



NFA
ATHLETICS

STUDENT-ATHLETE PARTICIPATION PACKET

Informational: Please Read Thoroughly & Keep for your records

- Cover Letter
- Student-Athlete Participation Guideline
- Student-Athlete & Parent Concussion Information
- Student-Athlete & Parent Sudden Cardiac Arrest Information

Forms: Please Complete & Bring to the Medical Center

- ✓ Sports Participation Permission Form
- ✓ Student-Athlete & Parent Athletic Participation Packet Consent Form
- ✓ Student & Parent Concussion Informed Consent
- ✓ Sudden Cardiac Arrest Awareness - Informed Consent



Dear Parent(s) or Guardian(s):

Welcome to Wildcat Athletics. We are excited to work with you and your child. NFA's Interscholastic Athletic program educates student-athletes to exhibit discipline, moral integrity, and good sportsmanship by offering opportunities to develop physically and emotionally and to grow into resourceful and contributing community members.

This packet will help you and your child to have all the necessary paperwork and to fulfill all the requirements for participation in NFA's athletic program.

Before beginning tryouts and practice, all students who are candidates for an athletic team at Norwich Free Academy are required to complete and submit the following forms in this packet.

A CURRENT PHYSICAL MUST BE ON FILE WITHIN THE LAST THIRTEEN MONTHS AT THE MEDICAL CENTER. ALL THE FORMS BELOW MUST BE COMPLETED AND BROUGHT TO THE MEDICAL CENTER TO OBTAIN A GREEN SLIP:

- Student and Parent Athletic Participation Consent Form pg 9
- Sports Participation Permission Form pg 10

Depending upon your circumstances, the following may be required:

- Authorization for the Administration of Medication Form, a copy of this form is located on the NFA website Under Medical Center Forms or in the medical center.

Please note: Coaches will not permit any student-athlete to participate in tryouts until they receive a green slip from the medical center & completes all the required forms in this packet.

Coaches must be aware of any health condition of student-athlete under their supervision, and the Medical Center is required to oversee the health needs of each student-athlete. The goal is to provide each student-athlete a safe experience.

If you have questions or need assistance, please contact the Athletic Director or the Medical Center.

Athletic Director
[860-425-5512](tel:860-425-5512)

Gail Kulesza, R.N., M.S.
Medical Center Supervisor
kuleszag@nfaschool.org
[860-425-5551](tel:860-425-5551)

NORWICH FREE ACADEMY STUDENT ATHLETE PARTICIPATION GUIDELINES

STATEMENT

At Norwich Free Academy, responsible behavior begins with the desire to be a positive and contributing member of the school community. Participation in athletics is a privilege and demands certain commitments and responsibilities. The academy and our communities have a high level of expectation for students who represent NFA and who benefit from its programs. Students will take pride in themselves, accept responsibility for their own actions, and support others in the efforts to do the same. Students can expect support from adults in their lives (educators/coaches/parents) to adhere to the commitments and expectations of this policy.

PARTICIPATION RULES

STUDENT-ATHLETE CODE OF CONDUCT RESPONSIBILITIES OF THE ATHLETE

Listed below are the behaviors that could result in suspension or dismissal from the team by the coach, Director of Athletics or the Head of School. Student-athletes are reminded that proper behavioral expectations do not end when practices or competitions conclude or when a student-athlete is off school property. Because a situation is not specifically listed below does not mean it will not receive appropriate disciplinary action. Athletics related discipline may be rendered for school rules violations in addition to disciplinary measures imposed by school administrators. Students may not appear at practices or competitions (home and away) during the time they are suspended from athletics.

1. Poor school citizenship
2. Cutting classes or school or team practices/contests
3. Being a negative influence in terms of team morale or effort, including insubordination to an athlete's coach or others
4. Not making a sincere academic effort or not complying with eligibility requirements
5. Stealing of any kind, including athletic clothing, either opponent's or ours
6. Vandalism or property destruction
7. Displays of poor sportsmanship, e.g. fighting, taunting, harassment or unsportsmanlike conduct directed toward opponents, opposing fans, officials, or others
8. Any behavior which casts an adverse reflection on our athletic program and/or school, or is in violation of school rules or the laws of the Local, State or Federal Governments

BASIC RULE: Never do anything that will bring embarrassment or an unfavorable view to your teammates, coaches, family, school or community.

EJECTION RULE: A student-athlete ejected from a contest will be ineligible to participate in any contest and or team practice/activity until he/she is withheld from the next contest at that level of play.

The use of alcohol, tobacco, and drugs is injurious to an individual's health, and the consumption of alcohol by minors is illegal. Therefore, no member of a Norwich Free Academy athletic team, either on or off campus, will knowingly use, attempt to use, possess, sell, purchase, provide or distribute alcohol beverages, and/or any form of illicit drugs. This prohibition includes the possession and/or distribution of drug paraphernalia of any kind. This policy is in effect the entire school year from the onset of the first preseason practice/activity to the last school activity.

Out of season violations of this policy may affect *in season* participation as determined by the Administration/Athletic Director. Factors that are pertinent to such a determination may include, but are not limited, to:



- Prior record of substance misconduct
- Consent to and compliance with appropriate therapeutic/behavioral intervention(s)
- Crime issue –Any violation of NFA's student code of conduct or violation of local, state or federal law

If applicable (i.e. for violations occurring at the end of one academic year,) participation sanctions may carry forward into a succeeding academic year.

FIRST OFFENSE

A student, after confirmation of a first offense, will be put on probation for a minimum of 7 calendar days. During this probationary time, the student:

- Will not participate in any practice/meetings/organized pre- or post- season event
- May not participate in any competition/performance
- Will attend a meeting with parents, coach, and Athletic Director/Administrative Representative
- Will deliver an apology to his/her team and coaches

SECOND OFFENSE

The student, after confirmation of a second offense, will be suspended for the remainder of the interscholastic sport season. In addition, the student:

- Will meet with the parents, coach, and Athletic Director/Principal
- Will be ineligible for team recognition or awards and any post season team functions and awards

ADDITIONAL RULES AND PROCEDURES

The use or possession of tobacco and/or tobacco products on school grounds of school-sponsored activities is a violation of Norwich Free Academy policy. On any grounds, tobacco use by a Norwich Free Academy athlete is unhealthy and in violation of an athlete's commitment to self and to team. Accordingly, the coach may establish and enforce team-specific prohibitions against tobacco use among team members. These prohibitions shall be communicated at the beginning of the season.

The coach, within the guidelines for participation listed above, may establish any additional rules and procedures. With verbal and written descriptions at the beginning of the season/activity, coaches shall determine consequences for violation of additional rules and procedures

STUDENT LEADERS/CAPTAINS

Participation in athletics at Norwich Free Academy is a privilege and demands certain commitments and responsibilities. Students will take pride in themselves and in their school and community. They are expected to take an active role in establishing high standards of conduct for others to follow.

NFA's Athletic Program is dedicated to providing young people with a special experience, one that parallels and enhances the classroom. Part of this experience includes the responsibility to self, organization and community commensurate with a leadership role. Student leaders in activities are clearly representatives of Norwich Free Academy as well as their organizations. With the privilege of leadership comes the obligation to serve as a positive example and role model for fellow students.

All student leaders display exemplary behavior. They will demonstrate to their peers admirable character traits and behaviors that in every way just and considerate of others.

A student leader is expected to adhere to the Participation Rules and maintain expected behavior for leadership from the time of election to that position through the remainder of the school year. Failure to do so on the second offense will result in removal from that leadership position(s).

Continued participation in the activity/sport is acceptable, but the position of leadership is removed for the duration of the term of activity.

School Name _____

Student and Parent Concussion Informed Consent Form

This consent form was developed to provide students, parents and legal guardians with current and relevant information regarding concussions and to comply with Connecticut General Statutes (C.G.S.) Chapter 163, Section 149b: *Concussions: Training courses for coaches. Education plan. Informed consent form. Development or approval by State Board of Education. Revocation of coaching permit;* and Section 10-149c: *Student athletes and concussions. Removal from athletic activities. Notification of parent or legal guardian. Revocation of coaching permit.*

What is a Concussion?

National Athletic Trainers Association (NATA) - *A concussion is a "trauma induced alteration in mental status that may or may not involve loss of consciousness."*

Centers for Disease Control and Prevention (CDC) - *"A concussion is a type of traumatic brain injury, or TBI, caused by a bump, blow, or jolt to the head or by a hit to the body that causes the head and brain to move rapidly back and forth. This sudden movement can cause the brain to bounce around or twist in the skull, stretching and damaging the brain cells and creating chemical changes in the brain."* -CDC, Heads Up: Concussion. http://www.cdc.gov/headsup/basics/concussion_what.html

Even a "ding," "getting your bell rung," or what seems to be mild bump or blow to the head can be serious." -CDC, Heads Up: Concussion Fact Sheet for Coaches http://www.cdc.gov/headsup/pdfs/custom/headsupconcussion_fact_sheet_coaches.pdf

Section 1. Concussion Education Plan Summary

The [Concussion Education Plan and Guidelines for Connecticut Schools](#) was approved by the Connecticut State Board of Education in January 2015. Below is an outline of the requirements of the Plan. The complete document is accessible on the CSDE Web site: <http://www.sde.ct.gov/sde/cwp/view.asp?a=2663&q=335572>

State law requires that each local and regional board of education must approve and then implement a concussion education plan by using written materials, online training or videos, or in-person training that addresses, at a minimum, the following:

1. The recognition of signs or symptoms of a concussion.
2. The means of obtaining proper medical treatment for a person suspected of sustaining a concussion.
3. The nature and risks of concussions, including the danger of continuing to engage in athletic activity after sustaining a concussion.
4. The proper procedures for allowing a student-athlete who has sustained a concussion to return to athletic activity.
5. Current best practices in the prevention and treatment of a concussion.

Section 2. Signs and Symptoms of a Concussion: Overview

A concussion should be suspected if any one or more of the following signs or symptoms are present, or if the coach/evaluator is unsure, following an impact or suspected impact as described in the CDC definition above.

Signs of a concussion may include (i.e. what the athlete displays/looks like to an observer):

- Confusion/disorientation/irritability
- Trouble resting/getting comfortable
- Lack of concentration
- Slow response/drowsiness
- Incoherent/slurred speech
- Slow/clumsy movements
- Loss of consciousness
- Amnesia/memory problems
- Acts silly, combative or aggressive
- Repeatedly asks the same questions
- Dazed appearance
- Restless/irritable
- Constant attempts to return to play
- Constant motion
- Disproportionate/inappropriate reactions
- Balance problems

Symptoms of a concussion may include (i.e. what the athlete reports):

- Headache or dizziness
- Nausea or vomiting
- Blurred or double vision
- Oversensitivity to sound/light/touch
- Ringing in ears
- Feeling foggy or groggy

State law requires that a coach MUST immediately remove a student-athlete from participating in any intramural or interscholastic athletic activity who: a) is observed to exhibit signs, symptoms or behaviors consistent with a concussion following a suspected blow to the head or body, or b) is diagnosed with a concussion, regardless of when such concussion or head injury may have occurred. **Upon removal of the athlete, a qualified school employee must notify the parent or legal guardian within 24 hours that the student athlete has exhibited signs and symptoms of a concussion.**

Section 3. Return to Play (RTP) Protocol Overview

Currently, it is impossible to accurately predict how long an individual’s concussion will last. There must be full recovery before a student-athlete is allowed to resume participating in athletic activity. Connecticut law now requires that no athlete may resume participation until she/he has received written medical clearance from a licensed health care professional (physician, physician assistant, advanced practice registered nurse (APRN), athletic trainer) trained in the evaluation and management of concussions.

Concussion Management Requirements:

1. No athlete shall return to participation in the athletic activity on the same day of a concussion.
2. If there is any loss of consciousness, vomiting or seizures, the athlete **MUST** be transported immediately to the hospital.
3. Close observation of an athlete **MUST** continue following a concussion. The athlete should be monitored following the injury to ensure that there is no worsening/escalation of symptoms.
4. Any athlete with signs or symptoms related to a concussion **MUST** be evaluated by a licensed health care professional (physician, physician assistant, advanced practice registered nurse (APRN), athletic trainer) trained in the evaluation and management of concussions.
5. The athlete **MUST** obtain an initial written clearance from one of the licensed health care professionals identified above directing her/him into a well-defined RTP stepped protocol similar to the one outlined below. If at any time signs or symptoms return during the RTP progression, the athlete should cease activity.
6. After the RTP protocol has been successfully administered (no longer exhibits any signs or symptoms or behaviors consistent with concussions), final written medical clearance is required by one of the licensed health care professionals identified above for the athlete to fully return to unrestricted participation in practices and competitions.

Medical Clearance RTP protocol (at least one full day between steps recommended)

Rehabilitation stage	Functional exercise at each stage of rehabilitation	Objective of each stage
1. No activity	Complete physical and cognitive rest until asymptomatic; School activities may need to be modified	Recovery
2. Light aerobic exercise	Walking, swimming or stationary cycling maintaining intensity at less than 70% of maximal exertion; no resistance training	Increase heart rate
3. Sport-specific exercise No contact	Skating drills in ice hockey, running drills in soccer; no head impact activities	Add movement
4. Non-contact sport drills	Progression to more complex training drills, such as passing drills in football and ice hockey; may start progressive resistance training	Exercise, coordination and cognitive load
5. Full contact sport drills	Following final medical clearance, participate in normal training activities	Restore confidence and assess functional skills by coaching staff
6. Full activity	No restrictions	Return to full athletic participation

* If at any time signs or symptoms should worsen during the RTP progression the athlete should stop activity that day. If the athlete’s symptoms are gone the next day, she/he may resume the RTP progression at the last step completed in which no symptoms were present. If symptoms return and do not resolve, the athlete should be referred back to her/his medical provider.

Section 4. Local/Regional Board of Education Policies Regarding Concussions

***** Attach local or regional board of education concussion policies *****

I have read and understand the Student and Parent Concussion Informed Consent Form and the attached board of education policies regarding concussions and understand the severities associated with concussions and the need for immediate treatment of such injuries.

Student name: _____ **Date:** _____ **Signature:** _____
 (Print Name)

I authorize my child to participate in _____ **for school year** _____
 (Sport/Activity)

Parent/Guardian name: _____ **Date:** _____ **Signature:** _____
 (Print Name)

References:

1. NFHS. Concussions. 2008 NFHS Sports Medicine Handbook (Third Edition). 2008: 77-82. <http://www.nfhs.org>. http://journals.lww.com/cisportsmed/Fulltext/2009/05000/Consensus_Statement_on_Concussion_in_Sport_3rd.1.aspx.
2. CDC. Heads Up: Concussion in High School Sports. http://www.cdc.gov/NCIPC/tbi/Coaches_Tool_Kit.htm.
3. CIAC Concussion Central - <http://concussioncentral.ciacsports.com/>

Resources:

- CDC. Injury Prevention & Control: Traumatic Brain Injury. Retrieved on June 1, 2015. <http://www.cdc.gov/TraumaticBrainInjury/index.html>
- CDC. Heads Up: Concussion in High School Sports Guide for Coaches. Retrieved on June 1, 2015. <http://www.cdc.gov/headsup/highschoolsports/coach.html>
- CDC. Heads Up: Concussion materials, fact sheets and online courses. Retrieved on June 6, 2015. <http://www.cdc.gov/headsup/>

School Name _____

**Parent and Legal Guardian
Sudden Cardiac Arrest Awareness Informed Consent Form**

This *Parent and Legal Guardian Sudden Cardiac Arrest Awareness Informed Consent Form* was developed to provide parents and legal guardians of student-athletes with current and relevant information regarding sudden cardiac arrest, or SCA. This form is required to be read, signed, dated and provided to the student-athlete's school annually, indicating the parent or legal guardian's authorization for the student-athlete to participate in intramural or interscholastic athletics.

Part 1: *What is Sudden Cardiac Arrest?*

Sudden Cardiac Arrest (SCA) is when the heart suddenly and unexpectedly stops pumping blood due to a rhythm abnormality. When this happens, blood stops flowing to the brain and other vital organs and, if left untreated, can quickly result in death. SCA does not just happen to adults; it also takes the lives of students. However, the causes of SCA in students and adults can be different. A student's SCA will likely result from an inherited condition, extreme overheating/dehydration or from trauma to the chest, while an adult's SCA is most often caused by a heart attack. SCA is NOT a heart attack. A heart attack may cause SCA, but they are not the same. A heart attack is caused by a blockage that stops the flow of blood to the heart, while SCA is a malfunction in the heart's electrical system, causing the heart to go into an unstable rapid rhythm.

Part 2: *How Common is Sudden Cardiac Arrest?*

SCA is the number one cause of death for adults in this country. It is also a leading cause of death for student-athletes. About 300,000 cardiac arrests occur outside hospitals each year. According to an April 2014 study for PubMed, the current incidence of SCA is:

- 0.63 per 100,000 students (6 in 1,000,000)
- 1.14 per 100,000 student-athletes (11 in 1,000,000)
- 0.31 per 100,000 student non-athletes (3 in 1,000,000)
- There is a significantly higher risk of SCA for boys than girls

Leading causes of sudden death among high school and college athletes, according to the National Collegiate Athletic Association (NCAA), are heat stroke, heart disease and traits associated with sickle cell anemia. The same study concludes that prevention of sudden death, is associated with more advanced cardiac screenings with attention to medical histories and birth records, improved emergency procedures, and good coaching and conditioning practices. SCA can be prevented if the underlying causes can be diagnosed and treated.

SCA is a medical emergency. If not treated immediately it can cause irreversible organ and brain damage, and even death. With fast, appropriate medical care, however, survival is possible. Administering cardiopulmonary resuscitation (CPR) — or even just compressions to the chest — can improve the chances of survival until emergency personnel arrive.

<http://www.mayoclinic.org/diseases-conditions/sudden-cardiac-arrest/basics/definition/con-20042982>

Part 3: *What are the warning signs and symptoms of Sudden Cardiac Arrest?*

Although SCA happens unexpectedly, some people may have signs or symptoms, such as: fainting or seizures during exercise; unexplained shortness of breath; dizziness; extreme fatigue; chest pains; or racing heart. These symptoms can be unclear in athletes, since people often confuse these warning signs with physical exhaustion.

Risks of continuing activity after experiencing warning signs and symptoms

There are serious risks associated with continuing to practice or play after experiencing these symptoms. When the heart stops pumping efficiently, the brain and other vital organs are compromised. Death or permanent brain damage can occur in just a few minutes. Most people who experience SCA will die from it. Any student-athlete who shows signs or symptoms of SCA must be immediately removed from the athletic activity.

Part 4: *What should occur when a person experiences Sudden Cardiac Arrest?*

When a person experiences SCA, three actions should be taken immediately:

1st: Get Help! Call out for assistance and call 911.

2nd: Start CPR! Begin hands-only CPR.

3rd: Attach and activate an Automated External Defibrillator (AED)! An AED should be attached, activated and the user should follow the prompts. The AED will be able to determine if a shock should be given to the heart or if CPR should be continued without a shock. If the AED determines that a shock should be given, it will give instructions on how to proceed.

Only CPR and AED use have been proven to help a person get out of a cardiac arrest. For every minute a person does not receive a shock, the chances of survival goes down by 10% per minute. Keep in mind that the average response time for emergency medical services (EMS) is approximately 5-8 minutes. The AED will not allow the user to deliver an electric shock if it is not clinically applicable. The person using the AED can attach the device to the person suffering the SCA, turn it on and push the shock button, but the AED will not allow a shock to be delivered if it is unwarranted. No harm can be done by applying an AED to an individual.

Return to Play

Before returning to play, the athlete must be evaluated by a licensed medical provider. Following the evaluation, written clearance, signed by the licensed medical provider, must be given prior to the student-athlete engaging in any athletic activity.

Part 5: *Local Board of Education Policy regarding Sudden Cardiac Arrest*

***** Attach a summary of the local board of education policy regarding SCA. *****
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Summary

- SCA is, by definition, sudden and unexpected.
- SCA can happen in individuals who appear healthy and have no known heart disease.
- Most people who have SCA die from it, usually within minutes.
- Rapid treatment of SCA with CPR and an AED can be lifesaving.
- Training in recognition of signs of SCA, and the availability of AEDs and personnel who possess the skills to use one, may save the life of someone experiencing SCA.

[National Heart, Lung and Blood Institute: http://www.nhlbi.nih.gov/health/health-topics/topics/scda](http://www.nhlbi.nih.gov/health/health-topics/topics/scda)

I have read and understand the Parent and Legal Guardian Sudden Cardiac Arrest Awareness Informed Consent Form and understand the severities associated with Sudden Cardiac Arrest (SCA) and the need for immediate treatment of any suspected condition.

I authorize _____ to participate in _____ for school year _____
(Student Name) (Sport/Activity)

Parent/Guardian name: _____ Date: _____ Signature: _____
(Print Name)

Sources/Resources:

Simons Fund - <http://www.simonsfund.org/>

Pennsylvania Department of Health - <http://www.simonsfund.org/wp-content/uploads/2012/06/Parent-Handout-SCA.pdf>

Mayo Clinic - <http://www.mayoclinic.org/diseases-conditions/sudden-cardiac-arrest/basics/definition/con-20042982>

National Heart, Lung and Blood Institute (NHLBI) - <http://www.nhlbi.nih.gov/health/health-topics/topics/scda>

American Heart Association (AHA) - <http://www.heart.org>



STUDENT AND PARENT ATHLETIC PARTICIPATION PACKET CONSENT FORM

Please check the boxes and sign below to give consent that you have read and understand all the documents on pages 3 through 8 as listed below:

- I have read and understand the NORWICH FREE ACADEMY STUDENT ATHLETE PARTICIPATION GUIDELINES AND RULES and will adhere to them.

- I have read and understand Student and Parent Concussion Informed Consent Form and understand the severities associated with concussions and the need for immediate treatment of such injuries.

- I have read and understand the Sudden Cardiac Arrest Student and Parent Informed Consent Form and understand the law requires me to annually review this Connecticut State Department of Education approved Sudden Cardiac Arrest Educational Plan.

- I have read and understand this document the "Student & Parent – Sudden Cardiac Arrest Plan & Consent Form" and understand the severities associated with sudden cardiac arrest and the need for immediate treatment of any suspected conditions.

Student Name: _____ Signature: _____ Date: _____

Parent Name: _____ Signature: _____ Date: _____



SPORTS PARTICIPATION PERMISSION

STUDENT ATHLETE'S INFORMATION:

LAST NAME: _____ FIRST NAME _____ ID# _____

SPORT: _____

BIRTH DATE: _____ ADDRESS: _____

PARENT/GUARDIAN NAME: _____ PHONE # _____

PARENT/GUARDIAN NAME: _____ PHONE # _____

EMERGENCY CONTACT/S: **MUST GIVE AT LEAST ONE NAME & NUMBER OTHER THAN PARENT/GUARDIAN**

NAME: _____ RELATIONSHIP: _____ PHONE # _____

NAME: _____ RELATIONSHIP: _____ PHONE # _____

STUDENT MEDICAL HISTORY

Please circle any PREEXISTING MEDICAL CONDITIONS that your child has: Heart Condition, Asthma, Allergy, Bleeding Disorders, Diabetes or other. If any circled above, please explain: _____

Does the student have a history of any CONCUSSIONS OR HEAD INJURY: Yes No HOW MANY: _____

Physician who treated the injury: _____ Date of last concussion/head injury: _____

Does the student have a history of an Orthopedic or other injuries/surgeries: Yes No

If yes, please explain: _____

Is the student currently taking medication: Yes No If yes, list name of medication, dose and reason for taking medication: _____

***Please note – An updated Authorization for the Administration of Medication order must be on file in the Medical Center if your child requires emergency medication for a health condition. This form is available on the NFA website under the Medical Center or you may pick up a copy at the Medical Center on campus.**

I give permission for _____ to participate in the sport of _____

I hereby consent for a qualified physician or surgeon to examine, diagnose and to prescribe or perform treatment, including surgery that is deemed advisable for the welfare of the above-named participant, should the parent/guardian is unable to be reached. I understand that I am responsible for the cost incurred relating such services as may be provided.

STUDENT'S HEALTH INSURANCE COMPANY _____

POLICY HOLDER NAME: _____ POLICY NUMBER: _____

SIGNATURE OF PARENT/GUARDIAN _____ DATE _____