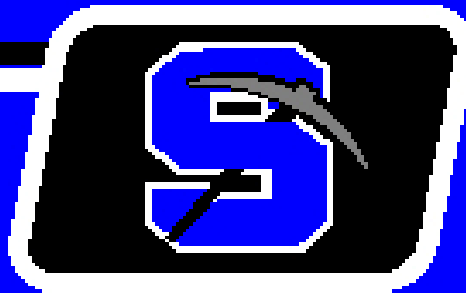


Co-Curricular Activities 2023–2024

ST. MARY'S
SPRINGS



LEDGERS

Meeting Agenda



- Ledger Way Core Values and Athletic Expectations
- Athletic Participation Requirements
- Athletic Training
- Athletic Booster Club
- Athletic Schedules
- Fall Coaches
- Questions

Did you sign in?

The Ledger Way Core Values



- **Faith** - We live our Catholic Faith in both ***word and action***. We are disciples of Jesus Christ, called to be living examples of both faith and stewardship.
- **Learning** - We are committed to ***excellence in education*** through personal growth and achievement. We strive to be inquisitive critical thinkers, problem solvers, and team players.
- **Respect** - We treat God's people with ***respect and kindness*** at all times. We acknowledge our differences, offering compassion, empathy and tolerance.
- **Leadership** - We are devoted to a life of ***servant leadership***, going above and beyond to serve the school, parish, community and world. We are responsible citizens and Christians committed to living life, promoting peace, and fostering social justice.
- **Community** - We foster a ***welcoming, supportive, engaging*** and ***collaborative*** community that works in unison to overcome challenges and celebrate success. Together we honor our traditions and work in partnership to advance our institution.
- **Responsibility** - We lead by example and are ***accountable for our actions***, even when it's difficult. We affirm sound judgement and trustworthy behavior.

Ledger Pride



- Be proud of who we are, what we have accomplished and what we will continue to accomplish.
- You represent us! Be a positive ambassador of SMSA.
- We are held to a higher standard. Live the Ledger Way.
- Make the most of every opportunity.
- Be humble in victory and gracious in defeat.

“Roles” in SMSA Athletics



Athletic Director and Athletic Administrator

- ❖ Live the Ledger Way in word and action.
- ❖ Cheer for our teams and not against our opponents.
- ❖ Be a model of good sportsmanship.
- ❖ Coordinate all schedules for the athletic department.
- ❖ Ensure compliance for Archdiocese of Milwaukee and WIAA.
- ❖ Ensure safety at home athletic events.
- ❖ Social Media - promote the athletes and teams of SMSA.

“Roles” in SMSA Athletics



Coaches

- ❖ Live the Ledger Way in word and action.
- ❖ Provide opportunities for all athletes to improve and participate on a team.
- ❖ Continue to learn and grow in their sport.
- ❖ Be a model of good sportsmanship.
- ❖ Social Media - use social media positively and appropriately.

“Roles” in SMSA Athletics



Students

- ❖ Live the Ledger Way in word and action.
- ❖ Cheer for our teams and not against our opponents.
- ❖ Be a model of good sportsmanship.
- ❖ Be a positive ambassador for SMSA.
- ❖ Control what you can control. $E+R=O$
- ❖ Social Media - use social media positively and appropriately

“Roles” in SMSA Athletics



Parents

- ❖ Live the Ledger Way in word and action.
- ❖ Support the athletic experience of your child.
- ❖ Support the coaches and the decisions they make for the team.
- ❖ Cheer for our teams and not against our opponents.
- ❖ Be a model of good sportsmanship.
- ❖ Be a positive ambassador for SMSA.
- ❖ Control what you can control. $E+R=O$
- ❖ Social Media- use social media positively and appropriately

Whose experience is it?



- We are here to provide a memorable athletic experience for our students that teaches not only sport but life lessons.
- As adults, we have had the opportunity to experience sports. It is now time to support our students in their athletic experience.
- After contest communication: Did you have fun? I enjoy watching you play.

Channel of Communication



Athletes & Parents



Head Coach of your Team



Head Coach of your Sport



Athletic Administration – Mitch Redig/Kelly Mueller



Principal – Eamonn O’Keeffe



SMSA President – Stacey Akey

Co-Curricular Code of Conduct Handbook



1) Purpose of the athletic program (pp. 1-2)

- **Vision, Mission, and Core Values** (Faith, Learning, Respect, Leadership, Community, Responsibility)
- **Objectives** – Provide an opportunity for spiritual, academic, physical and emotional growth

2) Academic Standards (pp. 4-5)

Academic Ineligibility



➤ **Must pass ALL classes**

- ✓ With an incomplete grade, the student is still eligible, unless the incomplete turns into a failure

➤ **Ineligibility period**

✓ 8 grading periods

- Progress 1, 1st quarter, Progress 2, 2nd Quarter, Progress 3, 3rd Quarter & Progress 4 - (8 school days for one F, 15 school days for two or more F's.)
- 4th quarter - 21 days from the first legal day of a game/match or one-third of the fall season, per WIAA guidelines (the 4th quarter ineligibility period will be served in the Fall)

- ✓ Students that are ineligible will not be dismissed early.

Co-Curricular Code of Conduct Handbook



3) Attendance Rules (5-6)

- All students must be in school ALL DAY in order to participate in athletics.

4) Description of Co-curricular Code Violations and Consequences (pp. 6-10)

5) Reporting violations, Violation Review, and Appeal Process (pp. 10-13)

6) Additional Co-Curricular Guidelines (pp. 13-14)

WIAA Athletic Eligibility Information



- The purpose of the WIAA Athletic Eligibility Bulletin is to summarize the WIAA Official Handbook.
- Topics discussed include:

Attendance

Determining Residence and Transfers, Training and Conduct

Amateur Status

Sports Activities Outside of School

Please read the following before signing the forms!



- 2023-2024 Co-Curricular Handbook
- WIAA Rules at a Glance 2023-2024 (HS Only)
- Parents Who Provide Good Athletic Memories
- WIAA Concussion/Sudden Cardiac Arrest Information

Athletic Information

Participation Requirements for SMSA Athletics

The following must be completed before participating in practice:



➤ Page 1 – Liability Waiver, Code of Conduct, WIAA Eligibility

➤ Page 2 -WIAA Alternate Year or WIAA Physical Permit

Physicals are good for 2 years from the date of the physical. If the physical takes place after April 1, it is valid for 2 school years.

➤ Page 3 – Concussion/Sudden Cardiac Arrest Agreement Form

➤ Page 4 – Medical Information and Emergency Consent

Athletic Information

Liability Waiver, Code of Conduct, WIAA Eligibility



Fill out **ALL** information on this page and one of the main boxes on page 2.

1 of 2

NAME _____

Last

First

M.I.

Date

Grade in School

ATHLETIC PERMIT AND LIABILITY WAIVER

This portion is to be filled out every year.

1. I hereby give my permission for my student to practice and compete and represent the school in WIAA approved interscholastic sports except those restricted on this form.
2. Pursuant to the requirements of the Health Insurance Portability and Accountability Act of 1996 and the regulations promulgated thereunder (collectively known as "HIPAA"), I authorize health care providers of the student named on this form, including emergency medical personnel and other similarly trained professionals that may be attending an interscholastic event or practice, to disclose/exchange essential medical information regarding the injury and treatment of this student to appropriate school district personnel such as but not limited to : Principal, Athletic Director, Athletic Trainer, Team Physician, Team Coach, Administrative Assistant to the Athletic director and/or other professional health care providers, for purposes of treatment, emergency care and injury record-keeping.
3. I also attest to the fact that the student named on this form has had no injury or illness serious enough to warrant a medical evaluation prior to participating this school year.

I, the undersigned, have adequate insurance and am willing to take full financial responsibility for any and all injuries sustained by my son/daughter while participating, whether it be in a practice session or in actual competition, in a WIAA or any other sponsored sport in the St. Mary's Springs Academy Athletic program.

I further knowingly and voluntarily waive any and all claims against and forever release the St. Mary's Springs Academy, its Board Members, Officers, Agents, Employees and Volunteers for any and all injuries sustained by my son/daughter with participating, whether it be in a practice session or in actual competition, in a WIAA or any other sponsored sport in the St. Mary's Springs Academy district Athletic program.

Parent/Legal Guardian Signature _____ Date _____

Printed Parent/ Legal Guardian Name _____

WIAA Alternate Year or WIAA Physical Permit



2 of 2

Athletic Alternate Year/ New Physical Page

Fill out name, age, address, etc., and **either** the Alternate Year or Athletic Permit box.

NAME _____
Last First Middle Initial Date of Birth

Age _____ Sex _____ Grade _____ School _____ Phone _____

Present Address _____ City _____ Zip _____

*****One of the two boxes must be completed and on file prior to the first practice*****

Please note that a physical taken after April 1 is good for the next two years with this alternate waiver. Physicals taken before April 1 are good only for the remainder of that school year and during the following year with this alternate waiver. The school must still have a copy of the original physical on file, so new athletes or transfer students need to be prepared to supply the original physical.

WIAA ALTERNATE YEAR ATHLETIC PERMIT

ATHLETIC PERMIT AND LIABILITY WAIVER FROM PAGE ONE MUST BE SIGNED.

SCHOOL YEAR 20 _____ - 20 _____

NAME _____ GRADE _____ DATE OF BIRTH _____
Last First Middle Initial

Present Address _____ Telephone _____

PARENT: If there is any question that this student may not be healthy enough for athletic competition without, at least, a partial re-evaluation, contact your medical advisor before signing. Always defer to the recommendations of your primary care physician when deciding whether or not to have a new physical. A new physical is required at least every two years by the WIAA in order to compete. Signing below indicates that my child is in good physical health and able to fully participate and has had a physical within in past two years which meets WIAA requirements.

Date of original physical _____

SIGNATURE OF PARENT _____ DATE _____

ALL STUDENTS PARTICIPATING IN INTERSCHOLASTIC ATHLETICS MUST HAVE THIS ALTERNATE YEAR CARD OR A CURRENT PHYSICAL ON FILE AT THEIR SCHOOL PRIOR TO PRACTICE OR PARTICIPATION

Concussion/Sudden Cardiac Arrest Agreement Form



Concussion / Sudden Cardiac Arrest - Agreement Form

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 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/Guardian 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

Medical Information and Emergency Consent



STUDENT ATHLETE: MEDICAL INFORMATION AND EMERGENCY CONSENT FORM

PARTICIPANT'S NAME:		
ADDRESS:		
CITY:	ZIP:	PHONE:
PARENT/LEGAL GUARDIAN:		
ADDRESS:		
EMPLOYER:		
HOME PHONE:	CELL PHONE:	WORK PHONE:
OTHER EMERGENCY CONTACT PERSON:		PHONE:

MEDICAL INFORMATION

FAMILY PHYSICIAN:	PHONE:
GROUP/ADDRESS:	
HOSPITAL OF PREFERENCE:	

Tyler Schwarz – Athletic Trainer



Cell: 920-296-0533

Email: Tyler.Schwarz@ssmhealth.com

Days of Week TBD

Times 3:00 – 5:30

Concussions



- ❑ At SMSA, we now have a concussion protocol in place that will allow the Athletic Trainer or School Nurse to place a student with a concussion on this protocol.
- ❑ Protocol allows us to get the student on some basic restrictions to get the healing process started right away.
- ❑ The Athletic Trainer or a Provider can alter restrictions and clear the student from the protocol.

SWAY Baseline Tests



- SSM Health and its schools it provides coverage to are switching concussion testing platforms from ImPACT to SWAY.
- SWAY is a mobile testing platform that uses cell phones or tablets as a testing device.
- It uses mobile sensors already built into the devices.

SWAY Baseline Tests



- ❑ SWAY incorporates balance testing which ImPACT did not.
- ❑ Gives us more freedom of use because it can be done right in the training room or on the sideline.
- ❑ Meets HIPAA and FERPA privacy standards.
- ❑ Is an FDA Class II Medical Device.

SWAY Baseline Tests:

All athletes are required to take the baseline test for concussions every two years (during their Freshman and Junior years). New students will also be required to take the test. Those who are required to take the baseline test will receive an email with instructions from our athletic trainer - Tyler Schwarz.

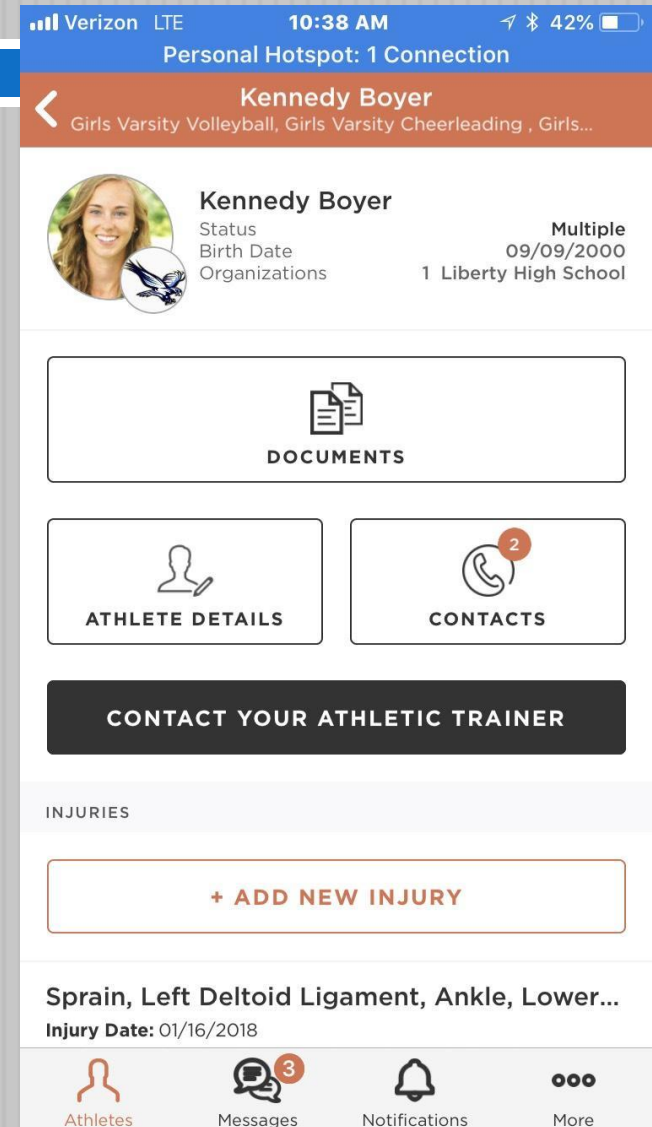
ATHLETIC TRAINING DOCUMENTATION AND COMMUNICATION APP

 RHEALTHYROSTER

Healthy Roster for Parents



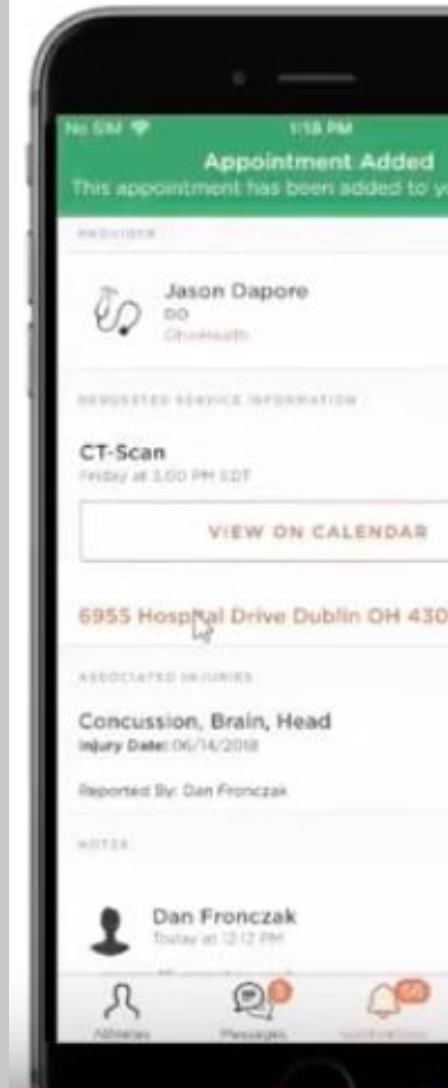
- Invite only App -FREE
- Access to your athlete's records
- Get alerts when injuries occur
- Send messages to your Athletic Trainer
- Upload documents
- Care team receives same information
- Injury Timeline



Follow up Services



- Referral Information right at your fingertips



How do you sign up?



- Wait for your personal invite
- Install the Healthy Roster APP
- Watch a demonstration video on how to get started
- Create your athletes profile

SMSA Athletic Boosters



- Booster Club President: Rob Hyland
- Booster Club Meetings: 6 pm, 2nd Wed. of the Month (Next Meeting is August 9th)
- Sport Passes:
 - Adults - \$50.00 each
 - Senior Citizens (62 & Over) - Free Admission!
 - SMSA students will be allowed in free to all home regular season games.

SMSA Athletic Booster Club

What is ABC about:

Raising Funds to help support, maintain and promote athletes and programs by providing:

- Uniforms
- Equipment
- Locker room projects
- Video
- Fan busses
- Concession improvements
- Scholarships
- and much more.

ABC supports over 46 athletic programs from Pre-K through 12 that engage more than 80% of our students.

**ABC MEETINGS HELD SECOND WEDNESDAY OF
EACH MONTH | CAFETERIA | 6:00 PM**



Booster Club Officers

President: Rob Hyland

Vice President: Tom McGuire

Treasurer: Isaac Mueller

Secretary: Tom Huempfer

Athletic Director: Mitch Redig

Athletic Administrator: Kelly Mueller

Concessions Director: Jackie Konkol

Trustee: Lisa Krusick, Shawn Longley,
Jackie Konkol, Jeff Coon, Jim Baudry
, Zach Wilderman

SMSA Athletic Booster Club

WE NEED YOU!

Parent involvement is essential for a successful club

Financial Support

Friend of the Ledgers!!!! #1 funding event for ABC

Season Passes Will be sold at Fall Sporting Events

Volunteers Needed - Concessions stands

- *Great Opportunity to meet other families*
- *Service to all those attending*
- *Funds the activities to support our teams*



*Concessions Volunteer
contacts:
Jackie Konkol or
booster email*

jkonkol@execfs.com
ledgers.booster.club@gmail.com

Athletic Schedules



Schedules can be found here:
[Athletic Calendar](#)

Features

- View Schedules – You can select as many sports schedules as you would like and download them to your devices.
- Notify Me – You can set up an automatic notifications for whenever changes are made.

Fall Athletic Teams- HS



Sport	Start Date	Coach
Football	August 1	Bob Hyland
Boys Soccer	August 14	Tony Denzin
Volleyball	August 14	Kelsey Fenner
Tennis	August 8	Patrick Connor
Cross Country	August 14	Teresa Van Horn
Cheerleading	TBD	TBD

Fall Athletic Teams-MS



Sport	Coach	Email
5th Football	Pat Ellestad	patrick.ellestad@edwardjones.com
6th Football	Bill Everson	weverson@eversonandgibbs.com
7th Football	Dave Zangl	dkbzangl@gmail.com
8th Football	Chris Schneider	cschneider@smsacademy.org
7th Girls Basketball	Kevin Baker	kevin.baker@sargento.com
8th Girls Basketball	Zach Pitz	zachary.pitz@ssmhealth.com
5th Volleyball	Michelle Born	<u>mborn@smsacademy.org</u>
6th Volleyball	David Maruska	davidmaruska191@gmail.com
6th-8th Cross Country	Kelly Norton	kellynorton32@gmail.com
5th-8th Cheerleading	Lindsay Kraig-Bembinista	kraigbembinista@gmail.com

Athletic Department - SMSA



Athletic Director-Mitch Redig

Email:

mredig@smsacademy.org

Phone: (920) 322-3227

Athletic Administrator-Kelly Mueller

Email: kmueller@smsacademy.org

Phone: (920) 322-8095