

BISON SCHOOL DISTRICT #52-1
ATHLETIC HANDBOOK



2024-2025 EDITION
DREAM BELIEVE
SUCCEED

Revised 7/8/24

BISON CARDINAL ATHLETIC PROGRAM PHILOSOPHY

We believe that the Bison Athletic Program will be a positive learning experience for all participants. Our athletes will be provided with a sequential program focusing on fundamental and advanced skill development, competitive strategies, and teamwork. By creating this learning environment, our program will allow players to develop into better players and become more productive student athletes.

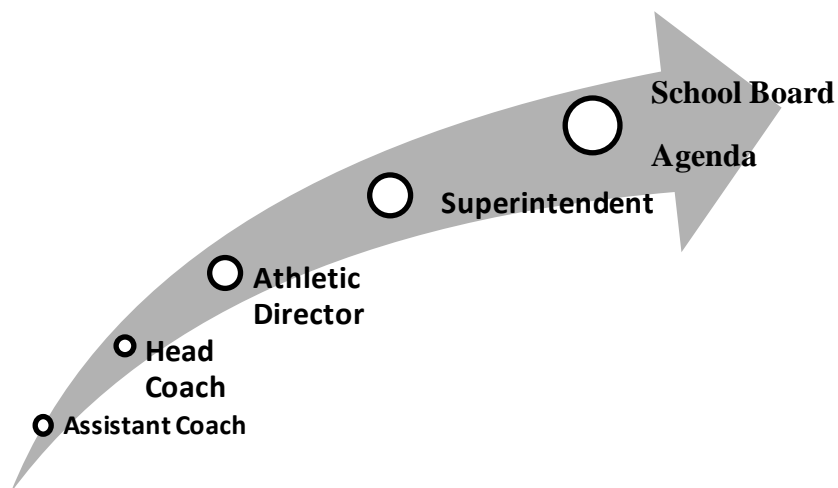
Players in these programs will strive for excellence. Excellence is achieving your absolute best; reaching your individual potential. Learning to give it your all is an important life lesson, which will serve the athletes on and off the court or playing field. Athletes will commit to excel in the classroom and in the athletic arena. Academic success is the priority of the coaching staff and must be the priority of each of our athletes.

Athletes will be given the chance to improve their skills but must maintain a positive attitude while making them. The concepts of TEAM, EFFORT, and ATTITUDE will be strongly stressed. Players must put the team before themselves. They must possess the "Never Give Up" attitude, while demonstrating sportsmanship.

Revised 7/8/24

CARDINAL ATHLETICS PROGRAM

CHAIN OF COMMAND



The above graphic is an illustration of the chain of command to be used for any issue relating to the Bison Athletic Program.

PROGRAM GOALS

- ✓ Teach fundamental skills and allow each player to reach their potential.
- ✓ Emphasize knowledge and understanding of the game, athletes will become “students of the game.”
- ✓ Develop strong TEAM PLAYERS and POSITIVE LEADERS with character, strength, and skill, who demonstrate self-discipline, dedication, respect, and responsibility.
- ✓ Provide athletes the opportunity to enjoy playing competitive sports with a tradition and culture where athletes learn to win and want to win.

As a TEAM we will strive to meet ALL goals!

CARDINAL ATHLETIC PROGRAM

POLICIES AND EXPECTATIONS FOR ATHLETES

PARTICIPATION IN ACTIVITIES

- Students can participate in more than one sport/activity per season.
- To participate in an extra-curricular contest, the student must be in school for the last three periods of the day of the contest.
 - Exemptions to this policy include but are not limited to medical, educational, and family emergency absences that have been received **PRIOR TO ABSENCE**. This is left to administrative approval.

PHYSICAL FORMS

Students participating in athletics need a physical according to the following schedule:

- Grades 3rd-5th will only need one physical good for three years.
- Grades 6th-12th will need a yearly physical.
 - Physicals must be completed prior to the athlete attending their first practice.
 - If the physical has not been completed, you will be expected to be at practice but will not be able to dress or participate.

All forms in this handbook must be filled out and returned to school office.

EXPECTATIONS OF SCHOOL SPONSORED EQUIPMENT

All equipment/jerseys will be checked out clean and in good condition at the beginning of the season and should be turned in the same at the end of the season. Any damage will be assessed at the end of the season and if damage occurs, items **will be replaced at the student/parents' expense**.

PRACTICE

The number of practices a team must have scheduled before the first competition varies according to SDHSAA. The coach will have final say on individual readiness for the first competition and may limit play time if not properly conditioned.

- If school is cancelled due to weather all scheduled practices are also cancelled.
 - A non-mandatory open gym may be held in place of that practice at the discretion of, and with the permission of the Athletic Director or school Administration.

BEHAVIOR/CONDUCT

As a member of the Bison Athletic Program, you will be expected to conduct yourself with honor, pride, and class. Your behavior on and off the court or playing field, will be a reflection of you, our team, the coaching staff, our school, and our community. Behave in a manner that will uphold the integrity of this program and yourself.

TEAM TRAVEL

To ride home with anyone other than the team/coach/bus, coaching staff must be notified by parents.

- The district will provide a bus and driver for all JV and Varsity competitions. The bus may not be provided for JH ONLY events. If a school vehicle is available the JH Coach will drive it, to provide team transportation.
- Students must be respectful on bus rides. This includes but is not limited to.
 - Adhere to the rules of the bus driver. They are a huge part of our program!
 - Watch your language and topics that are being discussed.
 - Pick up your trash.
 - Do not break or damage any property in or on the bus/vehicle.

COMMUNICATION

Group texting, Snapchat and Facebook messenger should not be used. If for any reason you need to contact a coach, a phone call or email would be appreciated, adhering to the 24 hour rule.

SCHOOL

You are a student-athlete. The student part comes first and is the reason that we are here. Getting help with schoolwork will be supported. If you are late to practice or miss a practice for this reason, please bring a note from the teacher you were working with. You are expected to be a respectful and responsible student in the classroom.

Eligibility Policy 7-2013:

To be eligible and participate in extracurricular programs (as defined below), a student must carry 5 academic units, be in school the last three periods of the day of the contest and maintain a D-. Exemptions to this policy include medical, educational, and family emergency absences that have received PRIOR administrative approval.

Deficiency reports will be run on infinite campus 4 times per quarter; at approximately 2.5 weeks, midterm, approximately 7 weeks, and end of quarter. Dates will be included along with the annual school calendar. Ineligibility becomes effective the day following the report and students will remain ineligible until the next eligibility report is ran.

Deficient athletes will not be allowed to travel to away competitions with the team.

Ineligibility does not affect a student in physical education, nor does it affect practicing for any non-academic activity. Students may practice but not participate while they are ineligible.

MEDIA USAGE

Follow SDHSAA guidelines for media usage and video recording.

EXTRACURRICULAR TRAINING RULES

Student participation in extracurricular programs is a privilege and subject to eligibility requirements beyond standard requirements for the right to attend the public school's curricular education program.

Extracurricular programs for Bison School District include: Varsity & JV Football, Video Crew, Boys & Girls Basketball, Cross Country, Golf, Volleyball, All Statisticians, All Student Managers, Track Students, School Play, FCCLA (as per anything outside the classroom), Oral Interp., FFA, National Honor Society, Pep Band, All-State Band, All-State Chorus, Small Group Contests, Cheerleaders, Prom, Post-Prom, and School Dances.

Alcohol, Drugs, Tobacco, and Vaping are prohibited:

If a violation occurs off campus, on school property, in vehicles used to transport students to/from school events, or while attending school-sponsored events, the student will face accountability for training rule violations.

FIRST OFFENSE:

The first offense will result in missing two upcoming events. Students will still be expected to participate in practices but will not travel to away games. Home games attendance will be at the coach's discretion.

SECOND OFFENSE:

A second offense will be dealt with on a case-by-case basis.

Please Note: If time is not completed in a given school year, the time left is carried into the next school year, beginning with the first day of practice in the fall.

Bison School District
Medical and Insurance Information and

Parent Consent for Student Travel and Medical Treatment

Student Name _____
Last First MI

Home Address _____ Home Phone _____

Parent/Guardian _____ Wk Phone _____

Cell Phone _____ Cell Phone Provider _____ Email _____

Local Relative/Neighbor _____ Phone _____

MEDICAL INFORMATION

List known allergies (food, medications, etc.) If none, so state _____

List special medical problems. If none, so state _____

List any medication(s) the student is presently taking and the purpose. If none, so state _____

If your child requires medication (prescription or non-prescription) please keep medications in original containers and be sure they are labeled with the child's name. Medications should be left with the trip advisor or a designated chaperone who will administer the medication.

I, the undersigned, being the parent or the legal guardian of _____ DOB _____

Hereby grant permission for the above name student to receive the above stated medication on our school sponsored trip by an adult chaperone. I release the school and its employees from any claims or liability connected with its reliance on the permission.

Signature of responsible party: _____ Relationship to student: _____

MEDICAL INSURANCE INFORMATION

Medical Insurance Company _____ Policy # _____

Student Social Security # _____ Group/Plan # _____

Current Physician _____ Phone #: _____ Ins Co. Phone # _____

Please attach a copy of your medical insurance identification card.

If you do not have medical insurance coverage, please read and sign the following:

For and in consideration of emergency services and goods rendered by or through the attending physician(s), the undersigned hereby guarantees payment in full immediately upon receipt of the final billing.

Signature of responsible party: _____ Relationship to student _____

CONSENT FOR TRAVEL AND FOR MEDICAL TREATMENT

I, the undersigned, being the parent or the legal guardian of _____ DOB _____

Hereby grant permission for the above-named student to travel to **Bison School Events**, during the **2024-2025 school year** and hereby grant authorization to the coach/supervisor(s)/chaperone(s) of this school trip/event to obtain any emergency medical and/or surgical treatment and procedures from a physician or hospital emergency room physician on behalf of the above-named minor. I also grant permission for the coach/ supervisor(s)/chaperone(s) to administer medication as indicated by physician.

Signature of person giving consent

Date

Relationship to student

BISON SCHOOL DISTRICT ATHLETIC FACILITIES/WEIGHT ROOM WAIVER
Must be updated annually

IN CONSIDERATION of being given the opportunity to participate in using the Bison School Athletic Facilities' and Weight Room, I, for myself, my personal representatives, assigns, heirs, and next of kin:

1. ACKNOWLEDGE, agree and represent that I understand the nature of athletic activities and weightlifting, and that I am qualified, in good health, and in proper physical condition to participate in such Activity.
2. FULLY UNDERSTAND that (a.) ATHLETIC AND WEIGHTLIFTING ACTIVITIES INVOLVE RISKS AND DANGERS of serious bodily injury, including permanent disability, paralysis and death (Risks"); (b.) these Risks and dangers may be caused by my own actions, or inactions, the actions or inactions of others participating in the Activity, the condition in which the Activity takes place or the negligence of the names below; (c.) there may be other risks and social and economic losses either not known to me or not readily foreseeable at this time: and I FULLY ACCEPT AND ASSUME ALL SUCH RISKS AND ALL RESPONSIBILITY FOR LOSSES, COSTS, AND DAMAGES I incur as a result of my participation in the Activity.
3. AGREE AND WARRANT that I will examine and inspect each Activity in which I take part and that, if I observe any condition which I consider to be unacceptably hazardous or dangerous, I will notify the proper authority in charge of the facilities' and will refuse to take part in the activity until the condition has been corrected to my satisfaction.
4. HEREBY RELEASE, discharge, and covenant not to sue Bison School District, the school board, their administrators, directors, agents, officers, volunteers and employees, other participating organizers, any sponsors, advertisers, and if applicable, owners and lessors of premises on which the Activity takes place, (each considered of the Releasees herein) from all liability, claims, demands, losses or damages on my account caused or allege to be caused in whole or in part by the negligence of the releasees or otherwise, including negligent rescue operations; and I further agree that if, despite this release and waiver of liability, assumption of risk, and indemnity agreement, I, or anyone on my behalf, makes a claim against any of the releasees, I WILL INDEMNIFY, SAVE AND HOLD HARMLESS each of the releasees, from any litigation's expenses, attorney fees, loss, liability, damage, or cost which any may incur as a result of such claim.

PARENTAL CONSENT

I, the minor's parent and/or legal guardian, understand the nature of athletic and weightlifting activities and the minor's experience and capabilities and believe the minor to be qualified to participate in such activity. I hereby release, discharge, covenant not to sue, and AGREE TO IMDEMNIFY AND SAVE AND HOLD HARMLESS each of the releases' from all liability, claims, demands, losses, or damages on the minor's account caused or alleged to be caused in whole or part by the operations, and further agree that if, despite this release, I, the minor, or anyone on the minor's behalf makes a claim against any of the above releasees, I WILL INDEMNIFY, SAVE, AND HOLD HARMLESS each of the releases' from any litigation expenses, attorney fees, loss liability, damage, or cost if any may incur as the result of any such claim.

Please sign on back and return to office.

Name of Participant: _____

Printed Name of Parent/Guardian: _____

Date: _____ Phone: _____

Address: _____

Parent/Guardian Signature: _____