

# Co-Curricular Activities 2024–2025



# Meeting Agenda



- Ledger Way Core Values and Athletic Expectations
- Athletic Participation Requirements
- Athletic Training
- Athletic Booster Club
- Athletic Schedules
- Athletic Offerings
- 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/Steve Kelnhofer**



**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 (HS)



## ☐ **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, 1<sup>st</sup> quarter, Progress 2, 2<sup>nd</sup> Quarter, Progress 3, 3<sup>rd</sup> Quarter & Progress 4 - (8 school days for one F, 15 school days for two or more F's.)
  - 4<sup>th</sup> quarter - 21 days from the first legal day of a game/match or one-third of the fall season, per WIAA guidelines (the 4<sup>th</sup> 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!



- ❑ 2024-2025 Co-Curricular Handbook
- ❑ WIAA Eligibility Bulletin 2024-2025 (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:	

# Safe Environment Education (SEE)



- All SMSA volunteers must complete Safe Environment Education before volunteering with SMSA students.
- Initial education is an in-person training and is valid for 5 years.
- SEE Training must be renewed online every 5 years.

# Tyler Schwarz – Athletic Trainer



Cell: 920-296-0533

Email: [Tyler.Schwarz@ssmhealth.com](mailto:Tyler.Schwarz@ssmhealth.com)

**M/T/Th/F**

**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, use SWAY as its concussion testing platform.
- ☐ 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, where others do 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**

 **HEALTHY**ROSTER


# 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


Verizon LTE 10:38 AM 42%  
Personal Hotspot: 1 Connection

< Kennedy Boyer  
Girls Varsity Volleyball, Girls Varsity Cheerleading, Girls...

 **Kennedy Boyer**  
Status Multiple  
Birth Date 09/09/2000  
Organizations 1 Liberty High School

  
DOCUMENTS

  
ATHLETE DETAILS





  
CONTACTS

**CONTACT YOUR ATHLETIC TRAINER**

INJURIES

**+ ADD NEW INJURY**

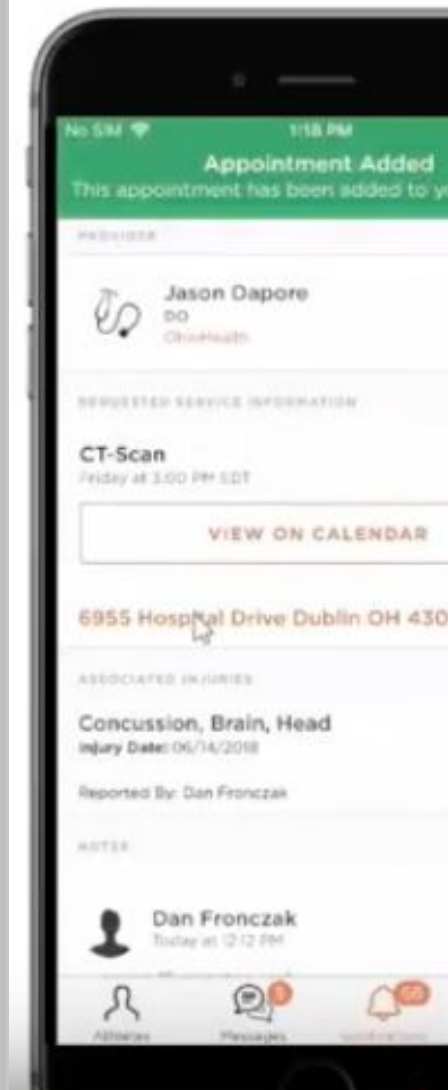
**Sprain, Left Deltoid Ligament, Ankle, Lower...**  
Injury Date: 01/16/2018

 Athletes  Messages  Notifications  More

# 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
- 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 Huempfner

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](mailto:jkonkol@execfs.com)  
[ledgers.booster.club@gmail.com](mailto: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.

# Athletic Teams- HS



Fall	Winter	Spring
Football	Basketball (Boys/Girls)	Baseball
Boys Soccer (co-op NFDL)	Boys Hockey	Softball
Volleyball	Girls Hockey (Warbirds)	Track (Boys/Girls)
Girls Tennis	Dance	Golf
Cross Country	Wrestling (w/NFDL)	Boys Tennis
Cheerleading		Girls Soccer

# Athletic Teams-MS



Fall	Winter	Spring
5-8 Football	5-6 Basketball (Boys/Girls)	Track (Grades 6-8, Boys/Girls)
7-8 Basketball (Girls)	7-8 Basketball (Boys)	
5-6 Volleyball	7-8 Volleyball	
6-8 Cross Country	6-8 Wrestling (co-op w/NFDL)	
5-8 Cheerleading		

# Athletic Department - SMSA



Athletic Director-Mitch Redig

Email: [mredig@smsacademy.org](mailto:mredig@smsacademy.org)

Phone: (920) 322-3227

Athletic Administrator-Kelly Mueller

Email: [kmueller@smsacademy.org](mailto:kmueller@smsacademy.org)

Phone: (920) 322-8095