ATHLETIC REPEATERS FOR 2019-2020

DUE DATES:

FALL SPORTS: 4:00 PM ON JULY 19, 2019*
WINTER SPORTS: 4:00 PM ON OCTOBER 18, 2019 *
SPRING SPORTS: 4:00 PM ON JANUARY 31, 2020 *

*A late fee will be assessed for registrations received after the due date. Dates subject to change.

CONGRATULATIONS on your decision to participate in athletics, as it is a vital part of the educational experience.

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

- Athletic registration and payment MUST be completed online by accessing www.ebnet.org/registrationandpayment.

- **Does your child have a physical exam on file with the district dated within the last 365 days?**
  - *If yes, please complete the Athletic Obligations, Health Update Questionnaire, and Use and Misuse of Opioid Drugs Fact Sheet/Opioid Video (pages 3 - 5)*
  - *If no, please complete the Entire Athletic Physical Packet. Please note that everyone must complete the Athlete with Special Needs-Supplemental History Form. A physician must complete the Physical Examination Form and Clearance Form. If your physical exam date is within 90 days of tryouts you do not need to complete the Health Update Questionnaire.*

- Once online registration and payment are complete, this packet must be completed and mailed to the address below. This means we MUST receive the packet before the due date to avoid being assessed a late fee even if you have completed your online registration prior to the due date. Registration is not considered complete until this packet is received by the Financial Services Department.

- A late fee of $10.00 will be assessed for registrations received after the due dates above.
Submission of an athletic physical packet after the due date DOES NOT guarantee participation on the first day of practice. Participation will only be allowed once the athletic physical packet has been approved.

If your family qualifies for a discount of the registration fee, you still MUST complete the online registration.

All outstanding district fees must be fully paid. If you have questions regarding outstanding balances please contact (732) 613-6674.

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, 2019 to ensure that your son/daughter is eligible to play the entire season.

All Forms MUST be signed where indicated. Incomplete packets will slow the process.

Take the forms to your personal physician (MD, APN, PA) for completion.

The completed package MUST be returned in accordance with the due dates above directly to:

Athletic Registration
East Brunswick Public Schools
760 Route 18 – Suite 109
East Brunswick, NJ 08816

Athletic packets should NOT be returned to the Athletic Office or to the Coach.
ATHLETIC OBLIGATIONS

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

1. Have this form signed by my parent or guardian, giving their approval for participation.
2. Submit a complete HISTORY FORM and PHYSICAL EXAMINATION FORM given by a physician licensed to practice medicine and a HEALTH HISTORY UPDATE QUESTIONNAIRE if the physical exam was conducted 90 or more days prior to the first practice session. Or have a valid PHYSICAL on file and submit a HEALTH HISTORY UPDATE QUESTIONNAIRE.
3. Be eligible according to the NJSIAA and East Brunswick Public School rules.
4. Agree to obey all athletic eligibility rules and policies, including those pertaining to practice periods as established by the coaches, and to conduct myself at all times in a manner 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 district fees.

RISK/INJURY POTENTIAL

Student - I have read ALL of the enclosed material 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 ALL of the enclosed 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 contained within this packet including:

1. Athletic Obligations
2. Risk/Injury Potential
3. Steroid Testing Consent
4. East Brunswick Public Schools Eligibility Rules
5. Sudden Cardiac Death in Young Athletes Pamphlet
6. Need and Procedure for Proper Hydration
7. Sports-Related Concussion and Head Injury Fact Sheet
8. Sportsmanship Policy
9. Sports-Related Eye Injury Pamphlet

In addition, my son/daughter and I have read, understand and agree to the information contained within the Athletic Parent handbook, which can be accessed at www.ebnet.org/athletic手册.

I further understand that I will be notified by email to the email address provided of my son’s/daughter’s approval/disapproval of participation within 15 business days from receipt of the packet. If you do not receive a response within 15 business days, please contact the Athletic office directly at (732) 613-6930.

Parent/Guardian Email Address:__________________________________________________________

X_____________________________________   X_____________________________________
Signature of Student      Signature of Parent/Guardian

Date: _____________________    Date:____________________

RETURN WITH COMPLETED ATHLETIC PHYSICAL PACKET

For OFFICE Use Only:    Payment/Online Reg    Physical/Update Form    Signature Page    Rev’d by: _______________ Date: __________
Use and Misuse of Opioid Drugs Fact Sheet / Opioid Video
Student-Athlete and Parent/Guardian Sign-Off

In accordance with N.J.S.A. 18A:40-41.10, public school districts, approved private schools for students with disabilities, and nonpublic schools participating in an interscholastic sports program must distribute this Opioid Use and Misuse Educational Fact Sheet to all student-athletes and cheerleaders. In addition, schools and districts must obtain a signed acknowledgement of receipt of the fact sheet from each student-athlete and cheerleader, and for students under age 18, the parent or guardian must also sign.

This sign-off sheet is due to the appropriate school personnel as determined by your district prior to the first official practice session of the spring 2018 athletic season (March 2, 2018, as determined by the New Jersey State Interscholastic Athletic Association) and annually thereafter prior to the student-athlete’s or cheerleader’s first official practice of the school year.

Name of School District (if applicable): East Brunswick Public Schools

Name of School: ______________________

I/We acknowledge that we received and reviewed the Educational Fact Sheet on the Use and Misuse of Opioid Drugs.

__________________________  __________________________  ____________________
Student Name (print)  Student Signature  Student ID #

__________________________  __________________________  Date
Parent/Guardian Signature (also needed if student is under age 18)  

Opioid Video
Opioid Video can be viewed at: https://youtu.be/3Rz6rkwpAx8

We have viewed the NJ CARES educational video on the risks of opioid use for high school athletes. We understand the NJSIAA policy that requires students, and their parent(s)/guardian(s) if a student is under the age of 18, to view this video and sign this acknowledgement.

__________________________  __________________________  ____________________
Student Name (print)  Student Signature  Student ID #

__________________________  __________________________  Date
Parent/Guardian Signature (also needed if student is under age 18)  

1Does not include athletic clubs or intramural events.

RETURN WITH COMPLETED PHYSICAL PACKET
STATE OF NEW JERSEY
DEPARTMENT OF EDUCATION

HEALTH HISTORY UPDATE QUESTIONNAIRE

Name of School __________________________________________________________________________________

To participate on a school-sponsored interscholastic or intramural athletic team or squad, each student whose physical examination was completed more than 90 days prior to the first day of official practice shall provide a health history update questionnaire completed and signed by the student’s parent or guardian.

Student _________________________________________________________________ Age______ Grade ________

Date of Last Physical Examination_________________________________ Sport______________________________

Since the last pre-participation physical examination, has your son/daughter: (Only since the date listed above)

1. Been medically advised not to participate in a sport? Yes____ No____
   If yes, describe in detail __________________________________________________________________________
   _______________________________________________________________________________________________
   _______________________________________________________________________________________________

2. Sustained a concussion, been unconscious or lost memory from a blow to the head? Yes____ No____
   If yes, explain in detail___________________________________________________________________________
   _______________________________________________________________________________________________
   _______________________________________________________________________________________________

3. Broken a bone or sprained/strained/dislocated any muscle or joints? Yes____ No____
   If yes, describe in detail __________________________________________________________________________
   _______________________________________________________________________________________________
   _______________________________________________________________________________________________

4. Fainted or “blacked out?” Yes____ No____
   If yes, was this during or immediately after exercise?___________________________________________________
   _______________________________________________________________________________________________

5. Experienced chest pains, shortness of breath or “racing heart?” Yes____ No____
   If yes, explain__________________________________________________________________________________
   _______________________________________________________________________________________________

6. Has there been a recent history of fatigue and unusual tiredness? Yes____ No____

7. Been hospitalized or had to go to the emergency room? Yes____ No____
   If yes, explain in detail___________________________________________________________________________
   _______________________________________________________________________________________________
   _______________________________________________________________________________________________

8. Since the last physical examination, has there been a sudden death in the family or has any member of the family under age 50 had a heart attack or “heart trouble?” Yes____ No____

9. Started or stopped taking any over-the-counter or prescribed medications? Yes____ No____
   If yes, name of medication(s)______________________________________________________________________
   _______________________________________________________________________________________________
   _______________________________________________________________________________________________

Date:________________________ Signature of parent/guardian ___________________________________________
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.

Athletes may submit supplements and medications to Drug Free Sport AXIS to receive information regarding banned substances or safety issues. Athletes or parents may login to NJSIAA account at www.dfsaxis.com using the password “njsports”.

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 results 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.

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.
2019-2020 NJSIAA Banned Drugs

IT IS YOUR RESPONSIBILITY TO CHECK WITH THE APPROPRIATE OR DESIGNATED ATHLETICS STAFF BEFORE USING ANY SUBSTANCE

The NJSIAA bans the following classes of drugs:

- Stimulants
- Anabolic Agents
- Alcohol and Beta Blockers
- Diuretics and Other Masking Agents
- Street Drugs
- Peptide Hormones and Analogues
- Anti-estrogens
- Beta-2 Agonists

Note: Any substance chemically related to these classes is also banned.

THE INSTITUTION AND THE STUDENT-ATHLETE SHALL BE HELD ACCOUNTABLE FOR ALL DRUGS WITHIN THE BANNED DRUG CLASS REGARDLESS OF WHETHER THEY HAVE BEEN SPECIFICALLY IDENTIFIED.

Drugs and Procedures Subject to Restrictions

- Blood Doping
- Gene Doping
- Local Anesthetics (under some conditions)
- Manipulation of Urine Samples
- Beta-2 Agonists permitted only by prescription and inhalation

NJSIAA Nutritional/Dietary Supplements Warning

Before consuming any nutritional/dietary supplement product, review the product with the appropriate or designated athletics department staff!

- Dietary supplements, including vitamins and minerals, are not well regulated and may cause a positive drug test result.
- Student-athletes have tested positive and lost their eligibility using dietary supplements.
- Many dietary supplements are contaminated with banned drugs not listed on the label.
- Any product containing a dietary supplement ingredient is taken at your own risk.

NOTE TO STUDENT-ATHLETES: THERE IS NO COMPLETE LIST OF BANNED SUBSTANCES. DO NOT RELY ON THIS LIST TO RULE OUT ANY SUPPLEMENT INGREDIENT. CHECK WITH YOUR ATHLETICS DEPARTMENT STAFF PRIOR TO USING A SUPPLEMENT. REMINDER: ANY DIETARY SUPPLEMENT INGREDIENT IS TAKEN AT THE STUDENT’S OWN RISK.
Some Examples of NJSIAA Banned Substances in Each Drug Class
Do NOT RELY ON THIS LIST TO RULE OUT ANY LABEL INGREDIENT.

Stimulants
Amphetamine (Adderall); caffeine (guarana); cocaine; ephedrine; fenfluramine (Fen); methamphetamine; methylphenidate (Ritalin); phentermine (Phen); synephrine (bitter orange); methylhexaneamine, “bath salts” (mephedrone); Octopamine; DMBA; etc.

exceptions: phenylephrine and pseudoephedrine are not banned.

Anabolic Agents (sometimes listed as a chemical formula, such as 3,6,17-androstenetrione)
Androstenedione; boldenone; clenbuterol; DHEA (7-Keto); epi-trenbolone; etiocholanolone; methasterone; methandienone; nandrolone; norandrostenedione; ostarine, stanozolol; stenbolone; testosterone; trenbolone; SARMS (ostarine); etc.

Alcohol and Beta Blockers
Alcohol; atenolol; metoprolol; nadolol; pindolol; propranolol; timolol; etc.

Diuretics (water pills) and Other Masking Agents
Bumetanide; chlorothiazide; furosemide; hydrochlorothiazide; probenecid; spironolactone (canrenone); triamterene; trichlormethiazide; etc.

Street Drugs
Heroin; marijuana; tetrahydrocannabinol (THC); synthetic cannabinoids (eg. spice, K2, JWH-018, JWH-073)

Peptide Hormones and Analogues
Growth hormone (hGH); human chorionic gonadotropin (hCG); erythropoietin (EPO); etc.

Anti-Estrogens
Anastrozole; tamoxifen; formestane; ATD, clomiphene; SERMS (nolvadex); etc.

Beta-2 Agonists
Bambuterol; formoterol; salbutamol; salmeterol; higenamine; norcuclaurine; etc.

ANY SUBSTANCE THAT IS CHEMICALLY RELATED TO THE CLASS, EVEN IF IT IS NOT LISTED AS AN EXAMPLE, IS ALSO BANNED! IT IS YOUR RESPONSIBILITY TO CHECK WITH THE APPROPRIATE OR DESIGNATED ATHLETICS STAFF BEFORE USING ANY SUBSTANCE.
KEEP THIS PAGE FOR YOUR RECORDS

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 15 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. Eighth grade eligibility requirements are as follows: meeting all attendance requirements and not failing more than one subject in the first quarter. Eighth graders who do not meet the requirements at the end of the first quarter will receive a written warning and will be allowed to participate on a probationary basis during the second quarter. If they do not meet their requirements by the end of the second quarter, they will be prohibited from participation in all activities. If they continue to fail two (2) or more subjects by the end of the fourth quarter, they will be prohibited from participation in all activities during the first marking period of ninth grade. They will be reinstated after all criteria are met.

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

A. To be eligible for athletic competition by the NJSIAA during the fall and winter seasons, students must meet the following eligibility requirements: Students will need 30.0 credits (15.0 for the 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.
SUDDEN CARDIAC DEATH IN YOUNG ATHLETES

The Basic Facts on Sudden Cardiac Death in Young Athletes

SUDDEN CARDIAC DEATH

SUDDEN DEATH IN YOUNG ATHLETES

Sudden death in young athletes between the ages of 10 and 19 is very rare. What, if anything, can be done to prevent this kind of tragedy?

What is sudden cardiac death in the young athlete?

Sudden cardiac death is the result of an unexpected failure of proper heart function, usually (about 60% of the time) during or immediately after exercise without trauma. Since the heart stops pumping adequately, the athlete quickly collapses, loses consciousness, and ultimately dies unless normal heart rhythm is restored using an automated external defibrillator (AED).

How common is sudden death in young athletes?

Sudden cardiac death in young athletes is very rare. About 100 such deaths are reported in the United States per year. The chance of sudden death occurring to any individual high school athlete is about one in 200,000 per year.

Sudden cardiac death is more common: in males than in females; in football and basketball than in other sports; and in African-Americans than in other races and ethnic groups.

What are the most common causes?

Research suggests that the main cause is a loss of proper heart rhythm, causing the heart to quiver instead of pumping blood to the brain and body. This is called ventricular fibrillation (ven-TRICK-you-lar fib-roo-LAY-shun). The problem is usually caused by one of several cardiovascular abnormalities and electrical diseases of the heart that go unnoticed in healthy-appearing athletes.

The most common cause of sudden death in an athlete is hypertrophic cardiomyopathy (hi-per-TRO-fic CAR-dee-oh-my-OP-a-thee) also called HCM. HCM is a disease of the heart muscle, which can cause serious heart rhythm problems and blockages to blood flow. This genetic disease runs in families and usually develops gradually over many years.

The second most likely cause is congenital (con-JEN-it-al) (i.e., present from birth) abnormalities of the coronary arteries. This means that these blood vessels are connected to the main blood vessel of the heart in an abnormal way. This differs from blockages that may occur when people get older (commonly called “coronary artery disease,” which may lead to a heart attack).
Other diseases of the heart that can lead to sudden death in young people include:

- Myocarditis (my-oh-car-DIE-tis), an acute inflammation of the heart muscle (usually due to a virus).
- Dilated cardiomyopathy, an enlargement of the heart for unknown reasons.
- Long QT syndrome and other electrical abnormalities of the heart which cause abnormal fast heart rhythms that can also run in families.
- Marfan syndrome, an inherited disorder that affects heart valves, walls of major arteries, eyes and the skeleton. It is generally seen in unusually tall athletes, especially if being tall is not common in other family members.

### Are there warning signs to watch for?

In more than a third of these sudden cardiac deaths, there were warning signs that were not reported or taken seriously. Warning signs are:

- Fainting, a seizure or convulsions during physical activity;
- Fainting or a seizure from emotional excitement, emotional distress or being startled;
- Dizziness or lightheadedness, especially during exertion;
- Chest pains, at rest or during exertion;
- Palpitations - awareness of the heart beating unusually (skipping, irregular or extra beats) during athletics or during cool down periods after athletic participation;
- Fatigue or tiring more quickly than peers; or
- Being unable to keep up with friends due to shortness of breath (labored breathing).

### Are there options privately available to screen for cardiac conditions?

Technology-based screening programs including a 12-lead electrocardiogram (ECG) and echocardiogram (ECHO) are noninvasive and painless options parents may consider in addition to the required PPE. However, these procedures may be expensive and are not currently advised by the American Academy of Pediatrics and the American College of Cardiology unless the PPE reveals an indication for these tests. In addition to the expense, other limitations of technology-based tests include the possibility of “false positives” which leads to unnecessary stress for the student and parent or guardian as well as unnecessary restriction from athletic participation.


### Can sudden cardiac death be prevented just through proper screening?

A proper evaluation should find most, but not all, conditions that would cause sudden death in the athlete. This is because some diseases are difficult to uncover and may only develop later in life. Others can develop following a normal screening evaluation, such as an infection of the heart muscle from a virus.

This is why screening evaluations and a review of the family health history need to be performed on a yearly basis by the athlete’s primary healthcare provider. With proper screening and evaluation, most cases can be identified and prevented.

### Why have an AED on site during sporting events?

The only effective treatment for ventricular fibrillation is immediate use of an automated external defibrillator (AED). An AED can restore the heart back into a normal rhythm. An AED is also life-saving for ventricular fibrillation caused by a blow to the chest over the heart (commotio cordis).

N.J.S.A. 18A:40-41a through c, known as “Janet’s Law,” requires that at any school-sponsored athletic event or team practice in New Jersey public and nonpublic schools including any of grades K through 12, the following must be available:

- An AED in an unlocked location on school property within a reasonable proximity to the athletic field or gymnasium; and
- A team coach, licensed athletic trainer, or other designated staff member if there is no coach or licensed athletic trainer present, certified in cardiopulmonary resuscitation (CPR) and the use of the AED; or
- A State-certified emergency services provider or other certified first responder.

The American Academy of Pediatrics recommends the AED should be placed in central location that is accessible and ideally no more than a 1 to 1 1/2 minute walk from any location and that a call is made to activate 911 emergency system while the AED is being retrieved.
Proper Hydration Information

Parents and athletes: Adequate hydration is CRITICAL to performance, stamina, recovery from injury as well as general well-being. Typical adolescent boys and girls are 70% and 60% water by weight.

Hydration Rules

1. Hydrate hours and days before you need it.
2. Hydrate often -- before, during and after exercise.
3. Water and sports drinks are fine before and during exercise.
4. Avoid carbonated drinks since they may promote dehydration.
5. Your thirst does NOT equal your body’s need to replenish fluids. You need more than your thirst indicates.
6. It is essential for every teenager to drink at least 8 glasses of water a day while athletes need about 1-12oz bottle for each pound sweated off.

Signs of Dehydration

1. Dehydration is cumulative. Do not fall behind with replenishing fluids.
2. Signs include muscle cramps, headache, fatigue, continued weight loss, vomiting and lethargy. Darker than usual urine indicates possible dehydration.
3. Monitor your weight. Each day you should return to 90-95% of yesterday’s amount. Rapid weight loss is water, not body fat.

Remember: proper hydration begins at home

Come to practice well hydrated and go to bed well hydrated

It is easier to stay ahead of dehydration than to catch up
Sports-Related Concussion and Head Injury Fact Sheet

A concussion is a brain injury that can be caused by a blow to the head or body that disrupts normal functioning of the brain. Concussions are a type of Traumatic Brain Injury (TBI), which can range from mild to severe and can disrupt the way the brain normally functions. Concussions can cause significant and sustained neuropsychological impairment affecting problem solving, planning, memory, attention, concentration, and behavior.

The Centers for Disease Control and Prevention estimates that 300,000 concussions are sustained during sports related activities nationwide, and more than 62,000 concussions are sustained each year in high school contact sports. Second-impact syndrome occurs when a person sustains a second concussion while still experiencing symptoms of a previous concussion. It can lead to severe impairment and even death of the victim.

Legislation (P.L. 2010, Chapter 94) signed on December 7, 2010, mandated measures to be taken in order to ensure the safety of K-12 student-athletes involved in interscholastic sports in New Jersey. It is imperative that athletes, coaches, and parent/guardians are educated about the nature and treatment of sports related concussions and other head injuries. The legislation states that:

- All Coaches, Athletic Trainers, School Nurses, and School/Team Physicians shall complete an Interscholastic Head Injury Safety Training Program by the 2011-2012 school year.
- All school districts, charter, and non-public schools that participate in interscholastic sports will distribute annually this educational fact to all student athletes and obtain a signed acknowledgement from each parent/guardian and student-athlete.
- Each school district, charter, and non-public school shall develop a written policy describing the prevention and treatment of sports-related concussion and other head injuries sustained by interscholastic student-athletes.
- Any student-athlete who participates in an interscholastic sports program and is suspected of sustaining a concussion will be immediately removed from competition or practice. The student-athlete will not be allowed to return to competition or practice until he/she has written clearance from a physician trained in concussion treatment and has completed his/her district’s graduated return-to-play protocol.

Quick Facts
- Most concussions do not involve loss of consciousness
- You can sustain a concussion even if you do not hit your head
- A blow elsewhere on the body can transmit an “impulsive” force to the brain and cause a concussion

Signs of Concussions (Observed by Coach, Athletic Trainer, Parent/Guardian)
- Appears dazed or stunned
- Forgets plays or demonstrates short term memory difficulties (e.g. unsure of game, opponent)
- Exhibits difficulties with balance, coordination, concentration, and attention
- Answers questions slowly or inaccurately
- Demonstrates behavior or personality changes
- Is unable to recall events prior to or after the hit or fall

Symptoms of Concussion (reported by Student-Athlete)
- Headache
- Nausea/vomiting
- Balance problems or dizziness
- Double vision or changes in vision
- Sensitivity to light/sound
- Feeling of sluggishness or fogginess
- Difficulty with concentration, short term memory, and/or confusion
What Should a Student-Athlete do if they think they have a concussion?

• **Don’t hide it.** Tell your Athletic Trainer, Coach, School Nurse, or Parent/Guardian.
• **Report it.** Don’t return to competition or practice with symptoms of a concussion or head injury. The sooner you report it, the sooner you may return-to-play.
• **Take time to recover.** If you have a concussion your brain needs time to heal. While your brain is healing you are much more likely to sustain a second concussion. Repeat concussions can cause permanent brain injury.

What can happen if a student-athlete continues to play with a concussion or returns to play to soon?

• Continuing to play with the signs and symptoms of a concussion leaves the student-athlete vulnerable to second impact syndrome.
• Second impact syndrome is when a student-athlete sustains a second concussion while still having symptoms from a previous concussion or head injury.
• Second impact syndrome can lead to severe impairment and even death in extreme cases.

Should there be any temporary academic accommodations made for Student-Athletes who have suffered a concussion?

• To recover cognitive rest is just as important as physical rest. Reading, texting, testing—even watching movies can slow down a student-athlete’s recovery.
• Stay home from school with minimal mental and social stimulation until all symptoms have resolved.
• Students may need to take rest breaks, spend fewer hours at school, be given extra time to complete assignments, as well as being offered other instructional strategies and classroom accommodations.

**Student-Athletes who have sustained a concussion should complete a graduated return-to-play before they may resume competition or practice, according to the following protocol:**

• **Step 1:** Completion of a full day of normal cognitive activities (school day, studying for tests, watching practice, interacting with peers) without reemergence of any signs or symptoms. If no return of symptoms, next day advance.
• **Step 2:** Light Aerobic exercise, which includes walking, swimming, and stationary cycling, keeping the intensity below 70% maximum heart rate. No resistance training. The objective of this step is increased heart rate.
• **Step 3:** Sport-specific exercise including skating, and/or running: no head impact activities. The objective of this step is to add movement.
• **Step 4:** Non contact training drills (e.g. passing drills). Student-athlete may initiate resistance training.
• **Step 5:** Following medical clearance (consultation between school health care personnel and student-athlete’s physician), participation in normal training activities. The objective of this step is to restore confidence and assess functional skills by coaching and medical staff.
• **Step 6:** Return to play involving normal exertion or game activity.

For further information on Sports-Related Concussions and other Head Injuries, please visit:

www.cdc.gov/concussion/sports/index.html  www.nfhs.com
SPORTSMANSHIP POLICY DEALING WITH BIAS INCIDENTS

There will be **NO TOLERANCE** for negative statements or actions between players and coaches. This includes taunting, baiting, berating opponents, “trash-talking” or actions which ridicule or cause embarrassment to them. **Any verbal, written or physical conduct related to race, gender, ethnicity, disability, sexual orientation or religion shall not be tolerated, and could subject the violator to ejection, and may result in penalties being assessed against your team.** If such comments are heard, a penalty will be assessed immediately.
Approximately 90% of sports-related eye injuries can be prevented with simple precautions, such as using protective eyewear. Each sport has a certain type of recommended protective eyewear, as determined by the American Society for Testing and Materials (ASTM). Protective eyewear should sit comfortably on the face. Poorly fitted equipment may be uncomfortable, and may not offer the best eye protection. Protective eyewear for sports includes, among other things, safety goggles and eye guards, and it should be made of polycarbonate lenses, a strong, shatterproof plastic. Polycarbonate lenses are much stronger than regular lenses.

Health care providers (HCP), including family physicians, ophthalmologists, optometrists, and others, play a critical role in advising students, parents and guardians about the proper use of protective eyewear. To find out what kind of eye protection is recommended, and permitted for your child’s sport, visit the National Eye Institute at http://www.nei.nih.gov/sports/findingprotection.asp. Prevent Blindness America also offers tips for choosing and buying protective eyewear at http://www.preventblindness.org/tips-buying-sports-eye-protectors, and http://www.preventblindness.org/recommended-sports-eye-protectors.

It is recommended that all children participating in school sports or recreational sports wear protective eyewear. Parents and coaches need to make sure young athletes protect their eyes, and properly gear up for the game. Protective eyewear should be part of any uniform to help reduce the occurrence of sports-related eye injuries. Since many youth teams do not require eye protection, parents may need to ensure that their children wear safety glasses or goggles whenever they play sports. Parents can set a good example by wearing protective eyewear when they play sports.

The most common types of eye injuries that can result from sports injuries are blunt injuries, corneal abrasions and penetrating injuries.

**Blunt injuries:** Blunt injuries occur when the eye is suddenly compressed by impact from an object. Blunt injuries, often caused by tennis balls, racquets, fists or elbows, sometimes cause a black eye or hyphema (bleeding in front of the eye). More serious blunt injuries often break bones near the eye, and may sometimes seriously damage important eye structures and/or lead to vision loss.

**Corneal abrasions:** Corneal abrasions are painful scrapes on the outside of the eye, or the cornea. Most corneal abrasions eventually heal on their own, but a doctor can best assess the extent of the abrasion, and may prescribe medication to help control the pain. The most common cause of a sports-related corneal abrasion is being poked in the eye by a finger.

**Penetrating injuries:** Penetrating injuries are caused by a foreign object piercing the eye. Penetrating injuries are very serious, and often result in severe damage to the eye. These injuries often occur when eyeglasses break while they are being worn. Penetrating injuries must be treated quickly in order to preserve vision.

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If a child sustains an eye injury, it is recommended that he/she receive immediate treatment from a licensed HCP (e.g., eye doctor) to reduce the risk of serious damage, including blindness. It is also recommended that the child, along with his/her parent or guardian, seek guidance from the HCP regarding the appropriate amount of time to wait before returning to sports competition or practice after sustaining an eye injury. The school nurse and the child’s teachers should also be notified when a child sustains an eye injury. A parent or guardian should also provide the school nurse with a physician’s note detailing the nature of the eye injury, any diagnosis, medical orders for the return to school, as well as any prescription(s) and/or treatment(s) necessary to promote healing, and the safe resumption of normal activities, including sports and recreational activities.

According to the American Family Physician Journal, there are several guidelines that should be followed when students return to play after sustaining an eye injury. For example, students who have sustained significant ocular injury should receive a full examination and clearance by an ophthalmologist or optometrist. In addition, students should not return to play until the period of time recommended by their HCP has elapsed. For more minor eye injuries, the athletic trainer may determine that it is safe for a student to resume play based on the nature of the injury, and how the student feels. No matter what degree of eye injury is sustained, it is recommended that students wear protective eyewear when returning to play and immediately report any concerns with their vision to their coach and/or the athletic trainer.
