



EAST BRUNSWICK PUBLIC SCHOOLS
DEPARTMENT OF ATHLETICS & PHYSICAL EDUCATION

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Frank Noppenberger
Supervisor

ATHLETIC PHYSICALS FOR 2009-2010

CONGRATULATIONS on your decision to participate in athletics. Athletics are a vital part of the educational experience and you are encouraged to participate.

To participate/tryout you must comply with all of the following:

- The Pay to Participate registration form and fee of **\$50.00 MUST** be included.
- All outstanding Pay to Participate fees (clubs and athletics) must be fully paid. If you have questions regarding outstanding balances please contact (732) 353-0931 or (732) 613-6739.
- A physical must be dated within 365 days of the first practice session to be valid. It is recommended a physical be dated after June 1, 2009 to ensure that your son/daughter is eligible to play the entire season.
- All Forms **MUST** be signed where indicated.
- Take the forms to your **personal physician** (MD, DO, NP) for completion.
- The completed package **MUST** be returned in accordance with the due dates below **directly** to:

**Athletic Registration
East Brunswick Public Schools
Financial Services Department
760 Route 18 – Suite 109
East Brunswick, NJ 08816**

**Fall Physical forms MUST BE RECEIVED by August 3, 2009
Winter Physical/Repeater forms MUST BE RECEIVED by Nov. 2, 2009
Spring Physical/Repeater forms MUST BE RECEIVED by Feb. 1, 2010**

Enthusiastically,

Frank Noppenberger
Supervisor of Athletics

GO BEARS

EAST BRUNSWICK PUBLIC SCHOOLS ATHLETIC ELIGIBILITY RULES

Eligibility rules herewith stated shall apply to all athletes involved in interscholastic athletic competition. All participants will comply with both East Brunswick Board of Education Policy and N.J.S.I.A.A. Rules and Regulations.

Section I - ACADEMIC STANDING

Board of Education Policy -- grade 8-12

- A. In order to be eligible to participate in extracurricular (non-credit) activities, students in grades 9-12 must maintain a minimum grade point average of 2.0, meet all attendance requirements, and maintain passing grades in at least 14 credits a semester.
- B. Students in grades 9-12 who do not meet these requirements for one quarter will be warned and permitted to participate on a probationary basis during the next quarter. If they do not meet the requirements by the end of the following quarter, they will be prohibited from participation in all activities. They will be reinstated following the quarter in which they meet the criteria.
- C. Students in grade 8 must meet all attendance requirements and fail no more than one subject in the second quarter. Students not meeting these criteria by the conclusion of the second quarter shall receive written warning and will be allowed to participate. Failure to meet these requirements by the conclusion of the third quarter will result in the student being prohibited from participation until such time as the requirements have been met.

N.J.S.I.A.A. REQUIREMENTS

- A. To be eligible for athletic competition, a student must have passed 27.5 credits during the immediate preceding school year, including summer school, to be eligible for the first semester (Fall, Winter), and all students must be passing 13.75 credits on January 31 to be eligible for the second semester (Spring).

Section II - USE OF ALCOHOL OR DRUGS

If a student is under the influence or in possession of drugs/alcohol and/or drug paraphernalia it will result in:

- A. **First offense - A three (3) week suspension from all athletic activities (practices and games) and all extracurricular activities, to be reinstated at the discretion of the core team.**
- B. **Second offense - Dismissal from the current season and from all interscholastic activities for a calendar year from the day of incident.**

Section III – USE OF TOBACCO

- A. First offense – a one (1) week suspension from all athletic activities which includes practices and games.
- B. Second offense – a three (3) week suspension from all athletic activities which includes practices and games.
- C. Third offense – dismissal from all interscholastic activities for a calendar year from the day of the incident.

Section IV - SUSPENSION FROM SCHOOL

- A. Any athlete who is suspended (ISS or OSS) shall not be allowed to participate in any athletic activity, game, or practice during the period of suspension.

Section V – ATTENDANCE IN SCHOOL

- A. A student must meet the school's "legal attendance" (a minimum of four hours) requirement in order to practice or participate in a contest. An unauthorized absence from school or practice may subject the student to possible dismissal or suspension from the team. Each case is to be referred by the individual coach to the Supervisor of Athletics.

Section VI – DISQUALIFICATION FROM AN ATHLETIC EVENT

- A. Any athlete disqualified from an interscholastic event will be suspended as per the NJSIAA and the East Brunswick rules. The athlete will be disqualified from the next three regularly scheduled games/meets, with the exception of football, which will carry a two game disqualification.
- B. Any spectator ejected for inappropriate behavior from an athletic event will be prohibited from attending the next two events at a minimum. Further consequences may be determined by school administration.

Section VII - TRAVEL

- A. It is important for team members to travel to and from athletic contests on transportation provided by the school district. Should a student need to ride to or from a contest, parents are asked to complete a transportation request form and send it to the Supervisor of Athletics for approval 5 school days prior to the event. These requests will be granted only for emergency situations.

Section VIII. EQUIPMENT AND UNIFORMS

Equipment and uniforms are the property of the Board of Education and should be returned upon completion of the season. If equipment is not returned or the athletic department reimbursed, administrative action will occur.

Section IX. OBLIGATIONS

Every effort has been made to construct athletic schedules to avoid conflict with religious worship. In those instances where a conflict may unavoidably remain, it is the position of the school that religious observance supersedes any obligation to an athletic team. In implementing this position, athletic coaches have been informed that they should encourage student athletes to fulfill their religious commitments faithfully. It also has been emphatically stated that an athlete's team status shall not be affected in any manner as a result of his or her pursuit of a religious commitment. This shall include, but not be limited to, missing practices or games.

Section X. PAY TO PARTICIPATE

- A. A Fifty Dollar (\$50.00) Activity Fee will be assessed for each sport, payable prior to tryouts.

Dear Athletes and Parents:

In light of recent events across the nation, you may have questions about adequate and proper replenishment of fluids for sports participation. Please take the time to read these questions and answers.

Q: Should I drink during a workout, spray my mouth or dump it on my head?

A: You can do all of them. Drinking water is the most necessary. You can drink cold water before, during and after exercise. Spraying your mouth does little good, but no harm. Since you lose up to 40% of exercise heat through your head area, cooling it off during exercise is good.

Q: What is the best drink?

A: Cold water. Sports drinks are fine. Avoid carbonated drinks before exercise. Avoid drinking a great deal of carbonated drinks during the day since they can cause dehydration.

Q: How much should I drink in a day's time?

A: Parents should drink 10-12 glasses a day. Young athletes can easily use twice that much each day. Do not rely on your thirst; you stop being thirsty before you actually replenish your needs.

Q: How common is dehydration?

A: Fortunately not very common. Dehydration develops over a couple of days. This gradual loss of sufficient fluid can produce cramps, then light-headedness, vomiting, and lethargy and can be fatal. It can occur in outdoor and indoor sports; even swimmers sweat in the pool! You should return to 90-95% of your weight by the following day; if not, you have not replaced sufficient amounts of lost fluids.

Q: Are there any other signs of dehydration?

A: In addition to those above, one of the easiest signs to see is urine that is a dark instead of its normal light color.

Q: What can a responsible athlete do to ensure safe participation?

A: You should have acclimated yourself to the heat by now. You must be aware of how much and how quickly you've lost weight. Be aware of the color of your urine. Let your coach and Mr. Hossler know if you don't feel well or have any questions.

**Remember: Proper Hydration Begins At Home.
Come to practice well hydrated and go to bed well hydrated**

Frank Noppenberger
Supervisor of Athletics

Phil Hossler, ATC
Certified Athletic Trainer

REGISTRATION FORM TO BE SUBMITTED WITH ATHLETIC PHYSICAL PACKET

EAST BRUNSWICK PUBLIC SCHOOLS



ATHLETIC REGISTRATION FEE FORM
(This form does not apply to intramurals)

STUDENT NAME

STUDENT ID#

PARENT/GUARDIAN NAME

ADDRESS

SCHOOL

GRADE

SPORT

LEVEL (8th,F,JV,V)

CHECK/MONEY ORDER #

AMOUNT PAID

I understand that:

**Refunds will only be granted if the the student does not make the team or the sport is discontinued due to insufficient level of participation.

**Payment does not guarantee participation or override the sport's requirements.

PARENT/GUARDIAN SIGNATURE

DATE

INSTRUCTIONS:

**Please complete this form and send payment (\$50.00) in the form of check or money order with the athletic physical packet.

If your child qualifies for free or reduced lunch then only the registration form must be returned with the athletic physical packet.

**Check or money order must be made payable to: East Brunswick Public Schools

**Send Completed Packet and Payment to: Athletic Registration
East Brunswick Public Schools
Financial Services Department
760 Route 18 - Suite 109
East Brunswick, NJ 08816

**A separate registration form must be completed for each sport.

East Brunswick Public Schools
Department of Athletics
PERMISSION SLIP

FALL DUE BEFORE 8/3/09
WINTER DUE BEFORE 11/2/09
SPRING DUE BEFORE 2/1/10

(PLEASE PRINT, EXCEPT WHERE SIGNATURES ARE REQUIRED)

NAME _____ GRADE _____ SPORT _____
(LAST) (FIRST) (MIDDLE) (IN SEPT. 2009)

BIRTH CITY/STATE _____ BIRTH DATE ____/____/____

MAILING ADDRESS _____
(STREET) (TOWN) (ZIP CODE)

SEX : MALE FEMALE STUDENT NUMBER _____ PHONE _____

FATHER'S NAME _____ MOTHER'S NAME _____

TRANSFER STUDENT NO YES If yes, from where?

OBLIGATION

I UNDERSTAND THAT IN ORDER TO PARTICIPATE, I/WE MUST:

1. **Have this form signed by my parents or guardian, giving their approval for participation.**
2. Submit a complete **HEALTH HISTORY QUESTIONNAIRE (PART A)**, and pass a **PHYSICAL EXAMINATION (PART B)** given by a physician licensed to practice medicine.
3. Be eligible according to the New Jersey State Interscholastic Athletic Association and East Brunswick Public School rules.
4. Agree to obey all athletic eligibility rules and policies, including those pertaining to practice periods and squads as established by the coaches, and to conduct myself at all times in a manner in which reflects favorably on myself, my school, and my teammates.
5. Tryouts/Practices/Athletic Events will be held during school vacations and non-school days. All potential team members/roster athletes at all levels are to be in attendance. Missing any days will result in dismissal from the team unless the Head Coach has given prior approval.
6. Pay the required activity fee (\$50.00) prior to tryouts as well as any prior outstanding balances for club/athletic fees.

RISK/INJURY POTENTIAL

Student - I have read the enclosed material that includes the Eligibility Rules, and fully understand my responsibility to my team and to myself. I grant permission for school personnel to render necessary first aid and follow up care in the event of injury.

Parents - My son/daughter has read the above material, fully understands his/her responsibilities, and has my permission to participate. I/We realize that such activity involves the potential for injury which is inherent in all sports, and acknowledge that even with the best coaching, use of the most advanced protective equipment, and strict observance of rules, injuries are still a possibility. On rare occasions these injuries can be so severe as to result in total disability, paralysis, or even death. I give school personnel permission to provide emergency care, as necessary, in the event of injury and follow up care as needed.

My son/daughter and I have read, understand and agree to the information concerning athletic participation.

X _____
SIGNATURE OF STUDENT DATE

X _____
SIGNATURE OF PARENT/GUARDIAN DATE

RETURN WITH PAYMENT AND COMPLETED ATHLETIC PHYSICAL PACKET

For OFFICE Use Only: Payment/Reg Form Physical Form Permission Slip Steroid Form Received by: _____ Date: _____

School Physician Approval _____ Date: _____

New Jersey Department of Education

ANNUAL ATHLETIC PRE-PARTICIPATION PHYSICAL EXAMINATION FORM

Part A: HEALTH HISTORY QUESTIONNAIRE-Completed by the parent and student and reviewed by examining provider
 Part B: PHYSICAL EVALUATION FORM-Completed by examining licensed provider with MD, DO, APN or PA

Part A: HEALTH HISTORY QUESTIONNAIRE

Today's Date: _____

Student's Name: _____ Sex: M F (circle one) Age: _____ Grade: _____

Date of Birth: ____/____/____ School: _____ District: _____

Sport(s): _____ Home Phone: (____) _____

Provider Name (Medical Home): _____ Phone: _____ Fax: _____

EMERGENCY CONTACT INFORMATION

Name of parent/guardian: _____ Relationship to student: _____

Phone (work): _____ Phone (home): _____ Phone (cell): _____

Additional emergency contact: _____ Relationship to student: _____

Phone (work): _____ Phone (home): _____ Phone (cell): _____

Directions: Please answer the following questions about the student's medical history by CIRCling the correct response. Explain all "yes" responses on the lines below the questions. Please respond to all questions.

1. Have you ever had, or do you currently have:
 - a. Restriction from sports for a health related problem? Y / N / Don't Know
 - b. An injury or illness since your last exam? Y / N / Don't Know
 - c. A chronic or ongoing illness (such as diabetes or asthma)? Y / N / Don't Know
 - (1.) An inhaler or other prescription medicine to control asthma? Y / N / Don't Know
 - d. Any prescribed or over the counter medications that you take on a regular basis? Y / N / Don't Know
 - e. Surgery, hospitalization or any emergency room visit(s)? Y / N / Don't Know
 - f. Any allergies to medications? Y / N / Don't Know
 - g. Any allergies to bee stings, pollen, latex or foods? Y / N / Don't Know
 - (1.) If yes, check type of reaction:
 - Rash Hives Breathing or other anaphylactic reaction
 - (2.) Take any medication/Epipen taken for allergy symptoms? (List below.) Y / N / Don't Know
 - h. Any anemias, blood disorders, sickle cell disease/trait, bleeding tendencies or clotting disorders? Y / N / Don't Know
 - i. A blood relative who died before age 50? Y / N / Don't Know

Explain all "yes" answers here (include relevant dates):

List all medications here:

Medication Name	Dosage	Frequency

2. Have you ever had, or do you currently have, any of the following head-related conditions:
- | | |
|---|--------------------|
| a. Concussion or head injury (including "bell rung" or a "ding")? | Y / N / Don't Know |
| b. Memory loss? | Y / N / Don't Know |
| c. Knocked out? | Y / N / Don't Know |
| c. A seizure? | Y / N / Don't Know |
| d. Frequent or severe headaches (With or without exercise)? | Y / N / Don't Know |
| e. Fuzzy or blurry vision | Y / N / Don't Know |
| f. Sensitivity to light/noise | Y / N / Don't Know |

Explain all "yes" answers here (include relevant dates):

3. Have you ever had, or do you currently have, any of the following heart-related conditions:
- | | |
|--|--------------------|
| a. Restriction from sports for heart problems? | Y / N / Don't Know |
| b. Chest pain or discomfort? | Y / N / Don't Know |
| c. Heart murmur? | Y / N / Don't Know |
| d. High blood pressure? | Y / N / Don't Know |
| e. Elevated cholesterol level? | Y / N / Don't Know |
| f. Heart infection? | Y / N / Don't Know |
| g. Dizziness or passing out during or after exercise without known cause? | Y / N / Don't Know |
| h. Has a provider ever ordered a heart test (EKG, echocardiogram, stress test, Holter monitor)? | Y / N / Don't Know |
| i. Racing or skipped heartbeats? | Y / N / Don't Know |
| j. Unexplained difficulty breathing or fatigue during exercise? | Y / N / Don't Know |
| k. Any family member (blood relative): | |
| (1.) Under age 50 with a heart condition? | Y / N / Don't Know |
| (2.) With Marfan Syndrome? | Y / N / Don't Know |
| (3.) Died of a heart problem before age 50? If yes, at what age? _____ | Y / N / Don't Know |
| (4.) Died with no known reason? | Y / N / Don't Know |
| (5.) Died while exercising? If yes, was it during or after? (Circle one.) | Y / N / Don't Know |

Explain all "yes" answers here (include relevant dates):

4. Have you ever had, or do you currently have, any of the following eye, ear, nose, mouth or throat conditions:
- | | |
|---|--------------------|
| a. Vision problems? | Y / N / Don't Know |
| (1.) Wear contacts, eyeglasses or protective eye wear? (Circle which type.) | Y / N / Don't Know |
| b. Hearing loss or problems? | Y / N / Don't Know |
| (1.) Wear hearing aides or implants? | Y / N / Don't Know |
| c. Nasal fractures or frequent nose bleeds? | Y / N / Don't Know |
| d. Wear braces, retainer or protective mouth gear? | Y / N / Don't Know |
| e. Frequent strep or any other conditions of the throat (e.g. tonsillitis)? | Y / N / Don't Know |

Explain all "yes" answers here (include relevant dates):

5. Have you ever had, or do you currently have, any of the following neuromuscular/orthopedic conditions:
- | | |
|---|--------------------|
| a. Numbness, a "burner", "stinger" or pinched nerve? | Y / N / Don't Know |
| b. A sprain? | Y / N / Don't Know |
| c. A strain? | Y / N / Don't Know |
| d. Swelling or pain in muscles, tendons, bones or joints? | Y / N / Don't Know |
| e. Dislocated joint(s)? | Y / N / Don't Know |
| f. Upper or lower back pain? | Y / N / Don't Know |
| g. Fracture(s), stress fracture(s), or broken bone(s)? | Y / N / Don't Know |
| h. Do you wear any protective braces or equipment? | Y / N / Don't Know |

Explain all (yes) answers here (include relevant dates):

6. Have you ever had or do you currently have any of the following general or exercise related conditions:

- a. Difficulty breathing?
 - (1.) During exercise? Y / N / Don't Know
 - (2.) After running one mile? Y / N / Don't Know
 - (3.) Coughing, wheezing or shortness of breath in weather changes? Y / N / Don't Know
 - (4.) Exercise-induced asthma? Y / N / Don't Know
 - i. Controlled with medication? (specify _____) Y / N / Don't Know
 - ii. Experience dizziness, passing out or fainting? Y / N / Don't Know
- b. Viral infections (e.g. mono, hepatitis, coxsackie virus)? Y / N / Don't Know
- c. Become tired more quickly than others? Y / N / Don't Know
- d. Any of the following skin conditions:
 - (1.) Cold sores/herpes, impetigo, MRSA, ringworm, warts? Y / N / Don't Know
 - (2.) Sun sensitivity? Y / N / Don't Know
- e. Weight gain/loss (of 10 pounds or more)? Y / N / Don't Know
 - (1.) Do you want to weigh more or less than you do now? Y / N / Don't Know
- f. Ever had feelings of depression? Y / N / Don't Know
- g. Heat-related problems (dehydration, dizziness, fatigue, headache)? Y / N / Don't Know
 - (1.) Heat exhaustion (cool, clammy, damp skin)? Y / N / Don't Know
 - (2.) Heat stroke (hot, red, dry skin)? Y / N / Don't Know
 - (3.) Muscle cramps? Y / N / Don't Know
- h. Absence or loss of an organ (e.g. kidney, eyeball, spleen, testicle, ovary)? Y / N / Don't Know

Explain all "yes" answers here (include relevant dates):

7. Females only: Age of onset of menstruation: _____ How many menstrual periods in the last twelve (12) months? _____
How many periods missed in the last twelve (12) months? _____

8. Males only: Have you had any swelling or pain in your testicles or groin? Y / N / Don't Know

PARENT/GUARDIAN SIGNATURE

I certify that the information provided herein is accurate to the best of my knowledge as of the date of my signature.

Signature, Parent/Guardian

Date of Signature:

THIS COMPLETED AND SIGNED HEALTH HISTORY MUST BE REVIEWED BY THE EXAMINING PROVIDER AT THE TIME OF THE MEDICAL EXAM.

ANNUAL ATHLETIC PRE-PARTICIPATION PHYSICAL EVALUATION FORM

Part B: Physical Evaluation Form

(Completed by the examining licensed provider MD, DO, APN or PA)

-STUDENT INFORMATION-

Student's Name: _____ Sport(s): _____

Sex: M F (circle one) Age: _____ Grade: _____ Date of Birth: _____

Address: _____

City/State/Zip: _____ Home Phone: _____

School: _____ District: _____

Parent/Guardian's Full Name: _____

-EXAMINING PHYSICIAN/PROVIDER CONTACT INFORMATION-

If conducted by school physician check here

Name: _____ Phone: _____ Fax: _____

Address: _____ City/State/Zip: _____

-FINDINGS OF PHYSICAL EVALUATION -

Height: _____ Weight: _____ Blood Pressure: _____ / _____ Pulse: _____ bpm.

Vision: R 20/ _____ L 20/ _____ Corrected: Y / N Contacts: Y / N Glasses: Y / N

INDICATORS	NORMAL?	ABNORMAL FINDINGS/COMMENTS
General Appearance	YES	
Head/Neck	YES	
Eyes/Sclera/Pupils	YES	
Ears	YES	
Gross Hearing	YES	
Nose/Mouth/Throat	YES	
Lymph Glands	YES	
Cardiovascular	YES	
Heart Rate	YES	
Rhythm	YES	
Murmur	ABSENT	
If murmur present		Standing makes it: Louder Softer No Change Squatting makes it: Louder Softer No Change Valsalva makes it: Louder Softer No Change
Femoral Pulses	YES	
Lungs: Auscultation/Percussion	YES	
Chest Contour	YES	
Skin	YES	
Abdomen (liver, spleen masses)	YES	
Assessment of physical maturation or Tanner Scale	YES	
Testicular Exam (Males Only)	YES	
Neck/Back/Spine:	YES	
Range of Motion	YES	
Scoliosis	ABSENT	
Upper Extremities: (ROM, Strength, Stability)	YES	
Lower Extremities: (ROM, Strength, Stability)	YES	
Neurological: Balance & Coordination	YES	
Hernia	ABSENT	
Evidence of Marfan Syndrome	ABSENT	

Most recent immunizations and dates administered:

Medications currently prescribed, with dose and frequency:

Medication Name	Dosage	Frequency

Additional observations:

General Diagnosis:

General Recommendations:

THE HISTORY PREPARED BY THE PARENT/STUDENT MUST BE REVIEWED BY THE EXAMINING PROVIDER AT THE TIME OF THE PHYSICAL EXAMINATION.

CLEARANCES: (See notes at bottom for conditions requiring attention and for a list of sports by level of contact)

Please check your decision for this athlete.

_____ A. Student is cleared for participation in all sports without restriction.

_____ B. Student is withheld clearance for participation in any sport until evaluation / treatment of: _____

_____ C. Student is cleared for participation in **limited types** of sports which **exclude** the following types of sports contact: (CHECK ALL THAT APPLY)

___ CONTACT/COLLISION
___ LIMITED CONTACT

___ NON-CONTACT/STRENUOUS
___ NON-CONTACT/NON-STRENUOUS

Due to: _____

HISTORY REVIEWED AND STUDENT EXAMINED BY:

Physician's/Provider's Stamp:

Primary Care Provider
School Physician Provider
License Type:

MD/DO
APN
PA

PHYSICIAN'S/PROVIDER'S SIGNATURE: _____ Today's Date: _____

Date of Exam: _____

RESERVED FOR SCHOOL DISTRICT USE

NOTES TO THE EXAMINING PROVIDER

Conditions requiring clearance before sports participation include, but are not limited to the following:

Anaphylaxis; Atlantoaxial instability; Bleeding disorder; Hypertension; Congenital heart disease; Dysrhythmia; Mitral valve prolapse; Heart murmur; Cerebral palsy; Diabetes mellitus; Eating disorders; Heat illness history; One-kidney athletes; Hepatomegaly, Splenomegaly; Malignancy; Seizure Disorder; Marfan Syndrome; History of repeated concussion; Organ transplant recipient; Cystic fibrosis; Sickle cell disease; and/or One-eyed athletes or athletes with vision greater than 20/40 in one eye.

SAMPLES OF CLASSIFICATION OF SPORTS BY CONTACT			
Contact/Collision	Limited Contact	Non Contact	Non-strenuous
		Strenuous	Bowling
Basketball	Baseball	Discus	Golf
Diving	Cheerleading	Javelin	
Field Hockey	Fencing	Shot put	
Football	High Jump	Rowing	
Ice Hockey	Pole vault	Running/Cross Country	
Lacrosse	Gymnastics	Strength Training	
Soccer	Skiing	Swimming	
Wrestling	Softball	Tennis	
	Volleyball	Track	

N.J.A.C. 6A:16-2.2 requires the school physician to provide written notification to the parent/legal guardian stating approval or disapproval of the student's participation in athletics based on this physical evaluation. This evaluation and the notification letter become part of the student's school health record.

Effects of physiologic maneuvers on heart sounds:

Standing	Increases murmur of HCM Decreases murmur of AS, MR MVP click occurs earlier in systole
Squatting	Increases murmur of AS, MR, AI Decreases murmur of MCH MVP click delayed
Valsalva	Increases murmur of HCM Decreases murmur of AS, MR MVP click occurs earlier in systole

Physical Stigmata of Marfan's Syndrome

Kyphosis
High arched palate
Pectus excavatum
Arachnodactyly

Arm span > height 1.05:1 or greater
Mitral Valve Prolapse
Aortic Insufficiency
Myopia
Lenticular dislocation

HCM = Hypertrophic Cardio Myopathy
AS = Aortic Stenosis
AI = Aortic Insufficiency
MR = Mitral Regugitation
MVP = Mitral Valve Prolapse

NAME _____ SPORT _____ GRADE _____

NJSIAA STEROID TESTING POLICY

CONSENT TO RANDOM TESTING

In Executive Order 72, issued December 20, 2005, Governor Richard Codey directed the New Jersey Department of Education to work in conjunction with the New Jersey Interscholastic Athletic Association (NJSIAA) to develop and implement a program of random testing for steroids, of teams and individuals qualifying for championship games.

Beginning in the Fall, 2006 sports season, any student-athlete who possesses, distributes, ingests or otherwise uses any of the banned substances on the attached page, without written prescription by a fully-licensed physician, as recognized by the American Medical Association, to treat a medical condition, violates the NJSIAA's sportsmanship rule, and is subject to NJSIAA penalties, including ineligibility from competition. The NJSIAA will test certain randomly selected individuals and teams that qualify for a state championship tournament or state championship competition for banned substances. The result of all tests shall be considered confidential and shall only be disclosed to the student, his or her parents, and his or her school. No student may participate in NJSIAA competition unless the student and the student's parent/guardian consent to random testing.

By signing below, we consent to random testing in accordance with the NJSIAA steroid testing policy. We understand that if the student or the student's team qualifies for a state championship tournament or state championship competition, the student may be subject to testing for banned substances.

Signature of student-athlete

Print Student-Athlete's Name

Date

Signature of parent/guardian

Print Parent/Guardian's Name

Date

**NJSIAA BANNED-DRUG CLASSES
2009-10**

The term “related compounds” comprises substances that are included in the class by their pharmacological action and/or chemical structure. No substance belonging to the prohibited class may be used, regardless of whether it is specifically listed as an example.

Many nutritional/dietary supplements contain NJSIAA banned substances. In addition, the U.S. Food and Drug Administration (FDA) does not strictly regulate the supplement industry; therefore purity and safety of nutritional dietary supplements cannot be guaranteed. Impure supplements may lead to a positive NJSIAA drug test. **The use of supplements is at the student-athlete’s own risk.** Student-athletes should contact their physician or athletic trainer for further information.

The following is a list of banned-drug classes, with examples of banned substances under each class:

(a) Stimulants	(b) Anabolic Agent <u>Anabolic steroids</u>	(c) Diuretics	(d) Peptide Hormones & analogues
Amiphenazole	Androstenediol	Acetazolamide	Corticotrophin (ACTH)
Amphetamine	Androstenedione	Bendroflumethiazide	Human chorionic gonadotrophin (hCG)
Bemigrade	Boldenone	Benzhiazide	Leutenizing hormone (LH)
Benzphetamine	Clostebol	Bumetanide	Growth hormone (HGH, somatotrophin)
Bromantan	Dehydrochlomethyltestosterone	Chlorothiazide	Insulin like growth hormone (IGF-1)
Caffeine (guarana)1	Dehydroepiandrosterone (DHEA)	Chlorthalidone	
Chlorphentermine	Dihydrotestosterone (DHT)	Ethacrynic acid	All the respective releasing factors of the above-mentioned substances also are banned:
Cocaine	Dromostanolone	Flumethiazide	Erythropoietin (EPO)
Cropropamide	Epitrenbolone	Furosemide	Darbypoetin
Crothetamide	Fluoxymesterone	Hydrochlorothiazide	Semorelin
Diethylpropion	Gestrinone	Hydroflumethiazide	
Dimethylamphetamine	Mesterolone	methyclothiazide	
Doxapram	Methandienone	Metolazone	
Ephedrine (ephedra, ma huang)	Methenolone	Polythiazide	
Ethamivan	Methyltestosterone	Quinethazone	
Ethylamphetamine	Nandrolone	Spironolactone	
Fencamfamine	Norandrostenediol	Triamterene	
Meclofenoxate	Norandrostenedione	Trichlormethiazide	
Methamphetamine	Norethandrolone	And related compounds	
Methylenedioxyamphetamine (MDMA, ecstasy)	Oxandrolone		
Methylphenidate	Oxymesterone		
Nikethamide	Oxymetholone		
Pemoline	Pregnelone		
Penetetrazol	Stanozolol		
Phendimetrazine	Testosterone 2		
Phenmetrazine	Tetrahydrogestrinone (THG)		
Phentermine	Trenbolone		
Phenylpropanolamine (ppa)	And related compounds		
Picrotoxine	<u>Other anabolic agents</u>		
Pipradol	Clenbuterol		
Prolintane			
Strychnine			
Synephrine (citrus aurantium, zhi shi, bitter orange)			
And related compounds			

(e) Definitions of positive depends on the following:

1. for caffeine – if the concentration in urine exceeds 15 micrograms/ml
2. for testosterone – if administration of testosterone or use of any other manipulation has the result of increasing the ratio of the total concentration of testosterone to that of epitestosterone in the urine of greater than 6:1, unless there is evidence that this ratio is due to a physiological or pathological condition.