one or more F's on a Charter Academy quarter grade report and/or a college semester grade report will be considered "below proficient," and will be ineligible for participation in extracurricular activities until the next Charter Academy quarter grade report indicates he/she is no longer failing any Charter Academy class. If the failing grade(s) are on a college fall semester grade report, the Charter Academy third quarter grade report will present the first opportunity for a dual enrolled student to regain eligibility. During the period of ineligibility students will not be allowed to participate in sports and/or other extracurricular activities; they may not practice, rehearse, meet, compete, perform, assist, or in any way participate in an extracurricular activity.

Any student who receives two or more D's on a Charter Academy quarter grade report and/or a college semester grade report will be considered "below proficient" and will be placed on academic probation. While a student is on academic probation, he/she may practice or rehearse, but may not participate in games or events. If the first Charter Academy school-wide progress report following a report card indicates a student on academic probation has raised his/her grades to meet the minimum grade requirements, he/she will be removed from academic probation and be allowed to participate in games or events.

A student who is ineligible because of one or more F's may earn probationary status by raising his or her grades to passing on the first Charter Academy school-wide progress report following a report card. This student will be allowed to practice or rehearse, but may not participate in games or events, until and unless his or her grades are passing (with no F's and no more than one D) at the next quarter grade report. Under no circumstances may an ineligible student gain full eligibility prior to the quarter grade report.

Each coach will determine whether he or she will accept students who regain probationary status midseason, but must apply the rule to all students equitably.

If a student does not sufficiently raise his/her grades during these time periods, he/she will become ineligible for any participation in extracurricular activities until the Charter Academy quarter grade report indicates the grades are at or above the minimum grade requirements. In lieu of Charter Academy grade reports and school-wide progress reports, the school administration will provide an alternative method of determining extracurricular eligibility for non-traditional students who are on academic probation. A non-traditional student is defined as a student who is not enrolled full time in Charter Academy and/or college dual enrolled courses.

For purposes of determining extracurricular eligibility, grades earned on fourth quarter Charter Academy grade reports and/or college spring semester grade reports will carry over to the Charter Academy first quarter of the following school year. Grades earned during summer semester will be included in first quarter eligibility determination; grades earned in summer semester will replace spring semester grades earned in exact same courses for purposes of determination. In no other circumstance may eligibility be regained during the summer. All ninth graders are eligible to participate in first-quarter activities, with the exception of students who are repeating ninth-grade classes.

If a student who is ineligible to participate withdraws from the Academy for any reason and returns after any length of time, that student shall be ineligible to participate until an Academy quarter grade report indicates grades are at or above minimum grade requirements. Eligibility for students who transfer to the Academy will be determined by their most recent grade report from their previous school, using the Academy's eligibility rules.

Sixth grade students new to the Charter Academy are eligible to participate in all extracurricular activities during their first quarter.

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Eligibility status will be determined at the established deadline for grades to be submitted to the registrar for progress reports and grade reports.

In accordance with IHSAA 8-16-1, home school students and students who do not attend accredited schools shall demonstrate composite grade-level academic proficiency on any state board of education recognized achievement test or any nationally-normed test. It shall be the responsibility of the student to make all arrangements to take the required test and provide the principal of the Academy with the results of the test prior to being granted eligibility for activities.

Also, at any time, regardless of probationary status, students may not be allowed to go on class trips that will cause them to miss classes where their grades are deficient, defined as a D grade or lower. This will be determined on a case-by-case basis, at the discretion of the teachers, with the principal having final determination in cases of disagreement. In this manner we expect to maintain the high academic standard for which this school was founded and to provide the proper expectation for student success.

TRANSPORTATION

The Academy does not sanction or authorize students to drive, or provide transportation, to or from any Academy activity or event. Transportation of students participating in sponsored activities considered to be “away” activities (any sponsored activity not hosted at a Charter Academy venue), will be provided by authorized volunteers and outside contractors.

In order for a driver to qualify as an authorized volunteer of the Coeur d’Alene Charter Academy they **must submit to the transportation secretary:**

1. **Valid copies of their driver’s license,**
2. **Proof of insurance for all vehicles used,**
3. **Three-year driving record.**

In addition, all authorized volunteer drivers will be checked to verify that they are not on the Idaho sex offender registry and must be over the age of 25. After submission of the required documents and approval by the business manager or principal the volunteer will be “authorized” and placed on a list of approved drivers.

All required records must be current (unexpired) and must remain current for the volunteer to remain on the authorized volunteer driver list for the Academy. It is the responsibility of the authorized volunteer to keep this information current. **Three-year driving records will remain valid for up to one year from date of submission.** Vehicles used for transportation must be owned by the authorized driver. All authorized volunteer drivers shall not use their cell phone while transporting students to and from activities or events. An authorized volunteer's name may be removed from the list at any time the Coeur d'Alene Charter Academy deems that the person is no longer qualified to be a volunteer.

Use of contracted transportation services for any purpose will meet all applicable state and federal requirements for transporting public school students.

PLEASE KEEP THIS PAGE FOR YOUR RECORDS

2023-2024 ATHLETICS INFORMATION

Please print clearly

SPORT - check all that apply for the 2023-2024 school year

FALL

WINTER

SPRING

Cross-Country

Boys/Girls Grades 6-12

Ski Club

All Grades 6-12

Tennis Club

Boys/Girls Grades 6-8

Volleyball (tryouts required)

Girls Grades 6-8

Tennis – High School

Boys/Girls Grades 9-12

Soccer (tryouts required)

Boys/Girls Grades 9-12

Track & Field

Boys/Girls Grades 6-12

Student Name: _____

Male Female Grade: _____ Home Phone: _____

Father/Guardian: _____ Work Phone/Cell (circle): _____

Mother/Guardian: _____ Work Phone/Cell (circle): _____

Parent/Guardian email address: _____

PHYSICALS check one:

- I have included a Physical Exam (Idaho Health Examination and Consent form) with this form. (See instructions on previous page).
- I have included Interim Questionnaire with this form; current physical is on file in the office. (See instructions on previous page).

Middle school physicals – valid all three years if dated after May 1st of the 5th grade year.

High school physicals – physicals are required in the 9th and 11th grade year. Students who have a physical their 10th grade year **MUST** have another for the 11th grade. Physical exams will be valid if dated after May 1st of the 8th or 10th grade year.

Physical Exams and Interim Questionnaires are cleared by Rachel Reiswig in the middle school office. If you are unsure if you have a current physical, contact Rachel at (208) 676-1667.

HIGH SCHOOL TRANSFER STUDENT

Students in grade 10, 11, or 12 that have transferred to Charter in the last year need to see Mr. Lippy.

A. Lippy Initials _____

SPECIFIC MEDICATION NEEDS: _____

ACKNOWLEDGEMENT OF POLICIES

I have read and understood the **Attendance Policy**:

Parent/Guardian Initials

I have read and understood the **Academic Probation & Ineligibility Policy**:

Parent/Guardian Initials

I have read and understood the **Transportation Policy**:

Parent/Guardian Initials

By signing this form, I agree I have read and understand the policies explained in this packet.

Student Signature: _____ Date: _____

By signing this form I agree to:

1) My child is academically eligible for sports (policy on previous page). 2) I have read and understand all policies explained in this packet.

Parent/Guardian Signature: _____ Date: _____

RETURN THIS PAGE TO THE SOUTH OFFICE

Early Release Permission Form

Periodically, students are released early from classes to participate in a scheduled athletic event. Please complete, sign, and date this form and return it to the office.

- Once this form is on file with the office, a parent will **not** need to call or email the attendance secretary ahead of time for an "excused-arranged" absence.
- The student will need to inform their teacher(s) of their absence and be responsible for any missed assignments.

Sport

(circle all that apply)

Cross-Country

Track

Tennis

Soccer

Volleyball

Ski Club

Student:

I will inform my teachers of my absence for scheduled athletic events. I am responsible for any missed assignments during my absence.

Student Signature

Date

I give permission for my child (name) _____ to be released early from school to participate in scheduled athletic events or activities. I further agree that my child may sign himself/herself out as part of a team or activity, and may travel to and from the event with an adult who is on the Academy's approved volunteer driver list.

Student's Name _____ Grade _____

Parent/Guardian Signature _____ Date _____

RETURN THIS PAGE TO THE SOUTH OFFICE



CONCUSSION INFORMATION

Concussions are a type of brain injury that can range from mild to severe and can disrupt the way the brain normally works. Concussions can occur in any organized or unorganized sport or recreational activity and can result from a fall or from players colliding with each other, the ground, or with obstacles. Concussions occur with or without loss or consciousness but the vast majority occur without loss of consciousness. In accordance with Section 33-1620, Idaho Code the Idaho High School Activities Association has provided information on its website for coaches, parents, and athletes concerning the Identification and Management Strategies regarding concussions. The IHSAA encourages all coaches, parents, and athletes to educate themselves about the recognition and treatment of concussions.

Please take the time to visit our website at www.idhsaa.org. If you have any questions or need of further information, please contact your school or the IHSAA Office at admin@idhsaa.org. It is the wish of the IHSAA that you have a safe and enjoyable sport or activity season. Idaho High School Activities Association.



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:

	Yes	No		Yes	No
1. Have you ever been hospitalized?	<input type="checkbox"/>	<input type="checkbox"/>	6. Have you ever had a head injury?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever had surgery?	<input type="checkbox"/>	<input type="checkbox"/>	Have you ever been knocked out or unconscious?	<input type="checkbox"/>	<input type="checkbox"/>
2. Are you presently taking any medication or pills?	<input type="checkbox"/>	<input type="checkbox"/>	Have you ever been diagnosed with a concussion?	<input type="checkbox"/>	<input type="checkbox"/>
3. Do you have any allergies (medicine, bees, other insects)?	<input type="checkbox"/>	<input type="checkbox"/>	Have you ever had a seizure?	<input type="checkbox"/>	<input type="checkbox"/>
4. Have you ever passed out during or after exercise?	<input type="checkbox"/>	<input type="checkbox"/>	Have you ever had a stinger, burned or pinched nerve?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever been dizzy during or after exercise?	<input type="checkbox"/>	<input type="checkbox"/>	7. Have you ever had heat or muscle cramps?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever had chest pain during or after exercise?	<input type="checkbox"/>	<input type="checkbox"/>	Have you ever been dizzy or passed out in the heat?	<input type="checkbox"/>	<input type="checkbox"/>
Do you tire more quickly than your friends during exercise?	<input type="checkbox"/>	<input type="checkbox"/>	8. Do you have trouble breathing or do you cough during or after exercise?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever had high blood pressure?	<input type="checkbox"/>	<input type="checkbox"/>	9. Do you use special equipment (pads, braces, neck rolls, mouth guard or eye guards, etc.)?	<input type="checkbox"/>	<input type="checkbox"/>
Have you been told you have a heart murmur?	<input type="checkbox"/>	<input type="checkbox"/>	10. Have you ever had problems with your eyes or vision?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever had racing of your heart or skipped heartbeats?	<input type="checkbox"/>	<input type="checkbox"/>	Do you wear glasses, contacts or protective eyewear?	<input type="checkbox"/>	<input type="checkbox"/>
Has anyone in your family died of heart problems or a sudden death before age 50?	<input type="checkbox"/>	<input type="checkbox"/>	11. Have you had any other medical problems (infectious mononucleosis, diabetes, ect.)?	<input type="checkbox"/>	<input type="checkbox"/>

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? _____
When 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 herby 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

Name: _____ Date of Birth: _____

Height _____	Weight _____	BP _____ / _____	Pulse _____
Vision R 20 / _____ L 20 / _____		Corrected: Y N	
	Normal	Abnormal findings	
Medical			
Pulses			
Heart			
Lungs			
Skin			
Ears, nose, throat			
Pupils			
Abdomen			
Genitalia (males)			
Musculoskeletal			
Neck			
Shoulder			
Elbow			
Wrist			
Hand			
Back			
Knee			
Ankle			
Foot			
Other			

CLEARANCE / RECOMMENDATIONS

Clearance:

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

- 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

NOT cleared for other school-sponsored activities (*example: lacrosse*):

- D. Student is NOT permitted to participate in high school athletics.

Reason: _____

Recommendation:

Name of physician:

Address: _____ Phone: _____

Signature of physician/medical provider: _____ Date: _____

(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:	Yes	No
1. Had surgery?	<input type="checkbox"/>	<input type="checkbox"/>
2. Been hospitalized?	<input type="checkbox"/>	<input type="checkbox"/>
3. Been under a physician's care	<input type="checkbox"/>	<input type="checkbox"/>
4. Had serious illness?	<input type="checkbox"/>	<input type="checkbox"/>
5. Had an injury requiring a physician's care?	<input type="checkbox"/>	<input type="checkbox"/>
6. Been rendered unconscious?	<input type="checkbox"/>	<input type="checkbox"/>
7. Been diagnosed with a concussion?	<input type="checkbox"/>	<input type="checkbox"/>
8. Started taking any new medications?	<input type="checkbox"/>	<input type="checkbox"/>
9. Developed any new drug allergies?	<input type="checkbox"/>	<input type="checkbox"/>
10. Developed any health problems?	<input type="checkbox"/>	<input type="checkbox"/>

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