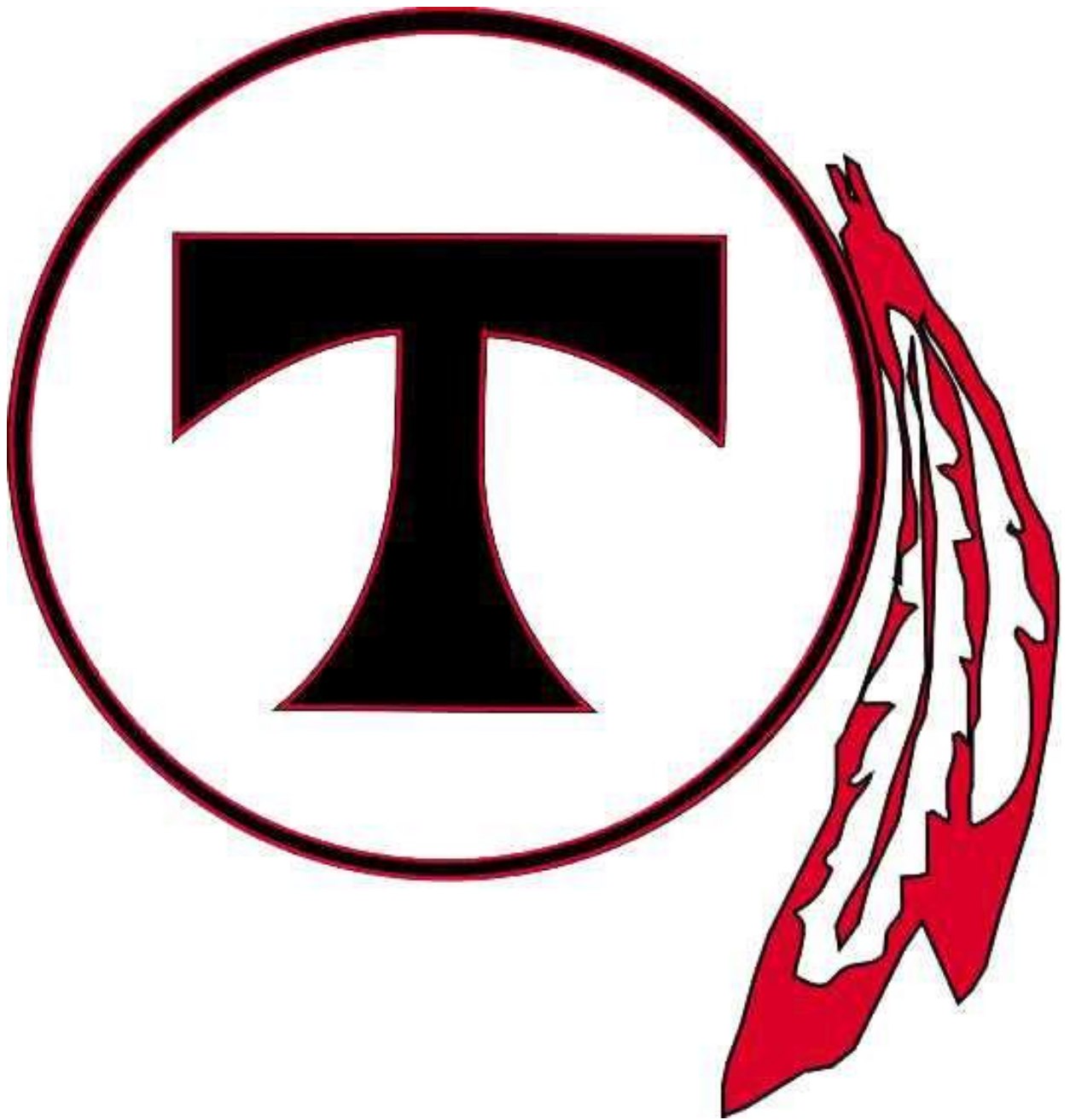


**TOLEDO SCHOOL DISTRICT  
ATHLETIC CODE  
2022-2023**



**TOLEDO ACTIVITY CODE  
ACTIVITY PARTICIPATION – IT'S YOUR PRIVILEGE**

Participation in activities is a privilege rather than a right. Students and parents who choose to participate recognize that being involved in activities will require special efforts such as spending additional time, money, and work during participation. Our schools will be represented by individuals who have pride in themselves, their family, our schools, and in our community.

Students who wish to participate in activities must understand that high standards of academic performance, citizenship, and conduct are expected of them because they have chosen to represent their school and community. Many rewards are gained through activities and likewise, many sacrifices are made. The student who sets his/her mind to do what is required in order to be successful will be the one who gets the most from our programs.

This code applies to all interscholastic athletes, cheerleaders, ASB officers, class officers, club officers, and band/choir/drama participants.

**1.) ACADEMIC:**

A student must be an academic freshman (or higher) to participate in activities. Students must maintain a 2.0 GPA and may not have more than one failing grade at any grade check. The first grade check will be completed on the first day of practice for each activity. Students with more than one failing grade at any grade check will be “ineligible”, which means that they are able to practice, but not compete in a game or travel with the team.

An athlete who has two consecutive grade checks with more than one failing grade, or below a 2.0, will be ineligible for the remainder of the season. (An athlete may be able to practice, but not compete in a game or travel with the team).

The following chart will explain academic requirements in more detail:

Grade Check	Requirement	Failure to Meet Requirement
Preliminary: week prior to first practice	Informational only	Fair warning
2 <sup>nd</sup> week of the season. (Wed warning / Friday Final)	No more than 1 failing grade and at least a 2.0 GPA (Advisory Counts)	Ineligible until next grade check Practice but no competition, no travel, or no early dismissal.
Every 2 weeks of the season (Wed warning / Friday Final)	No more than 1 failing grade and at least a 2.0 GPA (Advisory Counts)	Ineligible for remainder of the season if two grade checks in a row are failed.
WIAA requires student athletes to have a previous grading period with no more than 1 F. Failure to meet that requirement results in a 5 week suspension from the beginning of the following grading period in high school, and a 3 week suspension for middle school.		

## **2.) ATTENDANCE:**

Participation in practice or games is dependent upon the student's attendance at school for the entire day of the practice or of the game. Exceptions to this rule include:

1. Funeral attendance.
2. Reasonable time for medical and dental appointments. Since most appointments are made weeks in advance, participants need to bring a note prior to their absence. If there is an emergency or unplanned appointment, they need to bring a note from the doctor or dentist before they may practice or play that day.
3. Family emergencies (cleared with Athletic Director or Principal)
4. School sponsored activities.
5. Any other reasonable absences cleared in advance by the Athletic Director, or Principal.
6. Students will be allowed to arrive at school eight (8) hours after their arrival at THS following an away contest. For example, if a team travels to Forks and arrives at THS at 2:00 AM, the students on that team will be allowed to arrive at school at 10:00 AM the next morning. The coach will determine the arrival time at the school.
7. Occasional "unexcused" tardiness is sometimes unavoidable. If (aside from the circumstances outline in item #6 above) the student arrives by 9:00 AM, participation WILL be allowed. However, this exception will only be allowed for the first 4 occurrences in any give school year.

## **3.) P.E. PARTICIPATION:**

Athletes that are enrolled in physical education and/or weight training classes during the season are expected to participate just as any other student. If a student gets a discipline referral for not participating in PE Class, they may not participate that day in practice or game.

## **4.) CITIZENSHIP AND COURTESY:**

In order to continue the privilege of representing our school and community, participants must abide by the provisions of the student handbook. In addition to abiding by the stated dress code of their school, coaches/advisers may require a more stringent standard.

## **5.) OTHER**

All students must have the following prior to participation:

1. A valid ASB card
2. Signed Activity Code through Family ID (parent and student)
3. Completed emergency medical release through Family ID
4. Additionally, athletes must also have medical clearance (annually); school or personal insurance; and meet WIAA residence, age, previous semester, and amateur standing requirements.

## 6.) USE OF ILLEGAL SUBSTANCES (ALCOHOL/DRUGS/TOBACCO/VAPING)

A participant may not be in possession of, sell, distribute, or use, in any amount, any form of tobacco, alcohol, illegal drugs, or any controlled (legend) drug, including anabolic steroids, unless prescribed by a physician. A participant may not possess or use any delivery device such as vaping devices, e-cigarettes, pipes, syringes, etc... unless prescribed by a physician. Legend drugs are defined as any drugs which are required by state law, or a State Board of Pharmacy, to be dispensed on prescription only, or are restricted to use by practitioners only.

Association/attendance at an event where alcohol is being consumed or provided illegally is prohibited (Proximity Rule). *EXAMPLE: It is a violation to attend an event where the types of drugs alcohol described above are being used.* A participant may attend a family sanctioned event (i.e. wedding reception, birthday party) where alcohol is served if he/she is accompanied by, or has written consent from, a parent or guardian. (The written consent must include the name of an adult responsible for the student, and be given to the Principal or Athletic Director in advance, or by 8:30 of the next school day).

### THS Sanction Matrix DRUGS / LEGEND DRUGS / ALCOHOL / VAPING Possession/use/distribution/proximity

Violation	Sanction Non and Participation Activity Students/Athletes	Reduction option (s)
<b>First Offense</b>	Immediate suspension from athletics / activities for the remainder of the season, or five weeks, whichever is longer.	1. Reduced to 20% of the season provided the student and parent agree to assessment and urinalyses (UA) at the expense of the student / parent. Second UA required at a later date (at the expense of the student / parent) 2. Sanction will be cut in half if the student self-reports the first violation (see B below)
<b>Second Offense</b>	Suspension from all athletics / activities for one (1) calendar year	None
<b>Third Offense</b>	Permanent ban from all athletics / activities	None

**\*\*IMPORTANT NOTE:** If it is discovered during an investigation that any athlete was less than forthright about his/her or another athlete's use, possession, distribution, or proximity during the initial interviews with school officials and/or law enforcement, the sanctions posted in the charts above will be doubled. If the athlete did not receive a sanction, one will be enforced for interfering with the investigation.

## Tobacco (possession/use/distribution/proximity)

Violation	Sanction	Reduction option (s)
First Offense	Participant suspended for 20% of the season.	None
Second Offense	Participant suspended for the remainder of the current season.	None
Third Offense	Participant suspended for one calendar year.	None

**\*\*IMPORTANT NOTE:** If it is discovered during an investigation that any athlete was less than forthright about his/her or another athlete's use, possession, distribution, or proximity during the initial interviews with school officials and/or law enforcement, the sanctions posted in the charts above will be doubled. If the athlete did not receive a sanction, one will be enforced for interfering with the investigation.

### 7.) SELF REPORTING:

Students are encouraged to self-report proximity, use, possession, or distribution of alcohol, tobacco, drug paraphernalia, legend drugs, controlled substances, or non-prescription drugs to their coach, the counselor, a teacher, the AD, or the Principal. Initial sanctions for a first violation will be cut in half and disciplinary action will be further reduced if treatment is sought and maintained. Any public misconduct prior to self-reporting or misconduct following self-reporting will be subject to further disciplinary action.

### 8.) ILLEGAL ACTS

A criminal conviction for a violation of the laws of the State of Washington (misdemeanors) will result in loss of eligibility for the remainder of the season or five (5) weeks, extending into the next season of participation, whichever is longer. Gross misdemeanors and felonies will result in loss of eligibility from extracurricular activities for the remainder of the school year or nine (9) weeks, extending into the next season, whichever is longer. Each case will be treated on an individual basis by the Activity Review Board and additional penalties may be applied. A second violation will result in the student being ineligible for one (1) calendar year from the date of the second infraction.

### 9.) PARTICIPANT DEMEANOR

Any time a student athlete/activity participant is causing poor morale, uses inappropriate language, demonstrates an unwilling or lazy attitude, shows disrespect to the coaching staff/advisor, is involved in a fight, and/or in any way is hurting the team/club, his/her participation may be suspended for all or part of the season/school year.

### 10.) ELIGIBILITY FOLLOWING ABANDONING AN ACTIVITY

A student athlete who quits an activity after ten (10) days of eligibility practices have been completed may not turn out for another activity that season. However, if prior to the completion of ten (10) eligibility practice

days, the athlete decides it is not the activity for him/her, he/she may switch to another sport after notifying the coach of BOTH sports of the decision.

### **11.) TRAVEL**

Travel to and from an activity will be provided by the District. Students should keep in mind that they are representatives of their school and community and act/dress accordingly. After an event, should the parent/guardian of the participant wish to transport their student home, they can sign the student out – *provided that the policy of the coach/advisor allows for alternate transport after the game/event*. If the student is to go home with someone other than their parent/guardian, written notification must be provided to the Principal and/or Athletic Director the day BEFORE the event. The transporting person must be an adult (i.e. parent/guardian of another student, non-custodial parent, etc.), and NOT a fellow student or boyfriend/girlfriend of the students.

### **12.) INDIVIDUAL ACTIVITY RULES**

There are some articles of training which are not covered in the general rules for participation in athletics/activities at Toledo. Examples would be length of hair, participation in events not associated with the district, and missing practices and/or meetings. These items will be covered in the individual coach's/advisors rules for that activity. For a coach/advisor to have these rules, he/she must:

1. Receive permission from the Principal/Athletic Director
2. Present the rules to the participants prior to participation

### **13.) ATHLETIC LETTER POLICY**

In order to qualify for a letter, the student athlete/participant must meet the requirements set forth by the coach of the particular sport. An athlete must complete the sport season to receive awards or letters. (Exception: In the case of injury or sickness, awards will be left to the discretion of the coach.) In addition, athletes must attend the post season awards ceremony in order to receive a letter or award unless properly excused in advance by the Head Coach. For further information concerning the lettering requirements of individual coaches, please see the Athletic Director or the individual coach.

### **14.) DISCIPLINE ON SCHOOL DAYS**

Athletes who get a discipline referral from the staff at Toledo High School may not participate in practice or contest that day. This may include, but not limited to, referrals through skyward, disrespect to office staff, defiance or refusal to participate in class activities, truancy or skipping class, leaving campus.

The following information is required to be completed online through the Toledo High School Sports link.

## Toledo School District Concussion Information Sheet

A concussion is a brain injury and all brain injuries are serious. They are caused by a bump, blow, or jolt to the head, or by a blow to another part of the body with the force transmitted to the head. They can range from mild to severe and can disrupt the way the brain normally works. Even though most concussions are mild, **all concussions are potentially serious and may result in complications including prolonged brain damage and death if not recognized and managed properly.**

In other words, even a “ding” or a bump on the head can be serious. You can’t see a concussion and most sports concussions occur without loss of consciousness. Signs and symptoms of concussion may show up right after the injury or can take hours or days to fully appear. If your child reports any symptoms of concussion, or if you notice the symptoms or signs of concussion yourself, seek medical attention right away.

### Symptoms may include one or more of the following:

- |  |  |
|--|--|
| <ul style="list-style-type: none"><li>• Headaches</li><li>• “Pressure in head”</li><li>• Nausea or vomiting</li><li>• Neck pain</li><li>• Balance problems or dizziness</li><li>• Blurred, double, or fuzzy vision</li><li>• Sensitivity to light or noise</li><li>• Feeling sluggish or slowed down</li><li>• Feeling foggy or groggy</li><li>• Drowsiness</li><li>• Change in sleep patterns</li></ul> | <ul style="list-style-type: none"><li>• Amnesia</li><li>• “Don’t feel right”</li><li>• Fatigue or low energy</li><li>• Sadness</li><li>• Nervousness or anxiety</li><li>• Irritability</li><li>• More emotional</li><li>• Confusion</li><li>• Concentration or memory problems (forgetting game plays)</li><li>• Repeating the same question/comment</li></ul> |
|--|--|

### Signs observed by teammates, parents and coaches include:

- |   |
|---|
| <ul style="list-style-type: none"><li>• Appears dazed</li><li>• Vacant facial expression</li><li>• Confused about assignment</li><li>• Forgets plays</li><li>• Is unsure of game, score, or opponent</li><li>• Moves clumsily or displays incoordination</li><li>• Answers questions slowly</li><li>• Slurred speech</li><li>• Shows behavior or personality changes</li><li>• Can’t recall events prior to hit</li><li>• Can’t recall events after hit</li><li>• Seizures or convulsions</li><li>• Any change in typical behavior or personality</li><li>• Loses consciousness</li></ul> |
|---|

# Toledo School District Concussion Information Sheet

## What can happen if my child keeps on playing with a concussion or returns too soon?

Athletes with the signs and symptoms of concussion should be removed from play immediately. Continuing to play with the signs and symptoms of a concussion leaves the young athlete especially vulnerable to greater injury. There is an increased risk of significant damage from a concussion for a period of time after that concussion occurs, particularly if the athlete suffers another concussion before completely recovering from the first one. This can lead to prolonged recovery, or even to severe brain swelling (second impact syndrome) with devastating and even fatal consequences. It is well known that adolescent or teenage athletes will often fail to report symptoms of injuries. Concussions are no different. As a result, education of administrators, coaches, parents and students is the key to student-athlete's safety.

## If you think your child has suffered a concussion

Any athlete even suspected of suffering a concussion should be removed from the game or practice immediately. No athlete may return to activity after an apparent head injury or concussion, regardless of how mild it seems or how quickly symptoms clear, without medical clearance. Close observation of the athlete should continue for several hours. The new "Zackery Lystedt Law" in Washington now requires the consistent and uniform implementation of long and well-established return-to-play concussion guidelines that have been recommended for several years:

**"a youth athlete who is suspected of sustaining a concussion or head injury in a practice or game shall be removed from competition at that time"**

and

**"...may not return to play until the athlete is evaluated by a licensed health care provider trained in the evaluation and management of concussion and received written clearance to return to play from that health care provider".**

You should also inform your child's coach if you think that your child may have a concussion. Remember it's better to miss one game than miss the whole season. And when in doubt, the athlete sits out.

For current and up-to-date information on concussions you can go to: <http://www.cdc.gov/ConcussionInYouthSports/>

_____	_____	_____
Student-athlete Name Printed	Student-athlete Signature	Date
_____	_____	_____
Parent or Legal Guardian Name Printed	Parent or Legal Guardian Signature	Date





# Sudden Cardiac Arrest

## Information Sheet for

### Student-Athletes, Coaches and Parents/Guardians

SSB 5083 ~ SCA Awareness Act



**What is sudden cardiac arrest?** Sudden Cardiac Arrest (SCA) is the sudden onset of an abnormal and lethal heart rhythm, causing the heart to stop beating and the individual to collapse. SCA is the leading cause of death in the U.S. afflicting over 300,000 individuals per year.

***SCA is also the leading cause of sudden death in young athletes during sports***

**What causes sudden cardiac arrest?** SCA in young athletes is usually caused by a structural or electrical disorder of the heart. Many of these conditions are inherited (genetic) and can develop as an adolescent or young adult. SCA is more likely during exercise or physical activity, placing student-athletes with undiagnosed heart conditions at greater risk. SCA also can occur from a direct blow to the chest by a firm projectile (baseball, softball, lacrosse ball, or hockey puck) or by chest contact from another player (called "commotio cordis").

While a heart condition may have no warning signs, some young athletes may have symptoms but neglect to tell an adult. If any of the following symptoms are present, a cardiac evaluation by a physician is recommended:

- Passing out during exercise
- Chest pain with exercise
- Excessive shortness of breath with exercise
- Palpitations (heart racing for no reason)
- Unexplained seizures
- A family member with early onset heart disease or sudden death from a heart condition before the age of 40

**How to prevent and treat sudden cardiac arrest?** Some heart conditions at risk for SCA can be detected by a thorough heart screening evaluation. However, all schools and teams should be prepared to respond to a cardiac emergency. Young athletes who suffer SCA are collapsed and unresponsive and may appear to have brief seizure-like activity or abnormal breathing (gasping). SCA can be effectively treated by immediate recognition, prompt CPR, and quick access to a defibrillator (AED). AEDs are safe, portable devices that read and analyze the heart rhythm and provide an electric shock (if necessary) to restore a normal heart rhythm.

***Remember, to save a life: recognize SCA, call 9-1-1, begin CPR, and use an AED as soon as possible!***



### Cardiac 3-Minute Drill

#### 1. RECOGNIZE Sudden Cardiac Arrest

- Collapsed and unresponsive
- Abnormal breathing
- Seizure-like activity

#### 2. CALL 9-1-1

- Call for help and for an AED

#### 3. CPR

- Begin chest compressions
- Push hard/ push fast (100 per minute)

#### 4. AED

- Use AED as soon as possible

#### 5. CONTINUE CARE

- Continue CPR and AED until EMS arrives



**Be Prepared!  
Every Second Counts!**

**UW Medicine**  
Center For Sports Cardiology  
[www.uwsportscardiology.org](http://www.uwsportscardiology.org)



**WASHINGTON INTERSCHOLASTIC  
ACTIVITIES ASSOCIATION**



**SCA Awareness  
Youth Heart Screening  
CPR/AED in Schools**

[www.nickoftimefoundation.org](http://www.nickoftimefoundation.org)

# Toledo School District

## Student/Parent Concussion and Sudden Cardiac Arrest Awareness Form

The Toledo School District believes participation in athletics improves physical fitness, coordination, self-discipline, and gives students valuable opportunities to learn important social and life skills.

With this in mind it is important that we do as much as possible to create and maintain an enjoyable and safe environment. As a parent/guardian or student you play a vital role in protecting participants and helping them get the best from sport.

Player and parental education in this area is crucial which is the reason for the Concussion Management and Sudden Cardiac Arrest Awareness Information Sheets you received. Refer to it regularly.

This form must be signed annually by the parent/guardian and student prior to participation in Toledo School District athletics. If you have questions regarding any of the information provided on the sheet, please contact the athletic director at your school.

**I HAVE RECEIVED, READ AND UNDERSTAND THE INFORMATION PRESENTED IN THE CONCUSSION RECOGNITION AND SUDDEN CARDIAC ARREST AWARENESS INFORMATION SHEETS.**

---

<i>Student Name (Printed)</i>	<i>Student Name (Signed)</i>	<i>Date</i>
-------------------------------	------------------------------	-------------

---

<i>Parent Name (Printed)</i>	<i>Parent Name (Signed)</i>	<i>Date</i>
------------------------------	-----------------------------	-------------

# Toledo Middle School - CONSENT / CLEARANCE FORM

Participant's Name: \_\_\_\_\_

Student Cell Phone: \_\_\_\_\_

Parent / Guardian: \_\_\_\_\_

Parent Cell Phone: \_\_\_\_\_

Home Address: \_\_\_\_\_

Parent Work: \_\_\_\_\_

## **PART 1: PARENT CONSENT**

My child has chosen to participate in Toledo School District athletic/activity program. I recognize that even a closely supervised and safety oriented athletic/activity program involves some risk of physical injury to the participants. My signature below indicates that I have been advised of this risk and that I give my permission for my child to participate in the athletic/activity program. I understand that participation requires a valid physical, ASB Card, Player Fee(s), proof of insurance, and completed forms.

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

\_\_\_\_\_  
Date

## **PART 2: ATHLETIC/ACTIVITY CODE OF CONDUCT**

We have read and understand the terms of the Toledo Athletic Code. We understand that athletics is a privilege and behavior and/or academics can affect participation.

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

\_\_\_\_\_  
Date

## **PART 3: FIRST AID**

I hereby authorize any emergency treatment by a licensed medical physician and/or hospital in the event of an injury. (If you object to this, indicate instructions on a separate sheet of paper)

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Primary Care Provider

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Emergency Contact / Relationship

\_\_\_\_\_  
Phone

## **PART 4: INSURANCE**

I acknowledge that the Toledo School District requires that participants purchase insurance through the school or provide the name of the insurance company and the policy number for the policy that covers the student. I understand that my child cannot participate in after school sports unless they are covered by the School Accident Coverage Plan or insurance coverage equivalent to or better than the requirements of WIAA. I will continue to keep the insurance coverage in force throughout the sport seasons. If there is a change in the coverage/status, it is the parent/guardian's responsibility to notify the school immediately. I recognize the inherent risks of athletic competition and agree to maintain insurance or purchase the appropriate school insurance.

\_\_\_\_\_  
Insurance Company Name:

Policy #: \_\_\_\_\_

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

\_\_\_\_\_  
Date