



Cross Country Safety Guidelines Mt. Solo Middle School

Prior to participating, the student athlete and a parent/guardian must read this information. Signatures are required on the back of this form.

When a person is involved in any athletic activity, an injury can occur, especially with an activity as strenuous as cross country. One should be aware the information presented in these safety guidelines is to inform the athlete of proper techniques and inherent dangers involved with cross country. There is a chance of broken bones, muscle and soft tissue and back injuries, which could lead to some form of paralysis. Not all potential injury possibilities in this activity are listed, but athletes should be aware that fundamentals, coaching, and proper safety equipment are important to the safety and enjoyment of the activity. Further preparation guidelines for practices/contests, locker room safety rules, and emergency situations are explained in the athletic handbook.

1. Select well-fitted clothing appropriate for:
 - a. Heat retention in cold weather.
 - b. Heat dissipation in warm or humid weather.
 - c. Warm up/cool down before and after competition and practices.
2. Select and change spikes or shoes for various surfaces.
3. Be alert to ramps leading to practice/contest areas.
4. Be alert to variations in the surfaces of ramps, locker rooms, cinder or artificial tracks.
5. Stretch thoroughly and start your workout with easy running.
6. Put on spiked shoes outside
7. Run only on the course as indicated by the coach..
8. Runners engaged in street work as a method of distance conditioning must face traffic or use sidewalks. Run in single-file. Avoid heavy-traffic streets.
9. Be alert at intersections and be aware of erratic drivers.
10. DO NOT WEAR HEADPHONES.
11. In case of an emergency on a run, contact the coach or school. If you cannot get assistance, stay on the course described for the workout.
12. Run in pairs in unfamiliar territory.
13. Beware of objects being thrown from passing cars and car doors opening.
14. Beware of dogs.
15. Avoid sudden stops on hard surfaces after sprinting.
16. Weight-training regimens may also be part of your conditioning. Observe all weight room safety rules carefully.
17. Dehydration can be dangerous. Water will be available at practices and contests. Athletes should drink water frequently.
18. Runners should be familiar with basic first-aid treatments for heat exhaustion, heat stroke, sprained ankle, and other runner-related injuries.

Athlete's Name (please print): _____

I am aware that cross country is a high-risk activity and that practicing or competing in cross country can be a dangerous activity involving **MANY RISKS OF INJURY**. I understand the dangers and risks of practicing and competing in cross country include but are not limited to death, serious neck and spinal injuries, which may result in complete or partial paralysis, brain damage, serious injury to virtually all internal organs, serious injury to virtually all bones, joints, ligaments, muscles, tendons, and other aspects of the muscular skeletal system, and serious injury or impairment to other aspects of my body, general health, and well-being. I understand that the dangers and risks of practicing or competing in cross country may result not only in serious injury, but in a serious impairment of my future abilities to earn a living, to engage in other business, social and recreational activities, and generally to enjoy life. I also understand that the activity in which I participate may be so inherently dangerous that no amount of reasonable supervision, protective equipment or training can eliminate all vestiges of danger. I am informed the Longview School District does not assume responsibility for the medical services required for these risks.

Because of the dangers of cross country, I recognize the importance of following the coaches' instructions regarding techniques, training, and other team rules, etc., and agree to obey such instructions.

In consideration of the Longview School District permitting me to try out for the school's cross country team and to engage in all activities related to the team, including but not limited to trying out, practicing, or competing in cross country, I have read the above warnings, and I understand their terms. I have also read and understand the preparation guidelines for practices/contests, locker room safety rules, and emergency situations, as explained in the athletic handbook.

Signature of Athlete: _____

Date: _____

Parent/Legal Guardian Name (please print): _____

As the parent/legal guardian of the above-named student and in consideration of the Longview School District, I give permission for my child/ward to try out for the school's cross country team and to engage in all activities related to the team, including, but not limited to, trying out, practicing or competing in cross country. I have read the above warning, and I understand their terms. I have also read and understand the preparation guidelines for practices/contests, locker room safety rules, and emergency situations, as explained in the Athletic Handbook.

Signature of Parent/Guardian: _____

Date: _____

■ PREPARTICIPATION PHYSICAL EVALUATION HISTORY FORM

(Note: This form is to be filled out by the patient and parent prior to seeing the physician. The physician should keep this form in the chart.)

Date of Exam _____

Name _____ Date of birth _____

Sex _____ Age _____ Grade _____ School _____ Sport(s) _____

Medicines and Allergies: Please list all of the prescription and over-the-counter medicines and supplements (herbal and nutritional) that you are currently taking

Do you have any allergies? ☐ Yes ☐ No If yes, please identify specific allergy below.

☐ Medicines

☐ Pollens

☐ Food

☐ Stinging Insects

Explain “Yes” answers below. Circle questions you don’t know the answers to.

GENERAL QUESTIONS	Yes	No
1. Has a doctor ever denied or restricted your participation in sports for any reason?		
2. Do you have any ongoing medical conditions? If so, please identify below: <input type="checkbox"/> Asthma <input type="checkbox"/> Anemia <input type="checkbox"/> Diabetes <input type="checkbox"/> Infections Other: _____		
3. Have you ever spent the night in the hospital?		
4. Have you ever had surgery?		
HEART HEALTH QUESTIONS ABOUT YOU	Yes	No
5. Have you ever passed out or nearly passed out DURING or AFTER exercise?		
6. Have you ever had discomfort, pain, tightness, or pressure in your chest during exercise?		
7. Does your heart ever race or skip beats (irregular beats) during exercise?		
8. Has a doctor ever told you that you have any heart problems? If so, check all that apply: <input type="checkbox"/> High blood pressure <input type="checkbox"/> A heart murmur <input type="checkbox"/> High cholesterol <input type="checkbox"/> A heart infection <input type="checkbox"/> Kawasaki disease Other: _____		
9. Has a doctor ever ordered a test for your heart? (For example, ECG/EKG, echocardiogram)		
10. Do you get lightheaded or feel more short of breath than expected during exercise?		
11. Have you ever had an unexplained seizure?		
12. Do you get more tired or short of breath more quickly than your friends during exercise?		
HEART HEALTH QUESTIONS ABOUT YOUR FAMILY	Yes	No
13. Has any family member or relative died of heart problems or had an unexpected or unexplained sudden death before age 50 (including drowning, unexplained car accident, or sudden infant death syndrome)?		
14. Does anyone in your family have hypertrophic cardiomyopathy, Marfan syndrome, arrhythmogenic right ventricular cardiomyopathy, long QT syndrome, short QT syndrome, Brugada syndrome, or catecholaminergic polymorphic ventricular tachycardia?		
15. Does anyone in your family have a heart problem, pacemaker, or implanted defibrillator?		
16. Has anyone in your family had unexplained fainting, unexplained seizures, or near drowning?		
BONE AND JOINT QUESTIONS	Yes	No
17. Have you ever had an injury to a bone, muscle, ligament, or tendon that caused you to miss a practice or a game?		
18. Have you ever had any broken or fractured bones or dislocated joints?		
19. Have you ever had an injury that required x-rays, MRI, CT scan, injections, therapy, a brace, a cast, or crutches?		
20. Have you ever had a stress fracture?		
21. Have you ever been told that you have or have you had an x-ray for neck instability or atlantoaxial instability? (Down syndrome or dwarfism)		
22. Do you regularly use a brace, orthotics, or other assistive device?		
23. Do you have a bone, muscle, or joint injury that bothers you?		
24. Do any of your joints become painful, swollen, feel warm, or look red?		
25. Do you have any history of juvenile arthritis or connective tissue disease?		

MEDICAL QUESTIONS	Yes	No
26. Do you cough, wheeze, or have difficulty breathing during or after exercise?		
27. Have you ever used an inhaler or taken asthma medicine?		
28. Is there anyone in your family who has asthma?		
29. Were you born without or are you missing a kidney, an eye, a testicle (males), your spleen, or any other organ?		
30. Do you have groin pain or a painful bulge or hernia in the groin area?		
31. Have you had infectious mononucleosis (mono) within the last month?		
32. Do you have any rashes, pressure sores, or other skin problems?		
33. Have you had a herpes or MRSA skin infection?		
34. Have you ever had a head injury or concussion?		
35. Have you ever had a hit or blow to the head that caused confusion, prolonged headache, or memory problems?		
36. Do you have a history of seizure disorder?		
37. Do you have headaches with exercise?		
38. Have you ever had numbness, tingling, or weakness in your arms or legs after being hit or falling?		
39. Have you ever been unable to move your arms or legs after being hit or falling?		
40. Have you ever become ill while exercising in the heat?		
41. Do you get frequent muscle cramps when exercising?		
42. Do you or someone in your family have sickle cell trait or disease?		
43. Have you had any problems with your eyes or vision?		
44. Have you had any eye injuries?		
45. Do you wear glasses or contact lenses?		
46. Do you wear protective eyewear, such as goggles or a face shield?		
47. Do you worry about your weight?		
48. Are you trying to or has anyone recommended that you gain or lose weight?		
49. Are you on a special diet or do you avoid certain types of foods?		
50. Have you ever had an eating disorder?		
51. Do you have any concerns that you would like to discuss with a doctor?		
FEMALES ONLY		
52. Have you ever had a menstrual period?		
53. How old were you when you had your first menstrual period?		
54. How many periods have you had in the last 12 months?		

Explain “yes” answers here

I hereby state that, to the best of my knowledge, my answers to the above questions are complete and correct.

Signature of athlete _____ Signature of parent/guardian _____ Date _____

■ PREPARTICIPATION PHYSICAL EVALUATION PHYSICAL EXAMINATION FORM

Name _____ Date of birth _____

PHYSICIAN REMINDERS

- Consider additional questions on more sensitive issues
 - Do you feel stressed out or under a lot of pressure?
 - Do you ever feel sad, hopeless, depressed, or anxious?
 - Do you feel safe at your home or residence?
 - Have you ever tried cigarettes, chewing tobacco, snuff, or dip?
 - During the past 30 days, did you use chewing tobacco, snuff, or dip?
 - Do you drink alcohol or use any other drugs?
 - Have you ever taken anabolic steroids or used any other performance supplement?
 - Have you ever taken any supplements to help you gain or lose weight or improve your performance?
 - Do you wear a seat belt, use a helmet, and use condoms?
- Consider reviewing questions on cardiovascular symptoms (questions 5–14).

EXAMINATION		
Height _____	Weight _____	<input type="checkbox"/> Male <input type="checkbox"/> Female
BP _____ / _____ (_____ / _____)	Pulse _____	Vision R 20/ _____ L 20/ _____ Corrected <input type="checkbox"/> Y <input type="checkbox"/> N
MEDICAL	NORMAL	ABNORMAL FINDINGS
Appearance <ul style="list-style-type: none"> Marfan stigmata (kyphoscoliosis, high-arched palate, pectus excavatum, arachnodactyly, arm span > height, hyperlaxity, myopia, MVP, aortic insufficiency) 		
Eyes/ears/nose/throat <ul style="list-style-type: none"> Pupils equal Hearing 		
Lymph nodes		
Heart ^a <ul style="list-style-type: none"> Murmurs (auscultation standing, supine, +/- Valsalva) Location of point of maximal impulse (PMI) 		
Pulses <ul style="list-style-type: none"> Simultaneous femoral and radial pulses 		
Lungs		
Abdomen		
Genitourinary (males only) ^b		
Skin <ul style="list-style-type: none"> HSV, lesions suggestive of MRSA, tinea corporis 		
Neurologic ^c		
MUSCULOSKELETAL		
Neck		
Back		
Shoulder/arm		
Elbow/forearm		
Wrist/hand/fingers		
Hip/thigh		
Knee		
Leg/ankle		
Foot/toes		
Functional <ul style="list-style-type: none"> Duck-walk, single leg hop 		

^aConsider ECG, echocardiogram, and referral to cardiology for abnormal cardiac history or exam.

^bConsider GU exam if in private setting. Having third party present is recommended.

^cConsider cognitive evaluation or baseline neuropsychiatric testing if a history of significant concussion.

- ☐ Cleared for all sports without restriction
- ☐ Cleared for all sports without restriction with recommendations for further evaluation or treatment for _____
- ☐ Not cleared
- ☐ Pending further evaluation
- ☐ For any sports
- ☐ For certain sports _____
- Reason _____

Recommendations _____

I have examined the above-named student and completed the preparticipation physical evaluation. The athlete does not present apparent clinical contraindications to practice and participate in the sport(s) as outlined above. A copy of the physical exam is on record in my office and can be made available to the school at the request of the parents. If conditions arise after the athlete has been cleared for participation, a physician may rescind the clearance until the problem is resolved and the potential consequences are completely explained to the athlete (and parents/guardians).

Name of physician (print/type) _____ Date _____

Address _____ Phone _____

Signature of physician _____ MD or DO/PA/APNP

ATHLETIC AND MEDICAL EMERGENCY AUTHORIZATION FORM

***** Please press firmly enough to go through all copies of this form *****

Student Name: _____ Date of Birth: _____ Grade: _____

Address: _____ Home Phone: _____

Parent or Legal Guardian: _____ Work Phone: _____

Cell Phone: _____

Health insurance is required for participation in athletics.

Health Insurance Company: _____ Policy No. _____

Name of Physician: _____ Phone: _____

In case of emergency and parent/legal guardian cannot be reached, contact:

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Medical Information:

- ☐ Allergies: _____
- ☐ Ailments/General Conditions: _____
- ☐ Medications being taken: _____
- ☐ Operations you have had: _____
- ☐ Do you have Diabetes? _____
- ☐ Do you have a known hearing loss? _____

- ☐ Have you experienced seizures? If so, describe: _____
- ☐ Activity Limitations & Restrictions: _____
- ☐ Other: _____

AUTHORIZATION FOR MEDICAL TREATMENT: In case of illness, accident, or other emergency involving the above-named student, the principal or coach is authorized to act on my behalf when efforts to contact me are unsuccessful. As a parent or legal guardian, I authorize a qualified physician to examine the above-named student in the event of injury. I also give permission to administer emergency care and to arrange for any consultation by a specialist, including a surgeon, if deemed necessary, to insure proper care of any injury. Every effort will be made to contact a parent or guardian to explain the nature of the problem prior to any involved treatment. I have also read the Code of Conduct; I give my consent for the above-named student to engage in school and WIAA-approved athletic activities as a representative of his/her school; and I give my consent for my son/daughter to accompany the team when it travels to other schools.

Parent/Guardian Signature: _____ Date: _____

Please mark the sports/activities in which the above-named student might choose to participate this year:

- | | | | | | |
|--|-------------------------------------|------------------------------------|------------------------------------|--|---------------------------------|
| <input type="checkbox"/> Football | <input type="checkbox"/> Tennis | <input type="checkbox"/> Wrestling | <input type="checkbox"/> Baseball | <input type="checkbox"/> Rally Squad | <input type="checkbox"/> Soccer |
| <input type="checkbox"/> Volleyball | <input type="checkbox"/> Water Polo | <input type="checkbox"/> Swim/Dive | <input type="checkbox"/> Fastpitch | <input type="checkbox"/> Dance/Drill Team | |
| <input type="checkbox"/> Cross Country | <input type="checkbox"/> Basketball | <input type="checkbox"/> Golf | <input type="checkbox"/> Track | <input type="checkbox"/> Bowling(girls only) | |

STUDENT STATEMENT: I have read the Code of Conduct contained in the athletic handbook and agree to follow the guidelines set forth. The signatures of both the student and parent/guardian on this form signify understanding and acceptance of the rules explained in the Athletic Handbook, including the safety cautions, considerations, and responsibilities required for participation on a sports team, as well as an understanding of the possible risks and dangers involved in such participation.

Student Signature: _____ Date: _____



Middle School Code of Conduct

Procedure 2151P

The opportunity to participate in the interscholastic athletic program is a privilege granted to all students of the district. Participants in this voluntary program are expected to conform to specific conduct standards established by the board of directors, principals and athletic coaches.

A student who is found to be in violation of any rule is subject to removal from the team. Provision is made for a student who has allegedly violated one or more of the conduct rules to appeal a disciplinary action as specified in this code.

Activities Covered:

- All athletic teams, including managers and statisticians
- ASB and class officers
- Drama
- All clubs or activities that compete interscholastically
- Rally squad

The following rules shall be applicable the first day of fall practice or August 15 whichever occurs first and be in effect until the last day of school.

Alcohol, Drugs, Illegal Substances, Paraphernalia and Tobacco

The use or possession of drugs including controlled substances, illegal substances or opiates, steroids, alcohol and tobacco which are not prescribed by a physician is prohibited.

First Offense: The student will be removed from competition in any extracurricular activity for half of the current sport season or twenty (20) school days, whichever is longer, if the student is participating in the current sport season. The twenty (20) school days will carry into the next season in which the student desires to participate. If the student at the time of the offense is not participating in a sport or activity, the (20) school days sanction will be applied to the first sports season in which that student will participate. The sanction can be applied for one calendar year from the date of the offense. The student must also meet with a state certified drug and alcohol agent for a formal assessment and follow the recommendation of the assessment (no assessment for tobacco use is required).

If the student does not go through the initial formal assessment process, he/she will be out of the activity indefinitely.

Second Offense: The student will be removed from participation (practice and competition) for the remainder of that post season, plus two additional sports seasons, if they are currently participating at the time of the offense. If the student is not participating in an activity at the time of the offense, the student will be ineligible for the two successive activity seasons for which they intend to participate. The sanction can be applied for one calendar year from the date of offense. The student must also meet with a state certified drug and alcohol agent for a formal assessment and follow the recommendation of the assessment (no assessment of tobacco use is required).

If the student does not go through the initial formal assessment process, he/she will be out of the activity indefinitely.

Third Offense: No further participation (practice and competition.)

All provisions of this section will take effect August 15, 2013.

Self-Referrals: Prior to being found in violation of policy 2151 by the school, police, or any third party other than parents, students will be allowed to continue in the extracurricular activities only if referral to a certified drug/alcohol professional is made. Referrals by students referring themselves or parents referring the student will be handled in a confidential manner. The student must follow through with the recommendation of the assessment prescribed by the certified drug/alcohol agent (no assessment for tobacco use is required).

Academic Eligibility for Participation – Middle School Only

In order to participate at the middle level, all students will be required to meet the scholarship criteria as outlined in the WIAA Handbook, 18.7.0 thru 18.7.6. In order to be eligible for the current activity season, the student must have passed the required number of courses identified in 18.7.0. All provisions of this section will take effect August 15, 2013.

Criminal Activity

Criminal Activity for the purposes of this policy and procedure occurs when a student is charged and/or arrested for any offense that is classified as a criminal misdemeanor or above. All provisions of this section will take effect August 15, 2013.

First Offense: The student will be removed from competition in any extracurricular activity for half of the current sport season or twenty (20) school days, whichever is longer. The twenty (20) school days will carry into the next season in which the student desires to participate.

Second Offense: The student will be removed from participation (practice and competition) for the remainder of that post season, plus two additional sports seasons.

Third Offense: No further participation (practice and competition).

Suspension from School

Students who are suspended from school for violation of school policy or legal infractions are prohibited from participating and/or attending school athletic events or activities for the duration of the out-of-school suspension. Students who are assigned to in-school suspension will be handled on a case by case basis with regards to athletic and activity participation.

Additional Rules and Regulations

Head coaches/advisors may establish additional rules and regulations which apply only to their teams. The additional rules may not violate or supersede any rules or regulations in this code. Additional rules and regulations must be approved by the building principal or designee and distributed in writing to all participants prior to the beginning of the season.

Appeal Process For Disciplinary Action

When infractions occur within the athletic program, the following process may be followed:

- Upon the imposition of penalty for infraction(s) of said rules or regulations, any aggrieved student and parents of said student shall have the right to an informal conference with the building principal and/or designee. If the students and parents

do not make a written request for this informal conference within five (5) school days of the action grieved, they will have waived their right to the conference and appeal procedure. The informal conference is to be held within three (3) school days of the request.

- B. The building principal will hear the case in detail and will render a decision within three (3) school days after hearing the case.
- C. The aggrieved party may appeal to the superintendent of schools within three (3) school days of the appeals decision. The superintendent of schools, after hearing the case in detail, shall render a decision within ten (10) school days of the hearing.
- D. The aggrieved party may appeal the superintendent's decision to the board of directors within three (3) school days. The board of directors, after hearing the case in detail, shall render a decision on the case within ten (10) school days of the hearing. This decision shall be final.

With respect to students who are eighteen or over, the above procedural elements may include parents or guardians, but notice to and involvement by parents or guardians in the decision are not required.

Summer Sports Activities/Clinics

Rules governing out-of-school and/or out-of-season student sports participation are as follows:

- A. A practice is defined as a teaching phase of a sport to any present, past or future squad member while a student in grade 7-12 during the school year or during the summer.

The school may not sponsor, promote or direct activities which resemble out-of-season practices or contests during the school year or summer.

A school staff member who sponsors, promotes or directs such activities during the summer vacation shall clearly indicate that he/she is operating independent of the school district. As such, the school district shall be free of liability associated with the activity.

- B. A coach (contracted or volunteer) may not sponsor, promote, coach or direct activities which resemble out-of-season practices or contests in the sport they coach to any of their squad members or future squad members (grades 7-12) until after the school year's final WIAA state tournament.
- C. The use of the school bulletin board, public address system or school newspaper for promotional purposes to announce sports clinics/camps shall fall within the same guidelines as applied to other commercial endeavors.
- D. School facilities to be used for summer activity and/or sports camps may be rented consistent with the rates, rules and regulations applicable for other commercial uses.

A user shall hold the district free and without harm from any loss or damage, liability or expense that may arise during or be caused in any way such use of school facilities. Authorization for use of school facilities shall not be considered as endorsement of or approval of the activity group or organization nor for the purposes it represents.

Adopted: December 14, 2009

Amended: March 11, 2013

I have read and understand the Code of Conduct for Extracurricular Activities.

Athlete's Signature

Date

Parent/Guardian Signature

Date



Student/Parent Concussion and Sudden Cardiac Arrest Awareness Form

Longview School District believes participation in athletics improves physical fitness, coordination, self-discipline, and gives students valuable opportunities to learn important social and life skills.

With this in mind it is important that we do as much as possible to create and maintain an enjoyable and safe environment. As a parent/guardian or student you play a vital role in protecting participants and helping them get the best from sport.

Player and parental education in this area is crucial which is the reason for the concussion Management and Sudden Cardiac Arrest Awareness pamphlet you received. Refer to it regularly.

This form must be signed annually by the parents/guardian and student prior to participation in Longview School District athletics. If you have questions regarding any of the information provided in the pamphlet, please contact the athletic director at your school.

I have received, read, and understand the information presented in the concussion recognition and sudden cardiac arrest awareness pamphlets.

Student name (printed)

Student name (signed)

Date

Parent name (printed)

Parent name (signed)

Date



Parent/Athlete Concussion Information Sheet

A concussion is a type of traumatic brain injury that changes the way the brain normally works. A concussion is caused by bump, blow, or jolt to the head or body that causes the head and brain to move rapidly back and forth. Even a “ding,” “getting your bell rung,” or what seems to be a mild bump or blow to the head can be serious.

WHAT ARE THE SIGNS AND SYMPTOMS OF CONCUSSION?

Signs and symptoms of concussion can show up right after the injury or may not appear or be noticed until days or weeks after the injury.

If an athlete reports **one or more** symptoms of concussion listed below after a bump, blow, or jolt to

Did You Know?

- Most concussions occur *without* loss of consciousness.
- Athletes who have, at any point in their lives, had a concussion have an increased risk for another concussion.
- Young children and teens are more likely to get a concussion and take longer to recover than adults.

the head or body, s/he should be kept out of play the day of the injury and until a health care professional, experienced in evaluating for concussion, says s/he is symptom-free and it's OK to return to play.

SIGNS OBSERVED BY COACHING STAFF	SYMPTOMS REPORTED BY ATHLETES
Appears dazed or stunned	Headache or “pressure” in head
Is confused about assignment or position	Nausea or vomiting
Forgets an instruction	Balance problems or dizziness
Is unsure of game, score, or opponent	Double or blurry vision
Moves clumsily	Sensitivity to light
Answers questions slowly	Sensitivity to noise
Loses consciousness (<i>even briefly</i>)	Feeling sluggish, hazy, foggy, or groggy
Shows mood, behavior, or personality changes	Concentration or memory problems
Can't recall events <i>prior</i> to hit or fall	Confusion
Can't recall events <i>after</i> hit or fall	Just not “feeling right” or “feeling down”

CONCUSSION DANGER SIGNS

In rare cases, a dangerous blood clot may form on the brain in a person with a concussion and crowd the brain against the skull. An athlete should receive immediate medical attention if after a bump, blow, or jolt to the head or body s/he exhibits any of the following danger signs:

- One pupil larger than the other
- Is drowsy or cannot be awakened
- A headache that not only does not diminish, but gets worse
- Weakness, numbness, or decreased coordination
- Repeated vomiting or nausea
- Slurred speech
- Convulsions or seizures
- Cannot recognize people or places
- Becomes increasingly confused, restless, or agitated
- Has unusual behavior
- Loses consciousness (*even a brief loss of consciousness should be taken seriously*)

WHY SHOULD AN ATHLETE REPORT THEIR SYMPTOMS?

If an athlete has a concussion, his/her brain needs time to heal. While an athlete's brain is still healing, s/he is much more likely to have another concussion. Repeat concussions can increase the time it takes to recover. In rare cases, repeat concussions in young athletes can result in brain swelling or permanent damage to their brain. *They can even be fatal.*

Remember

Concussions affect people differently. While most athletes with a concussion recover quickly and fully, some will have symptoms that last for days, or even weeks. A more serious concussion can last for months or longer.

WHAT SHOULD YOU DO IF YOU THINK YOUR ATHLETE HAS A CONCUSSION?

If you suspect that an athlete has a concussion, remove the athlete from play and seek medical attention. Do not try to judge the severity of the injury yourself. Keep the athlete out of play the day of the injury and until a health care professional, experienced in evaluating for concussion, says s/he is symptom-free and it's OK to return to play.

Rest is key to helping an athlete recover from a concussion. Exercising or activities that involve a lot of concentration, such as studying, working on the computer, or playing video games, may cause concussion symptoms to reappear or get worse. After a concussion, returning to sports and school is a gradual process that should be carefully managed and monitored by a health care professional.

It's better to miss one game than the whole season. For more information on concussions, visit: www.cdc.gov/Concussion.

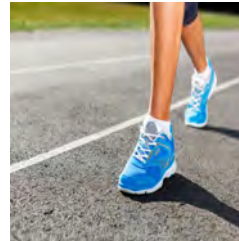


Sudden Cardiac Arrest

Information Sheet for

Student-Athletes, Coaches and Parents/Guardians

SSB 5083 ~ SCA Awareness Act



What is sudden cardiac arrest? Sudden Cardiac Arrest (SCA) is the sudden onset of an abnormal and lethal heart rhythm, causing the heart to stop beating and the individual to collapse. SCA is the leading cause of death in the U.S. afflicting over 300,000 individuals per year.

SCA is also the leading cause of sudden death in young athletes during sports

What causes sudden cardiac arrest? SCA in young athletes is usually caused by a structural or electrical disorder of the heart. Many of these conditions are inherited (genetic) and can develop as an adolescent or young adult. SCA is more likely during exercise or physical activity, placing student-athletes with undiagnosed heart conditions at greater risk. SCA also can occur from a direct blow to the chest by a firm projectile (baseball, softball, lacrosse ball, or hockey puck) or by chest contact from another player (called "commotio cordis").

While a heart condition may have no warning signs, some young athletes may have symptoms but neglect to tell an adult. If any of the following symptoms are present, a cardiac evaluation by a physician is recommended:

- Passing out during exercise
- Chest pain with exercise
- Excessive shortness of breath with exercise
- Palpitations (heart racing for no reason)
- Unexplained seizures
- A family member with early onset heart disease or sudden death from a heart condition before the age of 40

How to prevent and treat sudden cardiac arrest? Some heart conditions at risk for SCA can be detected by a thorough heart screening evaluation. However, all schools and teams should be prepared to respond to a cardiac emergency. Young athletes who suffer SCA are collapsed and unresponsive and may appear to have brief seizure-like activity or abnormal breathing (gaspings). SCA can be effectively treated by immediate recognition, prompt CPR, and quick access to a defibrillator (AED). AEDs are safe, portable devices that read and analyze the heart rhythm and provide an electric shock (if necessary) to restore a normal heart rhythm.

Remember, to save a life: recognize SCA, call 9-1-1, begin CPR, and use an AED as soon as possible!



Cardiac 3-Minute Drill

1. RECOGNIZE

Sudden Cardiac Arrest

- Collapsed and unresponsive
- Abnormal breathing
- Seizure-like activity

2. CALL 9-1-1

- Call for help and for an AED

3. CPR

- Begin chest compressions
- Push hard/ push fast (100 per minute)

4. AED

- Use AED as soon as possible

5. CONTINUE CARE

- Continue CPR and AED until EMS arrives



**Be Prepared!
Every Second
Counts!**

MT. SOLO MIDDLE SCHOOL



Dear Parents:

Due to the extra expense to the school and the district in these difficult budget times, a return bus is not provided for most sporting events.

Realizing that personally transporting your child from every game may be difficult, we have created this form to indicate alternative people to transport your child. The people you list may be parents of other players, grandparents, aunts/uncles, neighbors, etc. are acceptable with your approval.

We will keep this list on hand at games and provide a sign-out sheet to ensure that all students are accounted for at the end of the game.

_____ has my permission to ride home with the following people:

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____

Parent Signature _____ Date _____

Note: If for some reason there is someone whom you **do not** want your child leaving with, please contact your child's coach personally or call our athletic director at 577-2863.



ATHLETICS STUDY HALL

Dear Parents:

Thank you for your interest in becoming part of the Mt. Solo Skyhawks Athletic program! At Mt. Solo Middle School, we strive to develop class act athletes who demonstrate superior academics and sportsmanship.

Early release Wednesdays have provided a unique opportunity for your athlete. Student safety is our primary concern here at Mt. Solo, and academic success is a top priority. With this in mind, we have developed a study hall on **Early Release Wednesdays** to support student athletes.

We understand the busy lives of your families and student athletes therefore have provided staff supervised study hall immediately after school on Wednesdays until the beginning of practice. This gives student athletes a safe place they can complete homework, study for tests, or read each Wednesday prior to practice.

Sports study hall begins at 1:35 and ends at 2:30. Attendance is an expectation for all athletes. Student athletes are expected to bring all materials to study hall and be ready to work.

Please review this information with your student athlete, sign and return this form to Mrs. Guizzotti.

My student athlete will attend all sports study halls during the current season.

Athlete Signature: _____ Date: _____

Parent Signature: _____ Date: _____