



CROSS COUNTRY RULES CLINIC 2026



CONTACT INFORMATION

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**PLEASE USE
THE QR CODE
TO REGISTER**



**WVSSAC FALL SPORTS RULES CLINIC
SCAN TO SIGN-IN**





IMPORTANT REMINDER

Coach,

You are responsible for the knowledge of the entire content of the materials presented in this PowerPoint. This includes but is not limited to: WVSSAC Rules and Regulations Handbook, Coaches Packets, Sports Medicine Packet, and Interscholastic.

Thanks, Dan

PRE-MEET SAFETY MEETING

- *Short, pre-meet meeting so that everyone knows what emergency personnel, supplies, and equipment are on site and available in case of an emergency.
- School administrator is responsible for the meeting.
- Refer to Sports Medicine Packet for more information.



REQUIRED READING



Interscholastic Online



Cross Country Coaches' Packet



Sports Medicine Coaches' Packet



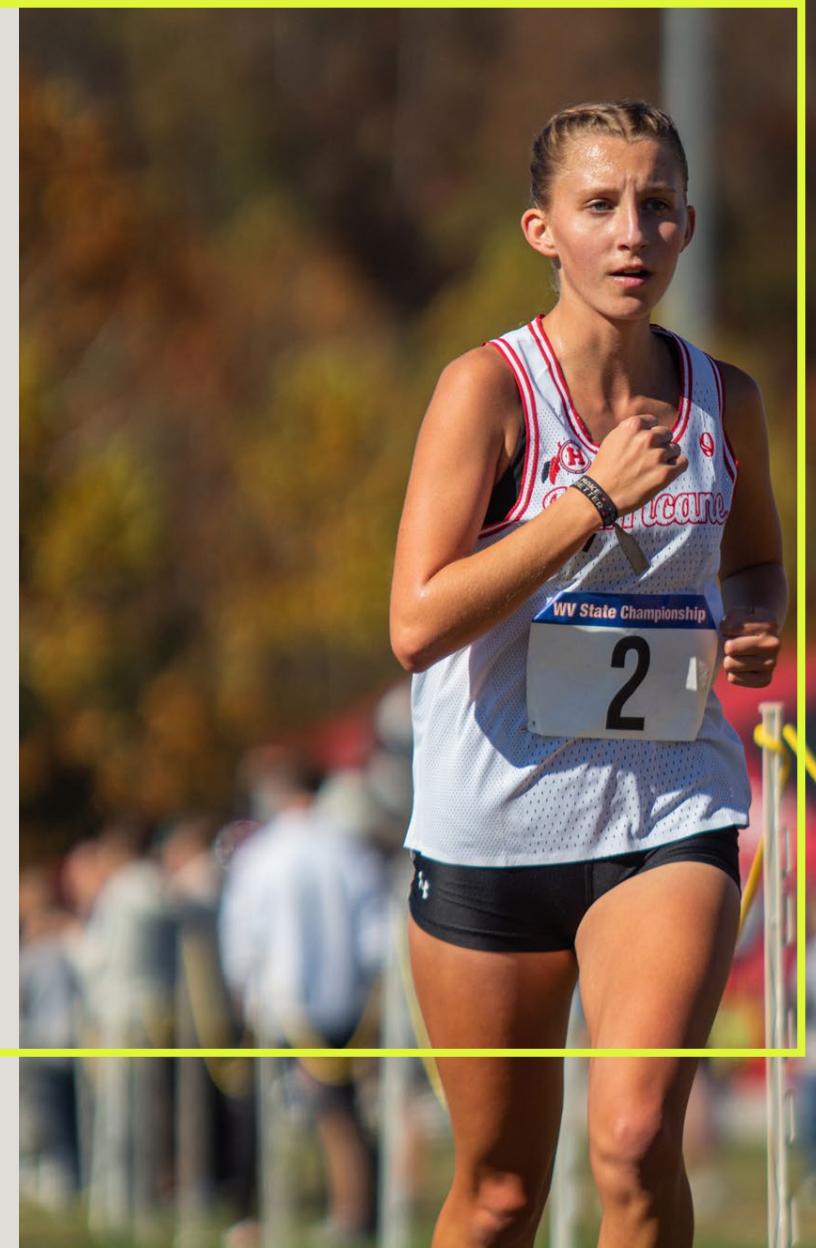
NFHS Track/Cross Country Rule Book (sent to schools)



WVSSAC Website: www.wvssac.org click on "Sports" tab, then "Cross Country"

IMPORTANT DATES 2026

- Practice Begins -August 3
- 1st Contest – August 19
- All Regionals October 24
- State Meet- October 31





ELIGIBILITY AND ROSTERS

- Schools must submit eligibility and roster forms online prior to the first contest.
- Fines assessed if not completed.
- Please work with your athletic director and school administrators to complete both and submit online.

LEGAL DUTIES OF A COACH

- Properly plan the activity
- Provide proper instruction
- Warn of inherent risks
- Provide a safe physical environment
- Provide adequate and proper equipment
- Match athletes appropriately
- Evaluate athletes for injury or incapacity
- Supervise activity closely
- Provide appropriate emergency assistance
- Protect against physical and psychological harm from others

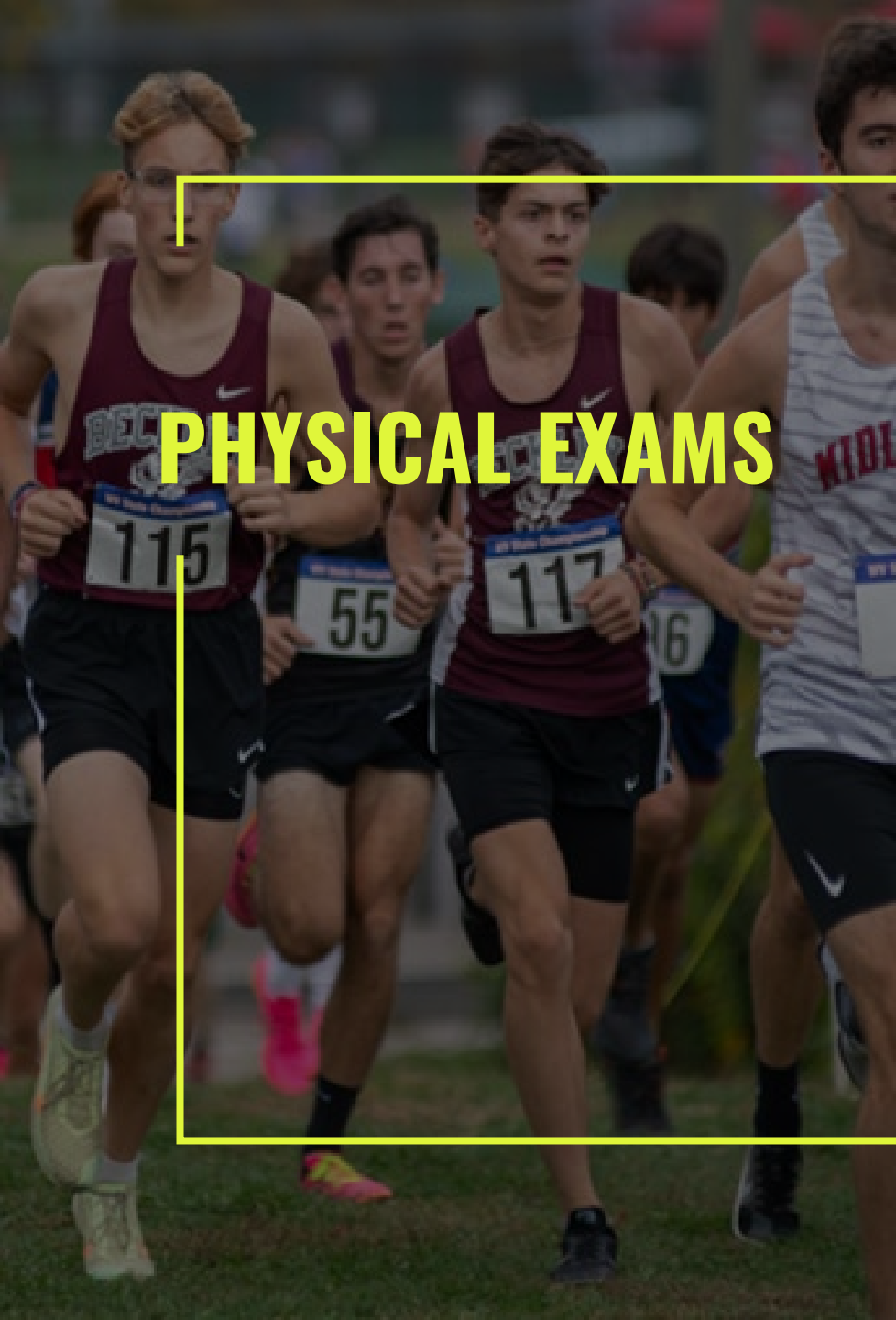
OUT OF SEASON COACHING

- Flex days cannot be used as part of the tryout
- Flex days must be voluntary for athletes.
- Flex days do not roll over from previous year



OUT OF SEASON COACHING

- Must be Principal approved
- Flex days cannot be used during the first week of a HS or MS season
- Use of any part of the day for an activity will count as a flex day

A group of male runners in maroon and white uniforms are competing in a race on a grassy field. The runner in the foreground on the left is wearing a maroon singlet with the number 115 and a singlet with the number 117 is in the center. Other runners with numbers 55 and 16 are also visible. The text 'PHYSICAL EXAMS' is overlaid in large, bold, yellow letters on the left side of the image.

PHYSICAL EXAMS

- No participation without a completed/signed form.
- Must be dated/signed after May 1, 2026.
- Check our site for updated forms for: *concussion/sudden cardiac arrest/heat acclimatization* information. This information must be an agenda item for your preseason parent meeting



ATHLETIC PARTICIPATION/PARENTAL CONSENT/PHYSICIAN'S CERTIFICATE FORM
(Form required each school year on or after May 1". File in School Administration Office)

ATHLETIC PARTICIPATION/ PARENTAL CONSENT

PART I

Name _____ School Year: _____ Grade Entering: _____

Home Address: _____ Home Address of Parents: _____

City: _____ City: _____

Phone: _____ Date of Birth: _____ Place of Birth: _____

Last semester I attended _____ (High School) or (Middle School). We have read the condensed eligibility rules of the WVSSAC athletics. If accepted as a team member, we agree to make every effort to keep up schoolwork and abide by the rules and regulations of the school authorities and the WVSSAC.

PART II - PARENTAL CONSENT

INDIVIDUAL ELIGIBILITY RULES

- Attention Athlete! To be eligible to represent your school in any interscholastic contest, you:
- Must be a regular bona fide student in good standing of the school. (See exception under Rule 127-2-3) must qualify under the Residence and Transfer Rule (127-2-7)
- Must have earned at least 2 units of credit the previous semester. Summer School may be included. (127-2-6)
- Must have attained an overall "C" (2.00) average the previous semester. Summer School may be included. (127-2-6) must not have reached your 15th (MS), 19th (HS) birthday before July 1 of the current school year. (127-2-4)
- Must be residing with parent(s) as specified by Rule 127-2-7 and 8, unless parents have made a bona fide change of residence during school term. Unless an AFS or other Foreign-Exchange student (one year of eligibility only).
- Unless the residence requirement was met by the 365 calendar days attendance prior to participation. if living with legal guardian/custodian, may not participate at the varsity level. (127-2-8)
- Must be an amateur as defined by Rule 127-2-11.
- Must have submitted to your principal before becoming a member of any school athletic team Participation/Parent Consent/Physician Form, completely filled in and properly signed, attesting that you have been examined and found to be physically fit for athletic competition and that your parents' consent to your participation. (127-3-3)
- Must not have transferred from one school to another for athletic purposes. (127-2-7)
- Must not have received, in recognition of your ability as a HS or MS athlete, any award not presented or approved by your school or the WVSSAC. (127-3-5)
- Must not, while a member of a school team in any sport, become a member of any other organized team or as an individual participant in an unsanctioned meet or tournament in the same sport during the school sport season (See exception 127-2-10).
- Must follow All Star Participation Rule. (127-3-4)
- Must not have been enrolled in more than (14) semesters in grades 6 to 12.
- Eligibility to participate in interscholastic athletics is a privilege you earn by meeting not only the above listed minimum standards but also all other standards set by your school and the WVSSAC. If you have any questions regarding your eligibility or are in doubt about the effect any activity or action might have on your eligibility, check with your principal or athletic director. They are aware of the interpretation and intent of each rule. Meeting the intent and spirit of "WVSSAC" standards will prevent athletes, teams, and schools from being penalized.

MEDICAL DISQUALIFICATION OF THE STUDENT-ATHLETE/ WITHHOLDING A STUDENT-ATHLETE FROM ACTIVITY

The member school's team physician has the final responsibility to determine when a student-athlete is removed or withheld from participation due to an injury, an illness or pregnancy. In addition, clearance for that individual to return to activity is solely the responsibility of the member school's team physician or that physician's designated representative.

I understand that participation may include, when necessary, early dismissal from classes and travel to participate in interscholastic athletic contests. I will not hold the school authorities or West Virginia Secondary School Activities Commission responsible in case of accident or injury as a result of this participation. I also understand that participation in any of those sports listed above may cause permanent disability or death. Please check appropriate space: He/She has student accident insurance available through the school (); has football insurance coverage available through the school (); is insured to our satisfaction ().

I also give my consent and approval for the above named student to receive a physical examination, as required in Part IV, Physician's Certificate, of this form, by an approved health care provider as recommended by the named student's school administration.

I consent to WVSSAC's use of the herein named student's name, likeness, and athletically related information in reports of Inter-School Practices or Scrimmages and Contests, promotional literature of the Association, and other materials and releases related to interscholastic athletics.

I have read/reviewed the concussion and Sudden Cardiac Arrest information as available through the school and at WVSSAC.org. (Click Sports Medicine)

Date: _____ Student Signature _____ Parent Signature _____

PART III - STUDENT'S MEDICAL HISTORY
(To be completed by parent or guardian prior to examination)

Name _____ Birthdate ____ / ____ Grade ____ Age ____

Has the student ever had:

Yes No 1. Chronic or recurrent illness? (Diabetes, Asthma, Seizures, etc.,)

Yes No 2. Any hospitalizations?

Yes No 3. Any surgery (except tonsils)?

Yes No 4. Any injuries that prohibited your participation in sports?

Yes No 5. Dizziness or frequent headaches?

Yes No 6. Knee, ankle or neck injuries?

Yes No 7. Broken bone or dislocation?

Yes No 8. Heat exhaustion/sun stroke?

Yes No 9. Fainting or passing out?

Yes No 10. Have any allergies?

Yes No 11. Concussion? If Yes _____
Date _____

Yes No 12. Have any problems with heart/blood pressure?

Yes No 13. Has anyone in your family ever fainted during exercise?

Yes No 14. Take any medicine?

List:

Yes No 15. Wear glasses, contact lenses, dental appliances?

Yes No 16. Have any organs missing (eye, kidney, testicle, etc.)?

Yes No 17. Has it been longer than 10 years since your last tetanus shot?

Yes No 18. Have you ever been told not to participate in any sport?

Yes No 19. Do you know of any reason this student should not participate in sports?

Yes No 20. Have a sudden death history in your family?

Yes No 21. Have a family history of heart attack before age 50?

Yes No 22. Develop coughing, wheezing, or unusual shortness of breath when you exercise?

Yes No 23. (Females Only) Do you have any problems with your menstrual periods.

PLEASE EXPLAIN ANY "YES" ANSWERS OR ANY OTHER ADDITIONAL CONCERNS.

I also give my consent for the physician in attendance and the appropriate medical staff to give treatment at any athletic event for any injury.

SIGNATURE OF PARENT OR GUARDIAN _____ DATE ____/____/____

PART IV-VITAL SIGNS

Height _____ Weight _____ Pulse _____ Blood Pressure _____

Visual acuity: Uncorrected ____/____; Corrected ____/____ Pupils equal diameter: Y N

PART V - SCREENING PHYSICAL EXAM

This exam is not meant to replace a full physical examination done by your private physician.

Mouth:

Appliances

Y N

Missing/loose teeth

Y N

Caries needing treatment

Y N

Enlarged lymph nodes

Y N

Skin - infectious lesions

Y N

Peripheral pulses equal

Y N

Respiratory:

Symmetrical breath sounds

Y N

Wheezes

Y N

Cardiovascular:

Murmur

Y N

Irregularities

Y N

Murmur with Valsalva

Y N

Abdomen:

Masses

Y N

Organomegaly

Y N

Any "YES" under Cardiovascular requires a referral to family doctor or other appropriate healthcare provider.

Musculoskeletal: (note any abnormalities)

Neck:

Y N

Elbow:

Y N

Knee/Hip:

Y N

Hamstrings:

Y N

Shoulder:

Y N

Wrist:

Y N

Ankle:

Y N

Scoliosis:

Y N

Over the last 2 weeks, how often have you been bothered by any of the following problems? (Circle response)

	Not at all	Several Days	Over half the days	Nearly every day
Feeling nervous, anxious, or on edge.	0	1	2	3
Not being able to stop or control worrying.	0	1	2	3
Little interest or pleasure in doing things.	0	1	2	3
Feeling down, depressed, or hopeless	0	1	2	3

RECOMMENDATIONS BASED ON ABOVE EVALUATION:

After my evaluation, I give my:

____ Full Approval;

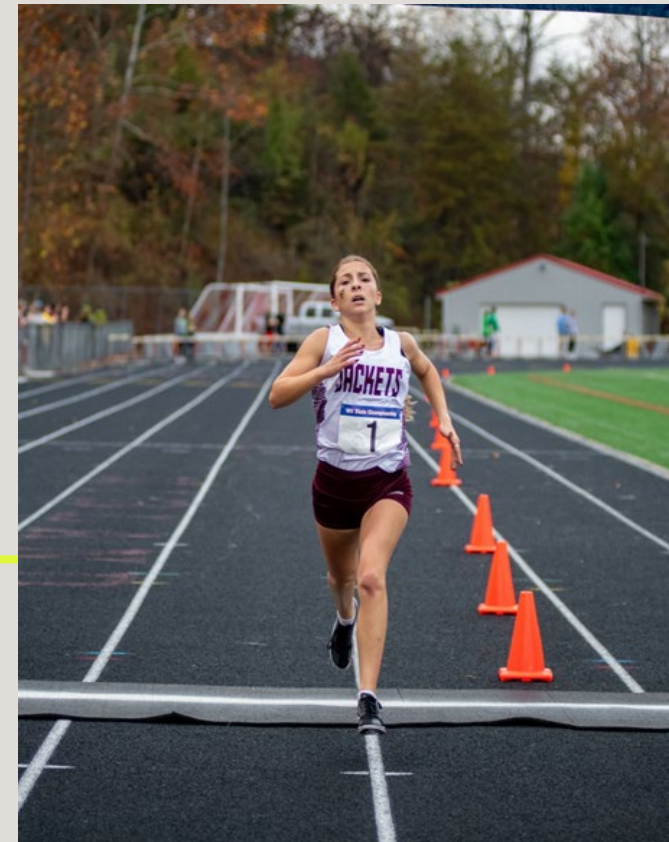
____ Full approval; but needs further evaluation by Family Dentist ____; Eye Doctor ____; Family Physician ____; Other ____;

____ Limited approval with the following restrictions: _____,

____ Denial of approval for the following reasons: _____

MD/DO/DC/Advanced Registered Nurse Practitioner/Physician's Assistant

Date



COACHES

- Information from our office is sent to you using your school directory. Please update this information via the administration link.
- Meet with school administration concerning eligibility issues
- School rosters will be used to setup the Regional Meet. Be sure that your **Eligibility Certificate** and **Roster** match for accuracy prior to submitting **Regional entries**.



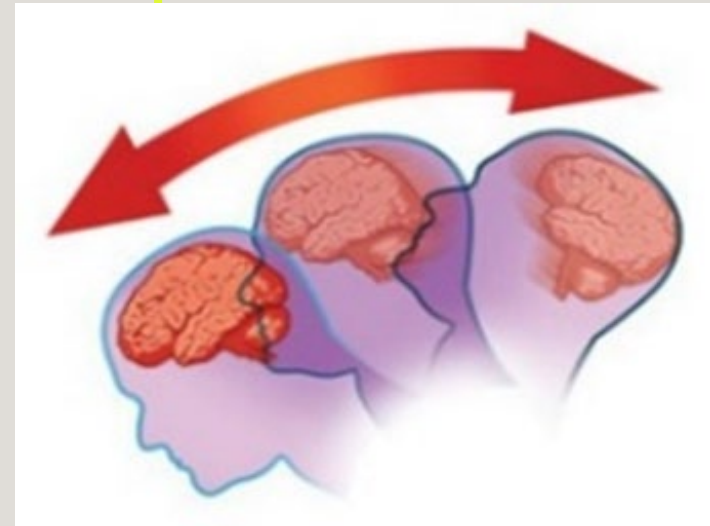
AED REQUIREMENTS

- An AED is be required at all practices and contests.
- Coaches are required to be trained in AED/CPR.



REQUIRED – AS PER LEGISLATION

- Schools must hold an **informational meeting** for student athletes and parents prior to the beginning of the season regarding the warning signs of **sudden cardiac** arrest in children.
- Schools must submit an online concussion report **WITHIN 7 days** of the incident for any athlete who is removed from practice or play with a suspected concussion/head injury. Form is on our website.

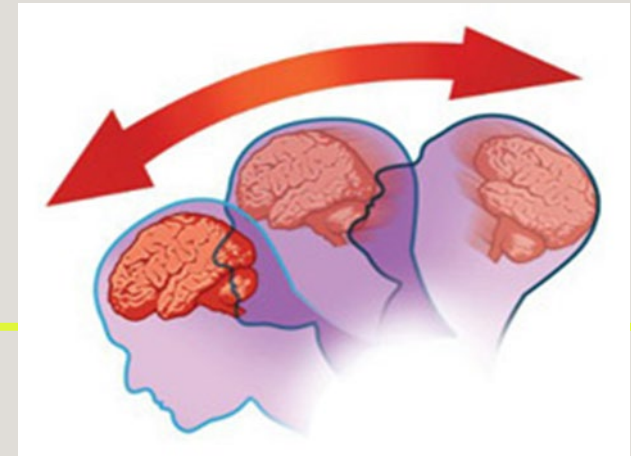


CONCUSSION RTP PROTOCOL

- RTP shall be delayed until the athlete is asymptomatic and has undergone a progression of tests to determine if they are able to RTP. Each step/test in the progression takes 24 hours and no more than one progression per day may be completed.
- If any symptoms occur during the progression, the athlete should rest for 24 hours before attempting the same progression again.
- No activity with complete physical and cognitive rest.
- Light aerobic exercise (less than 70% of maximum heart rate).
- Sport specific exercise (drills specific to the athlete's sport).
- Non-contact training drills (more intense sport drills with no contact from other players).
- Full contact practice (following medical clearance).
- Return to play (normal game play).

CONCUSSION RTP PROTOCOL

- An athlete removed from a contest that shows signs/symptoms of a concussion shall be immediately evaluated by an appropriate health care professional. If no appropriate health care professional with training in evaluation of head injuries is available, the athlete shall not be allowed to Return to Play.
- Must have written permission to RTP



***WHEN IN DOUBT
SIT THEM OUT!! ***

APPROVED HEALTH CARE PROVIDERS WHO CAN EVALUATE AND RELEASE TO RTP

- Medical Doctor (MD)
- Doctor of Osteopathy (DO)
- Doctor of Chiropractic (DC)
- Advanced Registered Nurse Practitioner (ARNP)
- Physician Assistant (PA-C)
- Licensed/Registered Certified Athletic Trainer (ATC/R, LAT, ATC)
- Licensed Physical Therapist



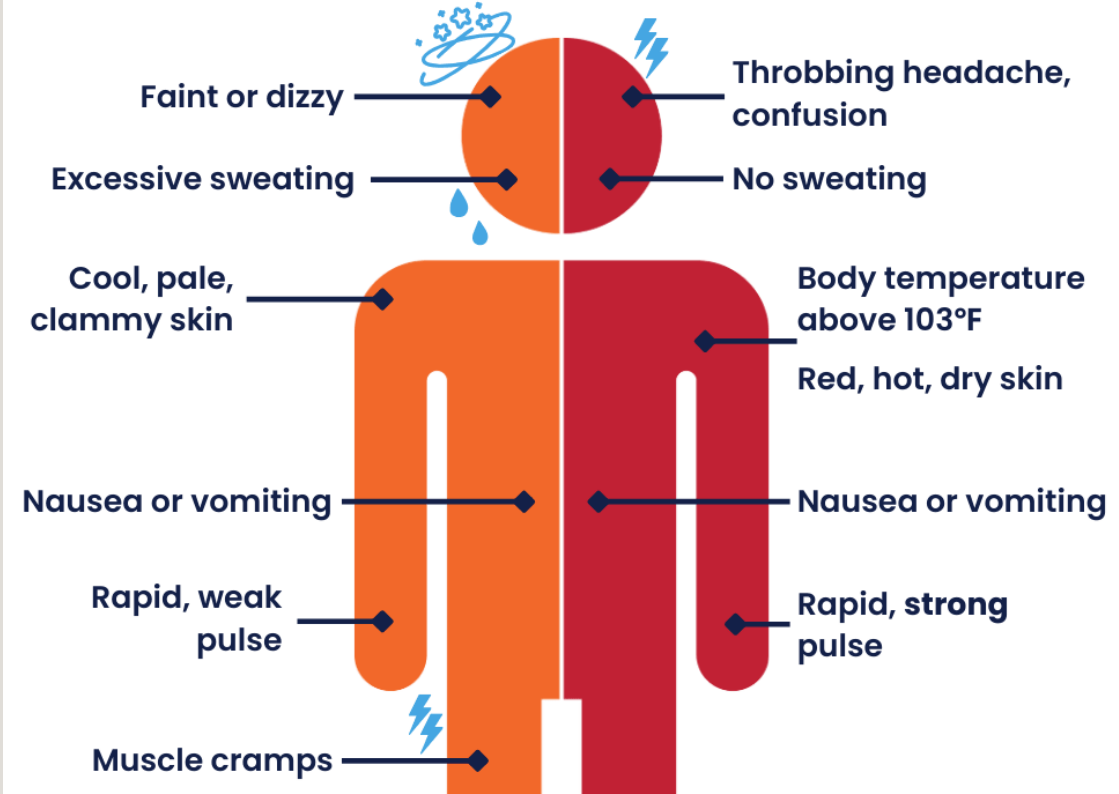
HEAT ILLNESS POLICY

- The policy applies to all practice and conditioning activities (in season, out of season, summer) in which heat illness poses a risk, both outdoor and indoor.
- Prevention:
- Coaches will be notified of any student athlete with pre-existing conditions that place the individual at higher risk of exertional heat illness
- Monitoring:
- Monitoring will occur at the beginning of each practice or conditioning session, and continue every 30 minutes during the activity, using a Wet Bulb Globe Thermometer (WBGT) device. The monitoring will be recorded either in a hard copy or stored in the device. Modifications will be made as follows:

SIGNS OF HEAT ILLNESS

Heat Exhaustion

Heat Stroke



TAKE ACTION

MOVE to a cooler place

COOL with ice/cold water and lay down

DRINK cool water or sports drinks

CALL 9-1-1 if symptoms last longer than 1 hour

CALL 9-1-1 IMMEDIATELY

MOVE the person to a cool, shaded area

COOL the person with a cold water or ice bath, or by placing ice packs on the neck, armpits, and groin areas

HEAT ILLNESS POLICY

- Monitoring of student athlete safety will be continuous during any physical activity. School staff should be educated on the signs and symptoms of exertional heat illness. The signs and symptoms include, but are not limited to
 - Headache, confusion or “out of it” look, disorientation, or dizziness, altered consciousness or coma, nausea or vomiting, diarrhea, hot and moist or dry skin. A rectal temperature greater than 104 F at time of incident indicates exertional heat stroke.

HEAT ILLNESS POLICY

- If a student athlete is suspected of having exertional heat stroke, EMS must be called immediately. However, anyone with exertional heat stroke must be COOLED FIRST and *then* transported by EMS.
- A cooling zone must be designated at each practice site. Treatment must include minimum:
 - Removing excess clothing
 - Placing patient in a cold-water immersion tub (35-59 F), or ice floating on top of tub if no thermometer available to check water temperature
 - Once diagnosed with exertional heat illness, the student athlete must complete a rest period and/or obtain medical clearance from a physician before returning to play, depending on the type of illness diagnosed.

WBGT Reading	Activity Guidelines/Modifications
Under 82.0	Normal activities. Provide at least three separate rest breaks each hour with a minimum duration of three minutes each during the workout.
82.0-86.9	Use discretion for intense or prolonged exercise; watch at-risk players carefully. Provide at least three separate rest breaks each hour with a minimum duration of 4 minutes each.
87.0-89.9	Maximum practice time is 2 hours. For football: players are restricted to helmet, shoulder pads, and shorts during practice, and all protective equipment must be removed during conditioning activities. If the WBGT rises to this level during practice, players may continue to work out wearing football pants without changing to shorts. For all sports: Provide at least four separate rest breaks each hour with a minimum duration of 4 minutes each.
90.0-92.0	Maximum practice time is 1 hour. For football: no protective equipment may be worn during practice, and there may be no conditioning activities. For all sports: There must be 20 minutes of rest breaks distributed throughout the hour of practice.
Over 92.0	No outdoor workouts. Delay practice until a cooler WBGT level is reached.



GUIDELINES ON HANDLING PRACTICES AND CONTESTS DURING LIGHTNING OR THUNDER DISTURBANCES

These guidelines provide a default policy to those responsible or sharing duties for making decisions concerning the suspension and restarting of practices and contests based on the presence of lightning or thunder. The preferred sources from which to request such a policy for your facility would include your state high school activities association and the nearest office of the National Weather Service.

PROACTIVE PLANNING

1. Assign staff to monitor local weather conditions before and during practices and contests.
2. Develop an evacuation plan, including identification of appropriate nearby safer areas and determine the amount of time needed to get everyone to a designated safer area:
 - a. A designated safer place is a substantial building with plumbing and wiring where people live or work, such as a school, gymnasium or library. An alternate safer place from the threat of lightning is a fully enclosed (not convertible or soft top) metal car or school bus.
3. Develop criteria for suspension and resumption of play:
 - a. When thunder is heard or lightning is seen*, the leading edge of the thunderstorm is close enough to strike your location with lightning. Suspend play for at least 30 minutes and vacate the outdoor activity to the previously designated safer location immediately.
 - b. 30-minute rule. Once play has been suspended, wait at least 30 minutes after the last thunder is heard or lightning is witnessed* prior to resuming play.
 - c. Any subsequent thunder or lightning* after the beginning of the 30-minute count will reset the clock and another 30-minute count should begin.
 - d. When lightning-detection devices or mobile phone apps are available, this technology could be used to assist in making a decision to suspend play if a lightning strike is noted to be within 10 miles of the event location. However, you should never depend on the reliability of these devices and, thus, hearing thunder or seeing lightning* should always take precedence over information from a mobile app or lightning-detection device.

* – At night, under certain atmospheric conditions, lightning flashes may be seen from distant storms. In these cases, it may be safe to continue an event. If no thunder can be heard and the flashes are low on the horizon, the storm may not pose a threat. Independently verified lightning detection information would help eliminate any uncertainty.

4. Review the lightning safety policy annually with all administrators, coaches and game personnel and train all personnel.
5. Inform student-athletes and their parents of the lightning policy at start of the season.

DON'T LET AN INJURY LEAD TO AN OPIOID ADDICTION

2 MILLION ATHLETES ARE EXPECTED TO SUFFER A SPORTS INJURY THIS YEAR

MANY OF THESE ATHLETES WILL BE PRESCRIBED OPIOID PAINKILLERS

75% OF HIGH SCHOOL HEROIN USERS STARTED WITH PRESCRIPTION OPIOIDS

HIGH SCHOOL ATHLETES ARE AT RISK OF BECOMING ADDICTED TO PRESCRIPTION DRUGS

- 28.4% used medical opioids at least once over a three year period.
- 11% of high school athletes have used an opioid medication for nonmedical reasons.
- Nearly 25% of students who chronically use prescription opioids also use heroin.

WHAT ARE OPIOIDS?

Opioids are a powerful and addictive type of prescription painkiller that have similar chemical properties and addiction risks as heroin. While opioids may provide temporary relief, they do nothing to address the underlying injury and can have serious side effects.

These drugs may lead to: dependence, tolerance, accidental overdose, coma and death.

The most common prescribed opioid painkillers in West Virginia are:

- Oxycodone (OxyContin)
- Hydrocodone (Lortab and Vicodin)

HOW TO PROTECT YOUR CHILD

- Talk to your healthcare provider about alternative pain management treatment options (see below).

First-time prescription opioid users have a 64% higher risk of early death than patients who use alternative pain medication.

- If your child is prescribed an opioid painkiller, talk about the dangers of misusing medication, including overuse and medication sharing.
- Monitor your child's intake of prescription medication to ensure he/she is following dosage instructions.
- Safely dispose of any unused medication through a prescription drug drop box or a DEA Take-Back program.

NON-NARCOTIC PAIN MANAGEMENT ALTERNATIVES

Physical Therapy
Chiropractic
Massage Therapy
Acupuncture
Over-the-Counter Medication



 **WEST VIRGINIA**
ATTORNEY GENERAL'S OFFICE



NO TOBACCO

State Board of Education
Policy 4373

No tobacco use on school property
or
any facility hosting school event



EMERGENCY ACTION PLANS (EAP)

- ALL schools must complete an Emergency Action Plan annually **BEFORE THE FIRST DAY OF PRACTICE**. Please work with your athletic director and school administrators to make sure it is completed.
- Fines up to \$250 if not completed by first day of practice.
- EAPs required by law to be posted!

Emergency Action Plan Worksheet – Student Response Team

 Coach/Advisor Name:

 Activity:

 Level:

1 911 TEAM

CALL 911

CALL 911. Explain emergency. Provide location.

PRACTICE

EVENTS

Closest Phone

EMS Access Point

Street Intersection

Student 1

Student 2

 MEET AMBULANCE at EMS Access Point.
Take to victim.

Practice

Events

Entry Door/Gate

Student 1

Student 2

CALL CONTACTS.

Provide location and victim's name.

NAME

CELL

Athletic Trainer

Athletic AD

Student 1

Student 2

2 CPR/AED TEAM

START CPR

1. Position person on back.
2. Put one hand on top of the other on middle of person's chest. Keeping arms straight, push hard and fast, 100 presses/minutes. Let chest completely recoil after each compression.
3. Take turns with other responders as needed.

Coach

Student 1

Student 2

Student 3

WHEN AED ARRIVES, TURN IT ON AND FOLLOW VOICE PROMPTS

1. Remove clothing from chest.
2. Attach electrode pads as directed by voice prompts.
3. Stand clear while AED analyzes heart rhythm.
4. Keep area clear if AED advises a shock.
5. Follow device prompts for further action.
6. After EMS takes over, give AED to Athletic Administrator for data download.

3 AED TEAM

GET THE AED

PRACTICE

EVENTS

Closest AED

Student 1

Student 2

GET THE ATHLETIC TRAINER

Typical Location

Student 1

Student 2

CALL 911 for all medical emergencies. If unresponsive and not breathing normally, begin CPR and get AED.

4 HEAT STROKE TEAM

PRACTICE

EVENTS

PREPARE TUB DAILY

Tub Location

Water Source Location

Ice Source Location

Ice Towel Location

Student 1

Student 2

Student 1

Student 2

1. Remove equipment/excess clothing. Move to shade.
2. Immerse athlete into cold ice water tub, stir water. *If no cold shower or rotating cold, wet towels over the entire body.
3. Monitor vital signs.
4. Cool First, Transport Second.
5. Cool until rectal temperature reaches 102°F if available.
6. If no medical staff, cool until EMS arrives.





WVSSAC

SUDDEN CARDIAC ARREST AWARENESS



What is Sudden Cardiac Arrest?

- Occurs suddenly and often without warning.
- An electrical malfunction (short-circuit) causes the bottom chambers of the heart (ventricles) to beat dangerously fast (ventricular tachycardia or fibrillation) and disrupts the pumping ability of the heart.
- The heart cannot pump blood to the brain, lungs and other organs of the body.
- The person loses consciousness (passes out) and has no pulse.
- Death occurs within minutes if not treated immediately.

What are the symptoms/warning signs of Sudden Cardiac Arrest?

- SCA should be suspected in any athlete who has collapsed and is unresponsive
- Fainting, a seizure, or convulsions during physical activity
- Dizziness or lightheadedness during physical activity
- Unusual fatigue/weakness
- Chest pain
- Shortness of breath
- Nausea/vomiting
- Palpitations (heart is beating unusually fast or skipping beats)
- Family history of sudden cardiac arrest at age <50

ANY of these symptoms/warning signs may necessitate further evaluation from your physician before returning to practice or a game.

What causes Sudden Cardiac Arrest?

- Conditions present at birth (inherited and non-inherited heart abnormalities)
- A blow to the chest (Commotio Cordis)
- An infection/inflammation of the heart, usually caused by a virus. (Myocarditis)
- Recreational/Performance-Enhancing drug use.
- Other cardiac & medical conditions / Unknown causes. (Obesity/Idiopathic)

What are ways to screen for Sudden Cardiac Arrest?

- The American Heart Association recommends a pre-participation history and physical which is mandatory annually in West Virginia.
- Always answer the heart history questions on the student Health History section of the WVSSAC Physical Form completely and honestly.
- Additional screening may be necessary at the recommendation of a physician.

What is the treatment for Sudden Cardiac Arrest?

- Act immediately; time is critical to increase survival rate
- Activate emergency action plan
- Call 911
- Begin CPR
- Use Automated External Defibrillator (AED)

Where can one find additional information?

- Contact your primary health care provider
- American Heart Association (www.heart.org)



UNIFORM REQUIREMENTS

- All team members must wear uniforms clearly indicating through predominant color, school logo and color combination of all outer garments worn as a uniform, that members are from the same team



RULE 4-3-1

- b. Each competitor shall wear a school-issued or school-approved full-length track top and track bottom or one-piece uniform. Any outer garment (e.g., t-shirts, sweatpants, tights) that is school-issued or school-approved becomes the official uniform, when worn.

5. A single manufacturer's logo/trademark/reference, no more than 2¼ square inches with no dimension more than 2¼ inches, is permitted on the top or one-piece uniform. Bottoms may have manufacturer's logo/trademark/references larger than 2¼ square inches around the waistband.



logo larger than 2 ¼"
around waistband
only



WEST VIRGINIA UNDERGARMENT RULE

- All visible undergarments must be of solid color:
- The colors may be school colors, black, gray or white
- Team members may wear different color undergarments
- Team members may wear different length undergarments
- Undergarments must meet NFHS logo rule

SPORTSMANSHIP

- The NFHS is concerned that unsporting behavior in education-based athletic has increased across all sports. As a result, the NFHS has made sportsmanship the no. 1 Point of Emphasis for the 2025-26 school year.
- The interscholastic coach is responsible for setting the tone at athletic contests and must act in a sportsmanlike manner.
- If coaches are complaining constantly about the decision of contest officials, spectators are likely to do the same.
- A positive, open line of communication between officials and coaches ultimately leads to better behavior by student-athletes.
- Good sporting behavior is expected before, during and after every contest.

SPORTSMANSHIP

- Contest officials should never engage with spectators who are exhibiting unsporting behavior. Instead, school administration, or in their absence, the home team's head coach is responsible for dealing with unruly spectators.
- The NFHS is concerned about unsporting behavior inhibiting the recruitment and retainment of officials.
- In addition, an environment with demeaning language, taunting and/or hate speech directed at players does not further the mission of education-based activity programs.

WVSSAC REGIONAL REMINDERS

- Coaches, register your team on Athletic.net
- Please be sure to add the Regional Meet to your schedule.
- You may enter a MAXIMUM of 10 athletes.
- Please double check the spelling of all athletes as well as grade level.
- If you have questions regarding, Athletic.net please contact coachparsons@yahoo.com

WVSSAC STATE QUALIFIERS

Boys and Girls

- Team Qualifiers:
- The top three teams from each region in AAA-AA-A will qualify for the State Meet. In AAAA, six teams will qualify from the North and South Regions.
- Individual Qualifiers:
- Each AAA-AA-A region will qualify five (5) individuals, exclusive of the qualifying teams with a minimum of ten (10) individuals qualifying from each region.
- Each AAAA region will qualify ten (10) individuals, exclusive of the qualifying teams with a minimum of twenty (20) individuals qualifying from each region



WVSSAC CROSS COUNTRY STATE CHAMPIONSHIPS

- 7:30 am—Gates Open
- 9:00 am—AAA Girls Race
- 9:45 am—AAA Boys Race
- 10:45 am—AAA Awards Ceremony – Gymnasium

WVSSAC CROSS COUNTRY STATE CHAMPIONSHIPS

- 11:00 am—AAAA Girls Race
- 11:45 am—AAAA Boys Race
- 12:45 am—AAAA Awards Ceremony – Gymnasium

WVSSAC CROSS COUNTRY STATE CHAMPIONSHIPS

- 1:00 pm —A Girls Race
- 1:45 pm—A Boys Race
- 2:45 pm—A Awards Ceremony - Gymnasium

WVSSAC CROSS COUNTRY STATE CHAMPIONSHIPS

- 3:00 pm —AA Girls Race
- 3:45 pm—AA Boys Race
- 4:45 pm—AAA Awards Ceremony - Gymnasium

WVSSAC CROSS COUNTRY QUESTIONS

- Questions regarding Regional or State meet please contact:

Chris Parsons - coachparsons@yahoo.com 304-417-1494

- Rule or Uniform Questions – please contact:

Richard Messenger – rmessenger32@gmail.com 304-476-8410

- Dan Comer dan.comer@wvssac.org 304-485-5494

