MEDICAL HANDBOOK

2023 - 2024



CONNECTICUT INTERSCHOLASTIC ATHLETIC CONFERENCE
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CIAC Medical Handbook 2023-2024

Introduction

The Connecticut Interscholastic Athletic Conference, in order to provide a consolidated resource for member school athletic departments, has compiled this "CIAC Medical Handbook". The intention is to organize all medical information for CIAC member school athletic departments and thereby help schools to provide better systems of organization through which they can serve their student athletes.

The Athletic Director bears the responsibility for coordinating safe and responsible medical guidelines and practices for the school's athletic program. This handbook is provided to high school athletic directors in Connecticut to be used as a guide and resource. This CIAC Medical Handbook compiles, in one place, the resources needed to operate a safe athletic program.

It is important to keep in mind that medical assistance for students is provided for and administered by a variety of school personnel and other hired services. Those providing medical service to students can include the school nurse, school doctor, district medical team, athletic trainer and local EMT service. Athletic coaches are responsible for following state, local and school district guidelines, and may be in the position to perform emergency First Aid and CPR. It is advised that local school districts consult with all relevant local medical personnel when devising policies and plans for their district.

All medical processes and guidelines are subject to national, state, local and school district legislation and policies.

The information, forms and other materials in this packet are assembled in consultation with the CIAC, The Connecticut Athletic Trainers Association and The Korey Stringer Institute, and the Connecticut State Medical Society Sports Medical Committee.

The CIAC Medical Handbook has three sections:

Part 1 is a compilation of CIAC and Connecticut State guidelines and policies.

Part 2 is an example Emergency Action Plan.

Part 3 is a descriptor of the 14 Legal Duties of an athletic program.

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Alerts and Changes

1. **New!** Mental Health Plan. The Connecticut State Legislature passed a law establishing the requirement for a mental health plan for athletes. Under the bill, CSDE must establish a mental health plan for student athletes in collaboration with the CIAC. The plan must be made available to local and regional boards of education to raise awareness about available mental health resources for student athletes, and all boards of education must implement it beginning in the 2023-24 school year.

2. **Reminder – Heat Illness Legislation** For the school year commencing July 1, 2022, and each school year thereafter, any person who holds or is issued a coaching permit by the State Board of Education and is a coach of intramural or interscholastic athletics shall complete an exertional heat illness awareness education program prior to commencing the coaching assignment for the season of such intramural or interscholastic athletics. A link to the legislation can be found here: https://www.cga.ct.gov/2021/ACT/PA/PDF/2021PA-00087-R00HB-06492-PA.PDF

- Coaches Guide to Dehydration and Other Heat Illnesses can be found here: https://www.nata.org/sites/default/files/heat-illness-parent-coach-guide.pdf

- Exertional Heat Illness Review for Coaches can be found here: http://www.caadinc.org/23-24HeatRev.docx

3. **Reminder – Emergency Action Plans** For the school year commencing July 1, 2022, and each school year thereafter, each local and regional board of education and supervisory agent of a nonpublic school, in consultation with local emergency medical services providers and allied health professionals, shall develop and implement an emergency action plan for responding to serious and life-threatening sports-related injuries that occur during interscholastic and intramural athletic events. The link to the legislation can be found here: https://www.cga.ct.gov/2021/ACT/PA/PDF/2021PA-00092-R00HB-06534-PA.PDF

PART 1 – CIAC and State of Connecticut Guidelines and Policies

CERTIFICATIONS/COACHING CERTIFICATIONS

- Coaching Education Overview - Required coaching certifications, including medical certifications, can be found at this link: http://www.ctcoachinged.org/
- Information on Coaching Permit Renewal for the State of Connecticut can be found at: https://portal.ct.gov/SDE/Certification/Coaching-Permit-First-Time-Issuance
- Temporary coaching permit application can be found at this link: https://portal.ct.gov/-/media/SDE/Certification/Forms/ed_186.pdf
- 5 Year coaching permit application can be found at this link: https://portal.ct.gov/-/media/SDE/Certification/Forms/ed_185.pdf
- Coaching Course Registration: http://www.ctcoachinged.org/
- Sudden Cardiac Arrest Renewal: https://portal.ct.gov/-/media/SDE/Certification/Coaching/coaches_sudden_cardiac_arrest_awareness_annual_review.pdf?la=en
- Information on concussion training and certification can be found at this link: http://www.ctcoachinged.org/concussionpage.html
- Concussion Renewal Form for Coaches: https://caadinc.org/2023-24ConANNRev.pdf
- Mandated Reporter Training: https://portal.ct.gov/DCF/Mandated-Reporter-Training/Home
- Epipen Training: https://cprtrainpro.com/epi-pen-training
- Coaches Guide to Dehydration and Other heat Illnesses: https://www.nata.org/sites/default/files/heat-illness-parent-coach-guide.pdf
- Heat Illness Legislation for Coaches, Parents and Students: https://www.cga.ct.gov/2021/ACT/PA/PDF/2021PA-00087-R00HB-06492-PA.PDF
- Exertional Heat Illness Review for Coaches: http://www.caadinc.org/23-24HeatRev.docx

Volunteer Coaches – The State of Connecticut Department of Education does not distinguish between volunteer or paid coaches when considering certifications or responsibilities. All coaches who are responsible for, or instruct students in any way must follow Connecticut State Law for certifications and responsibilities. Therefore, volunteer coaches are required to obtain the same certifications as all other coaches.

Forms and Resources for Parents and Students

- Parent and guardian cardiac consent form: https://portal.ct.gov/-/media/SDE/Certification/Coaching/parent_and_legal_guardian_sudden_cardiac_arrest_awareness_informed_consent_form.pdf
- Concussion Student and Parent Consent Form: https://portal.ct.gov/-/media/SDE/Certification/Coaching/student_and_parent_concussion_informed_consent_form.pdf?la=en
- Parents and Coaches Guide to Dehydration and Other Heat Illnesses in Children: https://www.nata.org/sites/default/files/heat-illness-parent-coach-guide.pdf
- Parents Guide to Concussion https://www.nfhs.org/media/1020398/a-parents-guardians-guide-to-concussion-april-2019-final.pdf

Warning Information to Parents of Athletes

School districts must do everything possible to educate parents and players to the potential for injury and even death that can result from participation in school sports. In order to increase this awareness on the part of parents and players alike, and to help to reduce risk of lawsuits charging negligence, this office suggests the inclusion in your athletic authorization forms of a warning message.

Sample Statement – In Season

I/we give our permission for _____ (student name) in grade _____ to participate in organized high school athletics (or name of sport), realizing that such activity involves the potential for injury, which is inherent in all sports. I/we acknowledge that even with the best coaching, use of appropriate 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 or even death.

I/we acknowledge that I/we have read and understand this warning.

_____ _____ _____

(parent signature) (date)

Parent / Guardian Athlete Sample Statement – Out-of-Season

_____ High School Out-of-Season Physical Fitness Program Parent/Athlete Consent Form

Student's name_____

Grade_____

Sport_____

The CIAC allows a school to conduct non-mandated out-of-season conditioning programs provided students are not coerced to participate and as long as the programs do not interfere with any other educational, athletic or family commitments. We feel the program we are offering can be very beneficial to your child's growth and development and encourage them to participate. However, this program is not an interscholastic athletic program, therefore, you should always make certain your child is medically able to participate in the rigors such a program demands. As parents you take full responsibility for the medical well-being of your child (listed above) and give them permission to participate in the _____ High School optional out-of-season conditioning program. While off-season conditioning is strongly encouraged it does not necessarily guarantee a spot on the roster.

_____ Signature of Parent/Guardian

As an athlete of _____ High School I am willing to participate in a planned out-of-season conditioning program of my own free will and I am willing to abide to the following:

- I will attend only at times specified by my coach.
- I will not bring equipment or use any school equipment (except weights) during these conditioning sessions.
- I will participate only under the supervision of a coach or certified adult.

_____ Signature of Athlete _____(date)

Example Student & Parent – Sudden Cardiac Arrest Informed Consent Form

School Name_____ Date: _____

NOTE: This document was developed to provide student-athletes and parents/guardians with current and relevant information regarding sudden cardiac arrest. A new form is required to be read, signed, dated and kept on file by the student athlete's associated school district annually to comply with Connecticut General Statutes Chapter 163, Section 10-149f:

Sudden Cardiac Arrest Awareness Education Program

PART I – SUDDEN CARDIAC ARREST - What is sudden cardiac arrest? Sudden cardiac arrest (SCA) is when the heart stops beating, suddenly and unexpectedly. When this happens, blood stops flowing to the brain and other vital organs. SCA doesn't just happen to adults; it takes the lives of students, too. However, the causes of sudden cardiac arrest in students and adults can be different. A student's SCA will likely result from an inherited condition, while an adult's SCA may be caused by either inherited or lifestyle issues. 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. SCA is a malfunction in the heart's electrical system, causing the heart to suddenly stop beating.

PART II - HOW COMMON IS SUDDEN CARDIAC ARREST IN THE UNITED STATES? SCA is the #1 cause of death for adults in this country. There are about 300,000 cardiac arrests outside hospitals each year. It is a leading cause of death for student-athletes. According to an April 2014 study for PubMed the incidence was: • 0.63 per 100,000 in all students (6 in one million) • 1.14 per 100,000 athletes (10 in one million) • 0.31 per student non-athletes (3 in one million) • The relative risk of SCA in student-athletes vs. non-athletes was 0.65 • 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) (on CBS News, June 28, 2012)* are heat stroke, heart disease and traits associated with sickle cell anemia. Prevention of sudden death, the same study concludes, is associated with more advanced cardiac screening with attention to medical histories and birth records, improved emergency procedures, and good coaching and conditioning practices.

PART III - WHAT ARE THE WARNING SIGNS AND SYMPTOMS? 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. SCA can be prevented if the underlying causes can be diagnosed and treated. Sudden cardiac arrest is a medical emergency. If not treated immediately, it causes sudden cardiac death. With fast, appropriate medical care, 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/)

WHAT ARE THE RISKS OF PRACTICING OR PLAYING AFTER EXPERIENCING THESE SYMPTOMS? There are risks associated with continuing to practice or play after experiencing these symptoms. When the heart stops, so does the blood that flows to the brain and other vital organs. Death or permanent brain damage can occur in just a few minutes. Most people who experience SCA die from it.

REMOVAL FROM PLAY Any student-athlete who shows signs or symptoms of SCA must be removed from athletic activity and referred to a licensed health care profession trained specifically in the treatment of cardiac care. The symptoms can happen before, during or after activity.

RETURN TO PLAY Before returning to play, the athlete must be evaluated. Clearance to return to play must be in writing. The evaluation must be performed and written clearance be provided by a licensed medical provider. To summarize:

- 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 a defibrillator can be lifesaving.
- Training in recognition of signs of cardiac arrest and SCA, and the availability of AED's and personnel who possess the skills to use one, may save the life of someone who has had an SCA (National Heart, Lung, and Blood Institute). I have read and understand this document the "Student & Parent Informed Consent Form" and understand the severities associated with sudden cardiac arrest and the need for immediate treatment of any suspected condition.

Student name (Print)_____ Date_____ Signature:_____

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

Parent/Guardian name: (Print)_____ Date_____ Signature:_____

CIAC Guidelines and Policies

Services and Equipment at Athletic Contests

The provision of medical services and equipment at athletic contests during the regular season is the responsibility of the local school district.

Physical Examinations for Student-Athletes

(POLICY STATEMENT) Every athlete who participates in any CIAC-sanctioned activity (practice and/or contest) must be determined physically fit through a pre-participating evaluation performed within the past 13 months in accordance with reasonable and prudent written medical protocol as determined by his/her board of education or governing body. A pre-participatory athletic physical has been developed and approved by the Connecticut Sports Medicine Committee, and is available for use upon request to the CIAC office.

1. Is it necessary that a physical examination be performed each year? A pre-participation physical evaluation must be performed within the past 13 months. As has been past practice, the scope of that evaluation is determined by the local board of education or, in the case of private schools, the governing body. It is the responsibility of the school medical authority to determine, in accordance with board of education (governing board) policy, whether or not a student is physically fit to participate in CIAC-sanctioned activities.

2. Who may administer the pre-participatory examination/physical examination? The administration of pre-participation physical evaluations may be performed by any individual who has been authorized to do so under local board of education policy. The CIAC leaves the responsibility of administering physical evaluations under local control as long as such policy is not in violation of any state statutes regarding physical examinations.

3. Are "Club" sports included in this policy? Yes. Club sports, by definition, are interscholastic in nature and, therefore, are subject to CIAC regulations. The CIAC Board of Control requires that the following statement be incorporated in the tournament regulation for all CIAC-regulated sports.

Athletic Trainers

The CIAC strongly recommends that the services of a certified athletic trainer be available to all the school's student-athletes. We strongly recommend a "full time" athletic trainer who would be on campus for all sport games and practices. The athletic trainer position has become the Standard of Care for interscholastic athletics.

Student safety is the paramount concern for all CIAC member schools. Increasingly, schools are burdened with a growing responsibility for both preventative care and emergency response. Professional educators are required to maintain up-to-date certification in their area of responsibility. The presence of a certified athletic trainer assures that the highest quality of medical care and safety is provided to kids.

Just recently, athletic departments have been tasked with training coaches and educating parents with additional preventative safety precautions (concussion, cardiac arrest, heat illness, etc.) Vital to athletic departments are Emergency Action Plans. Athletic trainers are critical for planning and executing Emergency Action Plans. These recent developments are in addition to all the medical care athletic trainers had previously been tasked with.

Because of the in-depth, high-level training required to assure student safety, athletic directors and coaches can no longer be expected to bear the entire weight of responsibility for medical care. Every CIAC member school athletic program should have a full-time athletic trainer.

Team and Individual Minimum Practice Requirements

CIAC member schools are required to ensure that all student-athletes are properly conditioned and prepared prior to their first athletic contest. All sports teams and individual athletes must have a minimum of ten (10) physical / exertional school practice days before the date of the first scheduled competition.

An individual athlete must participate in a minimum of ten (10) practices prior to competition unless the athlete has been participating in a sport – for example a football player in the CIAC championship series that overlaps with a winter sport would not be required to complete ten (10) practices prior to competition.

No team/athlete shall practice / compete with their school more than six (6) consecutive days to provide a day of rest. Saturdays, Sundays, and holidays may be used unless prohibited by local board policy.

Practice Limitations Questions and Answers

1. May I have a film session or chalk talk on the day of rest?
Yes, as long as there is no physical / exertional activity such as weightlifting or conditioning.

2. When does the seven (7) day cycle requiring a day of rest begin?
The cycle begins the first date you begin your full practice regimen. It does not include conditioning week for pitchers and catchers or football.

3. How do I plan my day of rest if we have a postponement of a game due to weather and a workout day is necessary pre-empting the day of rest?

This CIAC regulation for providing a day of rest is in effect for regularly scheduled practice days and games. Postponements for inclement weather would not have an impact on this regulation.

4. May I have ten (10) consecutive days of physical / exertional practices if I give my team two days off?
No, a day of rest must be within a seven-day cycle to avoid seven consecutive days of practice/competitions.

Water Safety

Public Act 13-161: An Act Concerning Pool Safety at Public Schools (2013).
Public Act 13-161: (1) requires all public schools to have at least two qualified staff members on duty for all classes at a swimming pool and (2) establishes minimum qualifications for pool staff.

It requires all local and regional boards of education to develop swimming pool safety plans. Also, by July 1, 2014, the public health commissioner must adopt regulations to include swimming pools and natatoriums in schools in the existing regulations regarding public schools.

Sport Specific Safety Requirements

***** Important: There are sport specific safety requirements for all CIAC sports, which can be found in the sport rulebook, the tournament packet, or the CIAC Handbook
Every CIAC sport has safety guidelines for that sport.
Athletic Directors should make sure that all coaches have access to the tournament packets and their attention is drawn to those safety precautions. Include assistant coaches, JV coaches, freshmen coaches and volunteer coaches.

Monthly Medical "To Do" Checklist for Athletic Directors

*** It is important to have a systematic procedure for medical and safety guidelines in order to assure the safest possible environment prior to an emergency.**

****Monthly**, Check all athletic facilities and report any maintenance or safety issues to the custodial staff.

June

- Set up First Aid and Certification class for Fall Coaches.
- Generate Purchase Orders for medical supplies for next year.
- Review the Substance policies and make any changes to student athlete handbook, coaches' handbook, and permission forms. (It is a requirement of the CIAC that each school athletic department have a substance policy. See substance policy in this handbook.)
- Distribute the Emergency Action Plan (EAP) to principals, nurses, custodians, and security staff for review and get feedback. (See example Emergency Action Plan in this handbook.)
- Update the Emergency Action Plan for next year.

July/August

- Check CIAC changes to handbook and by-laws. (The CIAC will distribute changes in CIAC by-laws each summer.)
- Check with CIAC and District Administration for changes in laws that effect athletics safety.
- Distribute the medical policies and Emergency Action Plans to all pertinent personnel. There should be an EAP for every field, gym, pool, weight room, venue, room, area or zone under the direction of the athletic department.
- Make changes to Coaches Handbook as warranted.
- Review and make changes to the athletic waiver/permission form.
- Review and update the chemical substance policy.
- Check Fall Coaches' First Aid, EpiPen, CPR, Heat Illness, Concussion, Cardiac and Mandated Reporter Certifications.
- Distribute and then collect permission forms, Concussion forms, Cardiac Arrest, Heat Illness forms from fall parents and students
- Check Water Safety Instruction (WSI) and Lifeguard Certifications for fall swim coaches.
- Review Emergency Action Plans with Fall Coaches at Fall Coaches pre-season meeting.
- Review "The 14 Legal Duties" with all Fall Coaches at the pre-season meeting. (See 14 Legal Duties in this Handbook.)
- Review "Lightning and Thunder Policy" with Fall Coaches at the pre-season meeting.
- Review heat illness policies and procedures with fall coaches and athletic trainers at the preseason coaches meeting.
- Send cautionary statements to fall coaches. Coaches should meet with parents and students prior to the first day of practice to review the cautionary statements. Coaches should provide feedback to the Athletic Director for updates in safety pertaining to their sport. The Athletic Director should adjust the cautionary statements and keep them updated.
- Contact EMT service to review medical Emergency Action Plans for each venue.
- Set schedule with the Athletic Trainer for the fall season.
- Meet with the Athletic Trainer:
    - Review Emergency Action Plans.
    - Med kits for fall teams.
    - Emergency contacts for fall athletes.
    - Cold Water Immersion Tub placement.
    - Check the placement of and batteries for defibrillators (AEDs).
    - Get the medical history for fall athletes and distribute to their coach.
    - Check pre-participation exams (sports physicals) for each athlete.
    - Confirm portable AED with athletic trainer.
    - Put EAP for each sport in the medical kits and post at each venue.
- Send pool safety plan to PE staff and Swim Coaches.
- Check the pool starting blocks and diving board.
- Check that the water safety and rescue equipment is on the pool deck and in good condition.
- Review medical procedures, practice modifications for hot days, Emergency Action Plans, and Certification requirements with the coaches at the Fall Coaches' preseason meeting.
- Check that ice machines and outdoor water sources are functioning properly.
- Send tournament packets and rulebooks to fall coaches. Alert them to follow the safety procedures in those documents
- Check NOCSAE dates on football helmets.

September

- Set up First Aid and CPR Certification class for Winter Coaches.
- Schedule lifeguards for girls' swim meets.
- Check parent Concussion, Cardiac, Heat Illness and permission forms for each fall athlete.
- Check that AEDs are in their proper location and functioning

October

- Check Winter Coaches' First Aid, EpiPen, CPR, Heat Illness, Concussion, Cardiac and Mandated Reporter Certifications
- Check WSI and Lifeguard Certification for winter coaches.
- Set the schedule with the Athletic Trainer for the winter season.
- Review Emergency Action Plans with Winter Coaches at Winter Coaches pre-season meeting.
- Check gymnastics equipment and mats
- Meet with Athletic Trainer:
    - Review Emergency Action Plan for winter sports.
    - Med kits for winter teams.
    - Emergency contacts for winter athletes.
    - Medical histories for winter athletes.
    - Pre-participation exams (sports physicals) for each winter athlete.
    - Put EAP for each sport in medical kit.
- Permission forms, Heat Illness forms, Concussion forms, Cardiac Arrest forms from winter parents and students.
- Review "The 14 Legal Duties" with all winter coaches at the pre-season meeting.
- Distribute the Emergency Action Plan to all winter coaches at the pre-season meeting.
- Send cautionary statements to winter coaches. Coaches should meet with parents and students prior to the first day of practice to review the cautionary statements. Coaches should provide feedback to the Athletic Director for updates in safety pertaining to their sport. The Athletic Director should adjust the cautionary statements and keep them updated.

November

- Inventory supplies and equipment for fall sports teams. Evaluate their condition. Keep purchase dates and repair records.
- Set up First Aid and CPR Certifications for Winter Coaches.
- Schedule lifeguards for boys' swim meets.
- Check water safety certifications for boys' swim coaches.
- Check gymnastics equipment and mats.
- Weight certifications for wrestling team.
- Set up a schedule to disinfect the wrestling mats every day (Who does this? What time of day?)
- Check the condition of the wrestling mats and disinfect.
- Check the pool starting blocks and diving board.
- Check that water safety and rescue equipment is on the pool deck and in good condition.
- Send tournament packets and rulebooks to winter coaches. Alert them to follow the safety procedures in those documents.

December

- Send fall equipment out for reconditioning.
- Check parent Concussion, Cardiac and permission forms for each winter athlete.
- Post EAP at each venue for Winter sports

January

- Check Spring Coaches' First Aid, EpiPen, CPR, Heat Illness, Concussion, Cardiac and Mandated Reporter Certifications.

February

- Set up First aid and CPR Training class for Spring Coaches
- Schedule with the Athletic Trainer for the Spring Season.
- Check NOCSAE dates on lacrosse helmets
- Review medical procedures, practice modifications for hot days, Emergency Action Plans, and Certification requirements at Spring Coaches' preseason meeting.
- Distribute the Emergency Action Plan at the Spring Coaches' preseason meeting.

- Meet with Athletic Trainer:
    - Review Emergency Action Plan.
    - Med kits for spring coaches.
    - Medical histories for spring.
    - Pre-participation exams (sports physicals) for each athlete
    - Emergency contacts for spring athletes.
    - Cold Water Immersion Tub placement for spring sports.
    - Placement of and batteries for AEDs.
    - Put EAP for each sport in medical kit.
- Send tournament packets and rulebooks to spring coaches. Alert them to follow the safety procedures in those documents

March

- Inventory supplies and equipment for winter sports teams. Evaluate their condition. Keep purchase dates and repair records.
- Check track equipment and mats
- Check Spring Coaches' First Aid, EpiPen, CPR, Heat Illness, Concussion, Cardiac and Mandated Reporter Certifications.
- Meet with Athletic Trainer:
    - Review Emergency Action Plan for spring sports
    - Med kits for spring teams.
    - Emergency contacts for spring athletes.
    - Spring athlete medical and home contact information
    - Check Pre-participation Exams for each Spring Athlete
- Check the condition for baseball and softball batting cages and other screens.
- Check that ice machines and outdoor water sources are functioning properly.
- Check parent Concussion, Cardiac and permission forms for each spring athlete.
- Post EAP at each venue for spring sports
- Permission forms, Concussion forms, Cardiac Arrest forms from spring parents and students
- Review "The 14 Legal Duties of a Coach" with all spring coaches at the pre-season meeting.
- Review "Lightning and Thunder Policy" with spring coaches at the preseason meeting.
- Send cautionary statements to spring coaches. Coaches should meet with parents and students prior to the first day of practice to review the cautionary statements. Coaches should provide feedback to the Athletic Director for updates in safety pertaining to their sport. The Athletic Director should adjust the cautionary statements and keep them updated.

April

- Review heat illness policies and procedures with spring coaches and athletic trainers.
- Have the athletic trainer set up cold water Immersion tub for the spring sports teams.
- Check the condition of the wrestling mat. Schedule necessary repairs.

May

- Have the athletic trainer do an inventory of medical supplies and generate a purchase request for next year.

June

- Inventory supplies and equipment for spring sports teams. Evaluate their condition. Keep purchase dates and repair records.
- Send spring sport helmets/equipment out for reconditioning and NOCSAE certification

CIAC Chemical Health Policy and Regulations

The CIAC recognizes the use of chemical substances as a significant health problem for many adolescents, resulting in negative effects on behavior, learning, and the total development of each individual. The misuse and abuse of chemical substances affects extra-curricular participation and the development of related skills. Misuse and abuse of chemical substances by family members, team members and other significant persons also has a negative effect on adolescents. The CIAC is committed to the ideal of fair play and equitable competition at all CIAC contests.

This ideal stands as the foundational concept, which guides significant and long-standing regulations such as the age rule, recruitment, transfers, and others. These regulations exist to ensure that, as much as is possible, high school athletics are conducted in such a fashion that no individual athlete or team has an unfair advantage over its competitors. CIAC recognizes that the use and abuse by athletes of performance enhancing substances must be added to those behaviors, which create an uneven playing field for student-athletes and all athletic programs.

The use of performance enhancing substances by an athlete can and does alter the outcome of athletic events and, in so doing, has a profound impact on other schools within the league and across the state. This policy has been developed to protect the health and safety of its member school student-athletes, and to assure that no participant might be pressured to use performance-enhancing drugs for the purpose of remaining competitive, or to gain a competitive advantage.

The CIAC Chemical Health Policy sets an expectation that all member schools have a chemical health policy that requires all student-athletes playing in CIAC-controlled sports to be chemical free. CIAC activities provide coaches and other athletic department personnel a unique opportunity to observe, mentor, confront, and assist young people. The CIAC, therefore, strongly supports education and awareness training for adolescents in the use of chemical substances.

Each member high school shall develop a written policy and procedures for dealing with the use, sale, or possession of alcohol or controlled drugs and alcohol, as approved by its board of education or other governing body.

If no changes are made the previous policy will remain in effect. The written policy and procedures must address how violations affect student-athletes and must contain the seven statements listed below. The statements may be incorporated into existing policy on drugs, alcohol and tobacco, such as is mandated by state statute, or included in the athletic handbook for students and parents.

1. A statement which designates that the policy and procedures apply to all CIAC-controlled activities sponsored by the school and that participation in high school athletics is a privilege and not a right.
2. A statement that alcohol, stimulants, street drugs (including but not limited to marijuana, heroin, and cocaine) are addressed by the policy and procedures.
3. A statement that anabolic steroids, hormones and analogues, diuretics, and other performance enhancing substances are addressed by the policy and procedures and that the CIAC may impose sanctions beyond those applied by the LEA for use of these substances by athletes.
4. A statement that the school shall provide preventive and intervention educational programs for its student-athletes.
5. A statement which describes the types of prevention and intervention programs required for student-athletes prior to and during the sports season.
6. A statement which indicates who is responsible for the administration/enforcement/monitoring of the policy or regulations. (Principal, assistant principal, teacher, guidance, health personnel)
7. A statement that outlines the methods to be employed to ensure that all athletes and their parents are fully apprised of the policies and procedures.

The policy must be submitted to the CIAC upon request and will be made available to CIAC sports committees, CIAC Eligibility Committee, CIAC Eligibility Review Board, CIAC Board of Control, news media, and public in general.

Food Supplements The CIAC fully endorses the policies of the National Federation of State High School Associations regarding the use of food supplements by athletes. School personnel and coaches will not dispense any drug, medication, or food supplement except as in accordance with Connecticut state law, district policy, and as prescribed by a student's physician, dentist, physician assistant or advanced practice RN. The order is to be on record in the school health office that lists dose, time, and length of order, side effects and emergency contact. There will also be a signed parental consent on file. The use of any drug, medication or food supplement in a way not described by the manufacturer should not be authorized or encouraged by school personnel and coaches. Even natural substances in unnatural amounts may have short-term or long-term negative health effects. In order to minimize health and safety risks to student-athletes, maintain ethical standards, and reduce liability risks, school personnel and coaches may NEVER supply or recommend or knowingly permit students to use any drug, medication or food supplement for the specific purpose of enhancing their athletic performance.

Steroids The National Federation of State High School Associations (NFHS), the national service organized to all 50 state high school athletic and activity associations as well as the District of Columbia, prohibits the abuse of anabolic steroids and other performance enhancing substances by high school student-athletes. Such use violates legal, ethical, and competitive equity standards, and imposes long-term health risks. Further, the NFHS supports prohibitions by educational institutions, amateur and professional organizations and governmental regulators on the use of anabolic steroids and other controlled substances, except as specifically prescribed by physicians for therapeutic purposes. The CIAC fully endorses this National Federation position on steroids.

Drug Testing The CIAC Chemical Health Policy does not include any form of mandatory drug testing by member schools. The CIAC strongly supports the concept of local authority in determining drug-testing policies. Each board of education/governing body reserves the right to voluntarily implement a drug testing policy for its athletes. Drug testing of high school athletes has been demonstrated to be an effective deterrent to the use of steroids and other illegal drugs. With the use of proper safeguards drug testing is considered legal. The CIAC recommends member schools use the NCAA and the USOC list of banned performance enhancing substances and practices when designing and implementing a drug testing policy. The Connecticut Association of Boards of Education (CABE) has sample drug testing policies LEA's may wish to consider.

Performance Enhancing Drugs Minimum Penalty The CIAC expects member schools to monitor their student-athletes to assure that they are free of performance enhancing substances and to report any violations in a timely manner.
A student-athlete who has been determined to have used, in or out-of-season, androgenic/anabolic steroids or other performance enhancing substances (as defined in 4.15.J.) shall be declared ineligible for all CIAC-controlled activities for one hundred eighty (180) school days on each occurrence. The 180 school day period of ineligibility commences on the day the CIAC Board of Control makes such determination.
Any student-athlete who refuses to submit to testing as part of a member school's board of education approved random drug testing policy shall be ineligible to participate in any CIAC-controlled activities.
All CIAC contests/games/tournaments/championships in which the offending athlete participated while under the influence of performance enhancing substances shall be declared forfeitures and all records will be expunged.
A member school may apply to the CIAC Board of Control for reinstatement of the athlete's eligibility to participate in CIAC-controlled activities. Any such application must include:
1. The results of a CIAC-approved medically validated drug test, which confirms that the student-athlete is chemical free. The test must have been completed within 30 days prior to the application. The CIAC shall not be responsible for any expenses related to this testing.
2. A statement of the compelling circumstances on which the member school bases its application for reinstatement of the athlete's eligibility.

Performance Enhancing Substances and Practices Subject To This Policy Includes but are not limited to the following:
1. Anabolic Agents, Diuretics, Peptide Hormones and Analogues
2. Blood doping (the intravenous injection of whole blood, packed red blood cells, or blood substitutes.
3. Substances and practices identified as banned by the NCAA and the USOC.

The CIAC allows member schools to make exceptions for those student-athletes with a documented medical history demonstrating the need for regular use of substances that are banned in this policy. These identified substances must be medically prescribed by the student-athlete's doctor for therapeutic purposes. The documentation should contain information as to the diagnosis, medical history and dosage prescribed.

Mental Health Plan

The Connecticut State Legislature passed a law establishing the requirement for a mental health plan for athletes. Under the bill, CSDE must establish a mental health plan for student athletes in collaboration with the CIAC. The plan must be made available to local and regional boards of education to raise awareness about available mental health resources for student athletes, and all boards of education must implement it beginning in the 2023-24 school year.

Concussions and Head Injuries

Concussion Education and Awareness for Student Athletes and Parents

The Connecticut legislature has passed a law requiring concussion management education and an annual review for all coaches. The CIAC has developed a required concussion course in consultation with the State Department of Education, the Connecticut Concussion Task Force and the Connecticut Athletic Trainers Association.

The law includes that the education be extended to student-athletes and parents. The Connecticut Interscholastic Athletic Conference has mandated all CIAC member schools require education about the signs and symptoms of concussions to all student-athletes and their parents prior to the student engaging in interscholastic activities. Schools are required to spend time in each pre-season meeting to present pertinent information regarding the recognition of a concussion signs and symptoms, the means of obtaining proper medical treatment for a person suspected of sustaining a concussion, the nature and risks of concussion, including the danger of continuing to play after sustaining a concussion and the proper method of allowing a student-athlete who has sustained a concussion to return to play.

Schools must notify a parent if a student-athlete is removed from participation for exhibiting signs or symptoms of a concussion. The notification must be within 24 hours from the removal. Each student-athlete and parent must sign a consent form prior to the start of each season. Supportive material which can aide in the dissemination of the information may include written material and videos found on the CIACsports.com web site (by choosing the "Sports Medicine and Concussion Information" option under the "CIAC for Students and Parents" menu, or via the "Downloads" tab in the Online Eligibility Center. We are providing schools with a copy of the coaches' annual review and student/parent consent form in the back of the Handbook

Cardiac Arrest

Sudden Cardiac Arrest Education

All CIAC member schools must issue and collect a signed parent/legal guardian consent form which includes a summary of the sudden cardiac arrest awareness education program approved by the Connecticut State Department of Education and a summary of any applicable local or regional board of education's policies regarding sudden cardiac arrests.

The educational plan shall include: The warning signs and symptoms associated with a sudden cardiac arrest, including, but not limited to, fainting, difficulty breathing, chest pain, dizziness and abnormal racing heart rate; the risks associated with continuing to engage in intramural or interscholastic athletics after exhibiting such warning signs and symptoms; the means of obtaining proper medical treatment for a person suspected of experiencing a sudden cardiac arrest, and; the proper method of allowing a student who has experienced a sudden cardiac arrest to return to intramural or interscholastic athletics.

Furthermore, any person who holds or is issued a coaching permit by the State Board of Education and is a coach of intramural or interscholastic athletics shall annually review the program described above prior to commencing the coaching assignment for the season of such intramural or interscholastic coaching. We are providing schools with a copy of the coaches' annual review and student/parent consent form in the back of the Handbook.

Concussion and Legislation and CIAC Requirements – All CIAC member schools are required to educate all parents and student-athletes on the signs and symptoms of concussion and return-to-play requirements. Educational information both written and video that schools can use to meet this requirement are available online at the CIAC web site.

Additionally, all parents and student-athletes must sign off that they have been educated in the signs and symptoms of concussion using the consent forms that are available on the CIAC web site or through the school athletic department. No athlete can participate in football or any other sport until properly educated and there are signed consent forms on file.

Further, the State Statute requires parents/guardians to be notified within twenty-four (24) hours when an athlete has been removed from play due to an injury. Schools will need to determine who are the responsible school personnel who will make contact with the parent. Schools will also be required to report all concussions sustained in or out-of-school annually to the State Department of Education. Schools will need to develop protocol on who reports such information.

CONCUSSION AND HEAD INJURY CERTIFICATIONS In accordance with State of Connecticut Law for Coaches Certification, coaches must maintain certification in concussion and head injuries. Forms and details can be found at http://www.ctcoachinged.org/concussionpage.html

Exertional Heat Illness Legislation

For the school year commencing July 1, 2022, and each school year thereafter, any person who holds or is issued a coaching permit by the State Board of Education and is a coach of intramural or interscholastic athletics shall complete an exertional heat illness awareness education program prior to commencing the coaching assignment for the season of such intramural or interscholastic athletics. A link to the legislation can be found here: https://www.cga.ct.gov/2021/ACT/PA/PDF/2021PA-00087-R00HB-06492-PA.PDF

- Coaches Guide to Dehydration and Other Heat Illnesses can be found here: https://www.cga.ct.gov/2021/ACT/PA/PDF/2021PA-00087-R00HB-06492-PA.PDF

- Exertional Heat Illness Review for Coaches can be found here: http://www.caadinc.org/23-24HeatRev.docx

Emergency Action Plans Legislation

For the school year commencing July 1, 2022, and each school year thereafter, each local and regional board of education and supervisory agent of a nonpublic school, in consultation with local emergency medical services providers and allied health professionals, shall develop and implement an emergency action plan for responding to serious and life-threatening sports-related injuries that occur during interscholastic and intramural athletic events. The link to the legislation can be found here: https://www.cga.ct.gov/2021/ACT/PA/PDF/2021PA-00092-R00HB-06534-PA.PDF

Nutrition For Athletes

Healthy eating for athletes does not require a special diet or supplements. It is important to consume a variety of nutrients through whole foods in order to allow the body to properly repair itself, have the energy to play sports and do school work, avoid illnesses and remain properly hydrated.

Students should not go on a "diet". They especially should not lose or gain significant amounts of weight for their sport. Coaches, parents, other students, and media can be sources of misinformation. Pressure to lose or gain weight can lead to health issues and eating disorders. Athletic departments need to send the correct message to kids about their eating as athletes. Here are some basic guidelines for student/athletes:

1. Eat a variety of foods, especially fruits and vegetables, to gain a balance of nutrients. The nutrients from whole foods give you energy, help you avoid illness, and help you recover from workouts.
2. Drink plenty of water before, during and after your activities.
3. Do not take salt supplements or eat processed foods that are loaded with salt. All the sodium you need is contained in a balanced diet including fruit and vegetables.
4. Avoid sugar. Besides alternately making you jumpy and sluggish, sugar has many bad effects on your health and body weight.
5. Avoid caffeine. Caffeine dehydrates you and interrupts your sleep. Sleep is critical to recover from workouts. Dehydration is dangerous.
6. Don't use supplements like protein powders. You need a balance of protein, carbohydrate and fat. There is good and bad protein, good and bad, carbohydrate, and good and bad fat. Eat good foods and with proper training your body will perform to its best.

Exertional Heat Related Illnesses

(Resource: Korey Stringer Institute)

Exercising and Athletic Participation in Hot Weather

The main problem associated with exercising in the hot weather is water loss through sweating. Water loss is best replaced by allowing the athlete unrestricted access to water. Water breaks two or three times every hour are better than one break an hour. Probably the best method is to have water available at all times and to allow the athlete to drink water whenever he/she needs it. Never restrict the amount of water an athlete drinks, and be sure the athletes are drinking the water. The small amount of salt lost in sweat is adequately replaced by a balanced diet including whole foods, fruits and vegetables. Athletes that appear to have heat stroke or heat exhaustion should be cooled by ice water immersion.

Dehydration

- Dehydration can affect an athlete's performance in less than an hour of exercise. Sooner if the athlete begins the session dehydrated.
- Dehydration of just one to two percent of body weight (only 1.5-3 lbs., for a 150-pound athlete) can negatively influence performance.
- Dehydration of greater than three percent of body weight increases an athlete's risk of heat illness (heat cramps, heat exhaustion, heat stroke).
- High body fat athletes can have a harder time with exercise and can become dehydrated faster than lower body fat athletes working out under the same environmental conditions.
- Poor acclimatization to heat or lower fitness levels can greatly contribute to an athlete's dehydration problems. This is important with the first practices of year, especially in the summer.
- Certain medications or fevers can greatly affect an athlete's hydration status.
- Environmental temperature and humidity both contribute to dehydration and heat illnesses.
- Clothing, such as dark, bulky, or rubber protective equipment can drastically increase the chance of heat illness and dehydration.
- Wet bulb globe temperature measurements should be taken 10-15 minutes before practice, and the results should be used with a heat index to determine if practices or contests should be started, modified or stopped.

Recommendations For Hydration to Prevent Heat-Related Illness

- Beverages containing caffeine will affect hydration since urine production will increase compared to non-caffeinated beverages.
- Carbonated beverages are found to cause decreased voluntary fluid intake.
- Alcoholic beverages are inappropriate for high school athletes.
- Drink according to a schedule based on individual fluid needs. Drink before, during and after practices and games. Drink 17-20 ounces of water, two to three hours before exercise. Drink 7-10 ounces of water 10 to 20 minutes before exercise.
- Drink early – By the time you're thirsty, you're already dehydrated. In general, every 10-20 minutes drink at least 7-10 ounces of water or to maintain hydration, and remember to drink beyond your thirst. Drink fluids based on the amount of sweat and urine loss. Within two hours, drink enough to replace any weight loss from exercise.
- If exercise lasts more than 50 minutes, water should be provided during the session.

Heat Stroke

1. **THIS IS A MEDICAL EMERGENCY – DELAY COULD BE FATAL. ACTIVATE YOUR EMERGENCY ACTION PLAN BY CALLING – 911**.
2. A RECTAL TEMPERATURE (only taken by a qualified healthcare professional; athletic trainer, nurse, EMT, physician; not the coach) NOT ORAL, AURAL, OR TEMPORAL IS DAGNOSTIC OF HEATSTROKE. Other methods of temperature have given false core body temperatures and caused delay in care. If you are unable to obtain a rectal temperature it is safer to cool the athlete than delay cooling pursuant to waiting for a medical professional to take a rectal temperature. Immediately cool the athlete while waiting for transfer to a hospital. Remove equipment and immerse body in ice-cold water and keep cooling athlete.
3. Despite the many ways athletes can be cooled, immersion therapy has the best cooling rates. Ice water immersion should be your choice of cooling. A plastic kiddy pool or large plastic tub filled with water and with ice on standby should be available at all practices and games. Continue cooling efforts until EMS arrives. Recommendation is to continue cooling the athlete until core temperature is <100 degrees Fahrenheit.

Heat Exhaustion

1. Contact licensed health care provider.
2. Cool body as you would for heat stroke while waiting for medical personnel. Activate your emergency action plan.

Heat Stress and Athletic Participation

Sports practices and contests are conducted in very hot and humid weather in many parts of the United States. This can lead to heat-related illnesses. Most of the heat-related problems have been associated with football, due to the special equipment and uniforms needed. Heatstroke deaths are fully preventable in high school sports if the proper precautions are taken.

During hot weather conditions the athlete is subject to the following:

Heat Cramps – Heat cramps are a mild heat illness that can be easily treated. These intense muscle spasms usually develop after an athlete has been exercising for a while and has lost large amounts of fluid and salt from sweating.

Heat Syncope – Weakness, fatigue and fainting due to loss of salt and water in sweat and exercise in the heat.

Heat Exhaustion – Heat exhaustion is a moderate heat illness that occurs when a child continues to be physically active even after he or she starts suffering from ill effects of the heat, like dehydration. The child's body struggles to keep up with the demands, leading to heat exhaustion.

Heat Stroke – Heat stroke is a severe heat illness that occurs when an athlete's body creates more heat than it can release, due to the strain of exercising in the heat. This results in a rapid increase in core body temperature, which can lead to permanent disability or even death if left untreated. An acute medical emergency related to thermo-regulatory failure, associated with nausea, seizures, disorientation, and possible unconsciousness or coma. It may occur suddenly without being preceded by any other clinical signs. The individual is usually unconscious with a high body temperature and a hot dry skin, (heatstroke victims, contrary to popular belief, may sweat profusely).

It is believed that the above-mentioned heat stress problems can be controlled provided certain precautions are taken. The following practices and precautions are recommended:

1. Each athlete is required to have, prior to participating in any way, a physical exam with a medical history when first entering a program and an annual health history update, good for 13 months. History of previous heat illness and type of training activities before organized practice begins should be included.
2. It is clear that top physical performance can only be achieved by an athlete who is in top physical condition. Lack of physical fitness impairs the performance of an athlete who participates in high temperatures. Coaches should know the **physical condition** of their athletes and set practice schedules accordingly. Conditioning should progress over a period of time. Coaches should not assume that their athletes come into the first practice in good condition (despite being encouraged to do so.)

3. Along with physical conditioning, the factor of acclimatization to heat is important. Acclimatization is the process of becoming adjusted to heat and it is essential to provide for **gradual acclimatization to hot weather**. It is necessary for an athlete to exercise in the heat if he/she is to become acclimatized to it. It is suggested that a graduated physical conditioning program be used and that 80% acclimatization can be expected to occur after the first 7 to 10 days. Final stages of acclimatization to heat are marked by increased sweating and reduced salt concentration in the sweat.

4. The old idea that water should be withheld from athletes during workouts has **no scientific foundation**. The most important safeguard to the health of the athlete is the replacement of water. Water must be on the field and readily available to the athletes at all times. It is recommended that a minimum ten minute water break be scheduled for every twenty minutes of heavy exercise in the heat. Athletes should rest in a shaded area during the break. **Water should be available in unlimited quantities**. Check and be sure athletes are drinking the water. Replacement by thirst is inadequate.

5. Test the air prior to practice or game using a wet bulb, globe, temperature index (WBGT index) for the State of Connecticut: (Grundstein et al. 2015) .

There is also a weather guide for activities that last 30 minutes or more (Fox and Mathews, 1981) which involves knowing the relative humidity and air temperature.

Cat 1	Activity Guidelines
< 76.1	**Normal Activities – Provide at least three separate rest breaks each hour with a minimum duration of 3 min each during the workout.**
76.3 - 81.0	Use discretion for intense or prolonged exercise; Provide at least three separate rest breaks each hour with a minimum duration of 4 min each.
81.1 - 84.0	Maximum practice time is 2 hours. For Football: players are restricted to helmet, shoulder pads, and shorts during practice. If the WBGT rises to this level during practice, players may continue to work out wearing football pants without changing to shorts. For All Sports: Provide at least four separate rest breaks each hour with a minimum duration of 4 min each.
84.2 - 86.0	**Maximum practice time is 1 hour. For Football: No protective equipment may be worn during practice, and there may be no conditioning activities. For All Sports: There must be 20 min of rest breaks distributed throughout the hour of practice.**
≥ 86.2	**No outdoor workouts. Delay practice until a cooler WBGT is reached.**

Air Temp Danger Zone Critical Zone 70F 80% RH 100% RH RH = Relative Humidity 75F 70% RH 100% RH 80F 50% RH 80% RH 85F 40% RH 68% RH 90F 30% RH 55% RH 95F 20% RH 40% RH 100F 10% RH 30% RH

One other method of measuring the relative humidity is the use of a sling psychrometer, which measures wet bulb temperature. The wet bulb globe temperature should be measured prior to practice and the intensity and duration of practice adjusted accordingly. Recommendations are as follows:

6. Cooling by evaporation is proportional to the area of the skin exposed. In extremely hot and humid weather reduce the amount of clothing covering the body as much as possible. **Never use rubberized clothing**.

7. Athletes who are at high risk or who have a medical history, should be weighed each day before and after practice by the athletic trainer and **weight charts checked**. Generally, a three percent weight loss through sweating is safe and over a three percent weight loss is in the danger zone. Over a three percent weight loss, the athlete should not be allowed to practice in hot and humid conditions. Observe the athletes closely under all conditions. **Do not allow athletes to return to practice until they have adequately replaced their weight from fluid loss**.

8. Observe athletes carefully for signs of trouble, particularly athletes who lose significant weight and the eager

athlete who constantly competes to the limit his/her capacity. Some trouble signs are nausea, incoherence, fatigue, weakness, vomiting, cramps, weak rapid pulse, visual disturbance and unsteadiness.

9. Teams that encounter hot weather during the season through travel or following an unseasonably cool period, should be physically fit, but will not be environmentally fit. Coaches in this situation should follow the above recommendations and substitute more frequently during games.

10. Know what to do in case of an emergency and have your emergency plans written with copies to all your staff. Be familiar with immediate first aid practice and prearranged procedures for obtaining medical care, including ambulance service.

11. Parents and Coaches Guide to Dehydration and Other Heat Illnesses in Children
https://www.nata.org/sites/default/files/heat-illness-parent-coach-guide.pdf

Guidelines for Thunder and Lightning

1. Procedures for severe weather should be a part of the athletic department's Emergency Action Plan.

2. Prior to severe weather:
   a. Establish a means of monitoring weather including reliable weather forecast resources* for your area.
   b. Create a communication system for when dangerous weather approaches for all personnel and facilities. Establish a chain of command for making decisions for postponements and cancelations.
   c. Train coaches, athletic trainers, game personnel and other staff on procedures and practices to follow during a storm.
   d. Establish appropriate safe areas** for all facilities/venues.

3. During severe weather:
   a. When thunder is heard or lightning is reported within six miles of the outdoor event, everyone should be moved to a designated safe area.**
   b. If someone is struck by lightning, enact first aid and CPR including calling 911.

4. Following severe weather:
a. Activities should not be restarted until 30 minutes after the last rumble of thunder or lightning flash.

*WEATHER RESOURCES:
Phone apps may lack accuracy and may have a delay of several minutes until accurate weather is displayed.
National Weather Service for Hartford: 860 247-1212
National Weather Service for Bridgeport: 732 235-1212

** SAFE AREAS: For each venue, identify substantial, fully enclosed buildings with wiring and plumbing, such as a school, field house, library, home, or similar habitable (e.g., where people live and work) building to serve as a safe place from lightning.

Once inside a safe place, people should stay away from plumbing, showers, electrical equipment and corded phones. If an appropriate safe place is not available, a hard-top vehicle with the windows closed and buses are safer than open areas. If no safe place can be found, people should seek out the next best option. While there is no absolutely safe place outdoors when lightning is in the area, the risk of being struck may be slightly lessened by seeking out low areas such as valleys, which are slightly less dangerous than higher elevations. In a large group of trees, spreading out with 50 feet or more between individuals will reduce the likelihood of multiple casualties caused by a single lightning strike.
(source: NFHS, https://www.nfhs.org/articles/guidelines-for-developing-lightning-safety-policies/)

** UNSAFE AREAS:

Unsafe locations include most places termed shelters, such as picnic, park, sun, bus, and rain nonmetal shelters and storage sheds. Locations with open areas, such as tents, dugouts, refreshment stands, gazebos, screened porches, press boxes, and open garages are not safe from a lightning. Tall objects (e.g., trees, poles and towers, and elevated areas) are potential lightning targets and should be avoided. Large bodies of water, including swimming pools, are unsafe areas.

Injuries have been reported to people inside a building who were using plumbing or wiring or were near enough to the structure to receive a side flash from lightning. Close proximity to showers, sinks, locker rooms, indoor pools, appliances, and electronics can be unsafe.

(Source NATA)

Components of an Emergency Action (EAP) Plan

1. Every school should have a written emergency action plan for managing serious and/or potential life-threatening, sport-related illness.
2. All personnel involved with the organization and sponsorship of athletic activities share a professional responsibility to provide for the emergency care of an injured person, including the development and implementation of an emergency plan.
3. Develop and coordinate the EAP with input from local EMS, school public safety officials, on-site medical personnel or school medical staff (nurses), and school administrators.
4. Distribute and review the EAP to all relevant athletics staff members, game personnel and coaches annually.
5. The plan should include procedures for *Before an Emergency, During an Emergency and After an Emergency.*
6. Rehearse the EAP annually with the Athletic Trainer, Athletic Director, coaches and other pertinent medical personnel.
7. Update the EAP Annually with all relevant medical and athletics staff members.
8. Include a detailed list of the medical forms and permission forms that must be submitted for each student prior to participating.
9. Detail the responsibilities for all personnel during an emergency to carry out the plan of action with a designated chain of command (Doctor, Athletic Trainer, Nurse, EMT, Coach)
10. Identify location of on-site emergency equipment. (Defibrillator, ice machine, cold-water immersion tub, spine boards etc.)
11. List contact information for EMS and other key personnel. (athletic trainer, nurse, school office, athletic director)
12. Provide detailed information about ways to immediately communicate athletic health emergencies to medical services (land lines, mobile phones)
13. Detail the process that should occur and include documents that should be completed after a catastrophic event. (Injury report, follow up with parents)
14. Include information for healthcare professionals providing medical coverage. Send this information to relevant health care professionals (EMT service)
15. Review and rehearse the plan with the athletic trainer.
16. Have a venue specific EAP for each of the facilities in your program.
17. Post the venue specific EAP at every field, gym, weight room, pool, venue, room, area or zone under the direction of the athletic department
18. Include heat illness emergencies, placement of cold-water immersion tubs and “Cool First, Transfer Later” instruction.
    a. Note on taking rectal temperatures; In the case of heat illness, many emergency procedures state that victims should have their temperature taken rectally. That procedure should only be performed by medical personnel such as an EMT or an athletic trainer, not by coaches
19. Include Lightning and Thunder Policy.
20. Outline the procedures and requirements for students to return to play after an injury. (Required medical return to play notes.)
21. Include a listing of everything a coach should keep on hand at all team events and practices, (emergency contact information, student medical history, water, med kit and supplies)
22. Include student privacy guidelines from the district policy

The Coaches Handbook

The Coaches Handbook should have the following information regarding medical /emergency practices and policies:

1. A listing of all the required certifications for coaches.
2. The 14 legal duties of a coach
3. A statement of expectation that coaches will know and follow the Emergency Action Plan relative to their venue
4. An explanation of the school's system for tracking Pre-participation physicals
5. A list of all student and parent forms that must be submitted prior to participation.
6. The expectation that each coach keeps each student's medical history and emergency contact information with him or her.
7. The expectation that coaches condition their athletes gradually following a progression of conditioning. (Don't assume athletes arrive to the first practice in good condition.)
8. A procedure for coaches on what they should do subsequent to an emergency (accident forms, who to inform, follow up with parents)
9. An explanation of responsibility of coaches as mandated reporters.
10. Contact information for the Athletic Trainer
11. A reminder to follow the safety procedures in the CIAC Tournament Packet and the NHFS Rule Books
12. An outline of CIAC policies relating to medical guidelines.
13. The Lightning and Thunder policy.
14. An expectation to have a medical kit and water with them at all practices and contests. A list of supplies that should be in the medical kit.
15. The expectation that if they observe equipment or facilities that are out of repair or dangerous for their sport that they should cease using them and inform the athletic director immediately.

The Team Medical Kit

A suggested list of medical supplies for the coaches' medical kit should include the following items. It is the coach's responsibility to make sure that the kit is stocked at all times and that the kit is on hand at all team events. Put this list in the coaches' handbook.

- The EAP for the venues for each team and sports specific
- Various size band aids
- Gauze pads (various sizes)
- Rolled gauze
- Scissors
- Antibiotic ointment (bacitracin)
- Eye care solutions (rinse)
- Ace wraps
- Medical tape
- Pre-wrap
- Cohesive stretch tape
- Latex free medical gloves
- CPR mask/shield/rescue barrier
- Nose plugs
- Cold Instant disposable Ice bags
- Tongue depressors
- Sling (full or clothe)
- Hand cleaning solution
- Antibiotic Solution (Peroxide)

OTHER RESOURCES

Sample Emergency Action Form from Joel Barlow High School - http://www.casciac.org/pdfs/EmergencyActionPlan-Barlow.pdf

Concussion Training Videos: https://www.cdc.gov/headsup/resources/videos.html, https://nfhslearn.com/courses/61151/concussion-in-sports,

Sample Pool and Water Safety from Pomperaug High School: http://www.casciac.org/pdfs/PomperaugPoolSafety.pdf

Korey Stringer Institute Heat Acclimation Guidelines

National Athletic Trainers Association: https://www.nata.org/

CIAC Handbook: https://www.casciac.org/pdfs/ciachandbook_2324.pdf

NFHS Medical Resources. https://www.nfhs.org/resources/sports-medicine/

Part 2 – Emergency Action Plans

Connecticut State Law for Emergency Action Plans

For the school year commencing July 1, 2022, and each school year thereafter, each local and regional board of education and supervisory agent of a nonpublic school, in consultation with local emergency medical services providers and allied health professionals, shall develop and implement an emergency action plan for responding to serious and life-threatening sports-related injuries that occur during interscholastic and intramural athletic events. The link to the legislation can be found here: https://www.cga.ct.gov/2021/ACT/PA/PDF/2021PA-00092-R00HB-06534-PA.PDF

Example Emergency Action Plan

To CIAC School Athletic Directors,

The attached document is a template for the creation of an emergency action plan for your school and has been developed based off of recommendations of the National Athletic Trainers Association and the Korey Stringer Institute. You can use this document as a baseline guide, which you can fill with the appropriate information. The specific information in this manual is intended as an example. Change the detailed information to correspond with school, your buildings and your athletic facilities. The guide can form the basis for your EAP but you should rework it to comply with your local facilities, regulations and district policies.

Please note:

1. This document is simply a template to help you get started to create an EAP. Please revise, remove, or add items as fits your needs.
2. Words within brackets such as [School Name] are highlighted in yellow and should be revised them to match your school prior to implementation of your EAP.

IMPORTANT: It is important to understand that this Example Emergency Action Plan is intended to assist school athletic departments to put into place strategies for emergency situations. It is not a medical manual and therefore the suggestions herein are not intended for coaches and athletic directors to implement medical procedures for which they are not licensed. There are people associated with the school (doctors, nurses, EMTs, Athletic Trainers) who do have licenses and who are capable of performing medical procedures. This manual does not detail medical practices for those professionals with licenses. Medical professionals should follow the medical protocol associated with their level of licensure and detailed in their training through their professional associations and education.

DISCLAIMER: This emergency action plan is not considered medical or legal advice. All content is for informational purposes, and the Connecticut Interscholastic Athletic Conference makes no claim as to accuracy, legality or suitability. The CIAC shall not be held liable for any errors, omissions or for damages of any kind.

For information or questions contact Joe Velardi at CIAC at jvelardi@casciac.org or 203 250-1111.

Emergency Action Plan
For [Name of School]
Athletics Program

Personnel Involved in Development

The following individuals were involved with the creation of this Emergency Action Plan:

Superintendent of Schools: Name
School District Advising Physician: Name
School District Director of Facilities: Name
School Principal: Name
Athletic Director: Name
School Nurse: Name
Athletic Trainer: Name
Head Custodian: Name
Coach Representative: Name
EMT Service Representative: Name
Others: Name

Date of Latest Review: (Date)

Introduction

Emergency situations may arise at any time during athletic events. Expedient action must be taken in order to provide the best possible care to the student athlete. The development and implementation of an emergency action plan will help ensure that the best care will be provided.

There are a variety of emergency situations that can surface during sports programing. As emergencies may occur at any time and during any activity, all school activities personnel must be prepared. (Name of School) has developed this emergency action plan that may be implemented immediately when necessary and provide appropriate standards of emergency care to all sports participants.

This preparation involves formulation of an emergency action plan, proper coverage of events, maintenance of appropriate emergency equipment and supplies, utilization of appropriate emergency medical personnel, and continuing education in the area of emergency medicine and planning. Through careful pre-participation physical screenings, adequate medical coverage, safe practice and training techniques and other safety avenues, some potential emergencies may be averted. However, accidents and injuries are inherent with sports participation, and proper preparation on the part of the sports medicine team should enable each emergency situation to be managed more appropriately and efficiently.

Updates:

(As years go on, list updates here and then add them to the appropriate place in your document also.)

Prior To An Emergency

The following steps will be taken prior to participation in sports for each season:

1. Parents and students will submit the following documents…
    a. Permission form and waiver (Appendix A) – includes medical history and emergency contact information
    b. CIAC Sudden Cardiac Arrest Education Form
    c. CIAC Concussion Education Form
2. The Athletic Director will assure that all coaches have completed the legal and required training and have obtained all certifying documents from every coach, including volunteer coaches, prior to any of their athlete's participation. (A list of certifications required of Connecticut coaches is in the CIAC Medical Handbook or can be acquired from the CIAC.)
3. The coaches will receive emergency contact information and medical history (relevant to sports). The coaches will keep this information on hand during all instances where they are engaged with their student/athletes. The coach will also keep water, med kit and supplies on hand at all team practices, contests and events. (See the list of med kit supplies in the coaches' handbook.)
4. The school district will allocate a budget sufficient to purchase needed athletic medical supplies recommended by the athletic trainer and approved by the athletic director.
5. The school district will designate personnel to make repairs and maintain athletic facilities up to safety standards. The school district will establish a line of communication for making safety repairs in a timely fashion.
6. The athletic trainer will prepare medical kits for every team at every level (varsity, JV and freshmen) and distribute them to coaches. Coaches will keep the medical kit stocked. Coaches will keep medical kits on hand at all instances where they are engaged with their student athletes.
7. The athletic trainer will keep an inventory of medical supplies and inform the athletic director of supplies that should be ordered before any supplies become exhausted.
8. The Athletic Director will review the Emergency Action Plan with all coaches prior to the start of the first practice of the season. Coaches will receive maps of their playing area delineating emergency equipment and emergency rescue procedures. Coaches will sign a verification form (Appendix H) upon completion of this training.
9. Coaches will be responsible for posting the EAP at their different venues. Posting the EAP may include physically attaching the EAP to a structure (e.g., wall, fence) or it may be in the medical kit.
10. The Athletic Director will coordinate with the athletic trainer in inspecting all emergency equipment (defibrillators, cold water immersion tubs, spine boards etc.) and they will perform regular inspections of such equipment.
11. Coaches will regularly inspect their playing areas and team equipment. Coaches will inform the Athletic Director <u>immediately</u> if playing areas or equipment falls into disrepair.
12. Coaches will meet with their teams prior to the start of the first practice/try-out and go over the "General Guidelines for Students" as well as specific safety precautions for their sport and distribute the cautionary statement relevant to their sport.
13. The Athletic Director will follow the process in the CIAC Medical Handbook for "Medical Monthly To Do List" or revise the list to suit the specific situation in our school. The importance of a schedule of safety procedures is to have a systematic process for assuring that safety precautions are in place.
14. The Athletic Director will send maps to police, fire and EMT service at the start of each school year.

General Guidelines for Students

All Coaches should meet with their teams prior to the first day of try-outs/practice and review safety guidelines specific to the sport. The coach should distribute the cautionary statement for their sport and go over it with their students and parents. Also, coaches should go over the following general procedures:

1. Do not start practicing or playing until the coach is present
2. No gum or food during practice.
3. No horseplay of any kind, at any time (bus, locker room etc.).
4. Wear proper clothing and footwear.
5. Dress appropriately for the weather.
6. Tie hair back or wear a cap, keep your hair out of your eyes.
7. Follow all directions from the instructor/coach. The coach will specify safety techniques for the sport. Athletes are expected to follow safety techniques.
8. Drink water frequently. You are always allowed to get water during breaks. Drink water during the day prior to practices/contests. If your facility does not have a water fountain nearby, bring water from home.
9. Keep off equipment unless instructed to go on.
10. Tell the coach if something is wrong. If you feel dizzy, light headed, faint, have chest pains, are over heated or don't feel well for any reason: tell your coach.
11. In the case of an emergency notify your coach immediately.
12. If you think someone else is in distress, ask them if they are OK and tell your coach.
13. Follow the coaches' instructions during emergency situations.

Emergency Equipment Locations

Emergency Equipment:

- Athletic Training Kit, Emergency Bag, Biohazard/First Aid Kit, portable defibrillator will be carried continuously by the athletic trainer.
- First Aid Kit located with a coach for each team
- Emergency first aid cabinet attached to the walls of the gyms, weight room and pool.

1. AED
    a. Portable AED with the athletic trainer for all covered events
    b. Portable AED with the coach of highest need, determined by athletic trainer, athletic director and coach prior to season
    c. Additional AED located outside [School Name] Gymnasium in lobby
2. Nearest phone
    a. Athletic Trainer's personal cell phone when covering events
    b. Coaches' personal cell phones
    c. In [School Name] – there is a wall-mounted phone connected outside of the gym under the AED
    d. A phone is located in the athletic director's secretary office; Dial 9 then the number
    e. Phones are located in each of the coaches/PE offices; Dial 9 then the number
3. Ice Machines
    a. 1st ice machine is located in the athletic trainer's room
    b. 2nd ice machine is located in the field house near the turf field
4. Cold-water immersion tub located in the field house near the turf field. The athletic trainer is responsible for bringing the cold-water immersion tub on warm days to a location that is quickly accessed during an emergency.
5. Rescue Inhaler
    a. Coaches are responsible for each student who brings an inhaler and is responsible for bringing the inhaler with them to all practices/games
    b. Inhaler must be left with a coach (labeled with the student's name) during practices and games (not left in personal bag)

    c. The athletic trainer may be given a backup inhaler by the parent or child to keep as a backup in the med kit.
    d. The student and parent are responsible for bringing the inhaler and replacing it before the expiration date
6. Epipen
    a. Coaches are responsible for each student who brings an epipen and is responsible for bringing their epipen with them to all practices/games
    b. Epipens must be left with the coach (labeled with the student's name) during practices and games (not left in personal bag)
    c. Athletic trainer may be given a backup Epipen by the parent or child to keep as a backup in the med kit.
    d. The student and parent are responsible for bringing the epipen and replacing it before the expiration date
7. Splints
    a. Splints are kept with the athletic trainer or in the athletic trainer's room.
8. Spine boards/Cervical Collar
    a. Will be provided by EMS upon arrival
9. Bio-hazard Materials
    a. Red bags – in each med kit and in the athletic trainer room.
    b. Disposal Bin – in the athletic trainer room
10. Pool
    a. Backboard, rescue tubes, rescue poles located on the walls in the pool

Definition of an Athletic Emergency

Emergency situations may arise at any time during athletic events. An athletic emergency is any case where the following may occur:

1. An unforeseen combination of circumstances and the resulting state that calls for immediate action. The athlete's life is in jeopardy or the athlete risks permanent impairment.
2. A player is injured or develops a condition during participation and they are removed from or cannot enter participation based on that condition.
3. Any individual at the scene who is injured or develops a condition that is life threatening, impairs their ability to function, or could lead to more serious medical development.
4. An environmental, mechanical or physical circumstance that threatens the safety or causes injury or a physical condition.
5. Instances where medical or health care is provided to an ill or injured person on a sudden, immediate, or unexpected basis.

Rehearsal Strategy

The athletic trainer and the athletic director will be responsible for reviewing the EAP annually and rehearsing it prior to each sport season.

Coaches at [School Name] will be educated on the EAP prior to their season of coaching. The meeting will be a requirement for all coaches, of all levels, of every sport.

The meeting will be directed by the athletic director and athletic trainer and will include a power point presentation for recent updates along with a hands-on portion. The hands-on portion will run through different scenarios to ensure the coaches understand the EAP. All coaches will be provided the opportunity to ask any and all questions. The athletic trainer will be responsible for ensuring a proper and adequate answer to all questions.

All coaches must sign in to prove their attendance, see Appendix G. The documentation of attendance will be stored with the athletic trainer.

Staff Education

1. Each season, every coach will receive a copy of the Emergency Action Plan (EAP)
    a. Each coach will provide their signature to confirm they have read the documents and asked any potential questions (Appendix G)
2. A copy of the relevant EAP will be in each medical kit which is to be kept with the coach at every practice/event
3. A copy of the EAP will be posted on the wall in the athletic training room.

Emergency Telephone Numbers

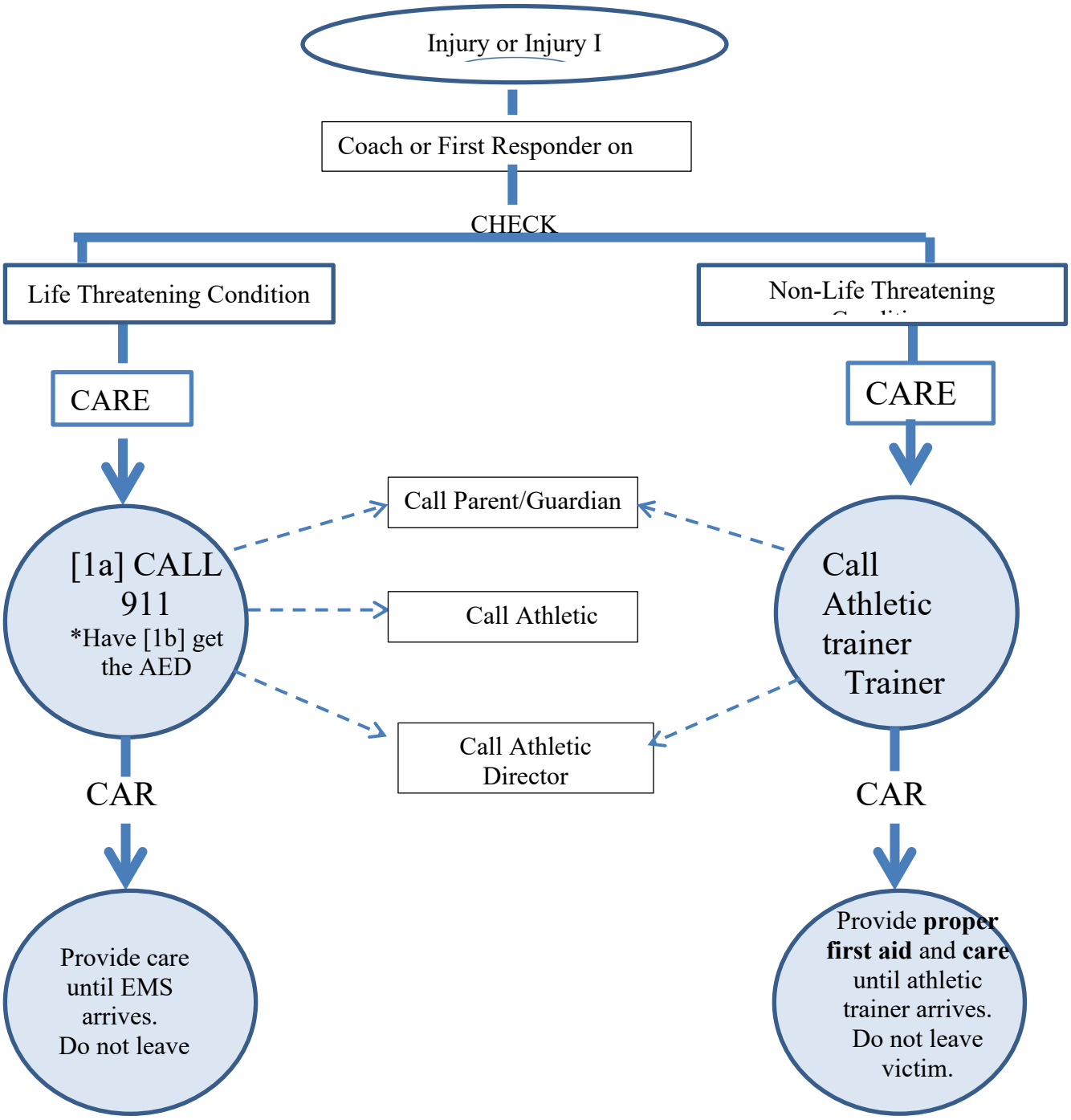
This list is distributed prior to the start of the season.

Off Campus Contacts	Phone Number
Emergency	
Police department	
Fire and Ambulance	
[Nearest] Hospital	
[Second Nearest] Hospital	
Hazardous Materials	
Poison Control Center	

On Campus Offices	Phone Number
Athletic Trainers Room	
Nurse	
Athletic Director	
Main Office	
Administrative Office	
School Counselor Office	

Title	Name	Office	Cell
Athletic Trainer			
Athletic Director			
Principal			
Assistant Principal			
Assistant Principal			
Nurse			

Emergency Situation Contact Tree



Athletic Trainer may at their discretion contact sports medicine physician for guidance

During An Emergency

Emergency Personnel

The first responder in an emergency situation during an athletic practice or competition is typically a member of the sports medicine staff, such as a certified athletic trainer. However, the first responder may also be a coach or another member of the school personnel.

Certification in cardiopulmonary resuscitation (CPR), first aid, automated external defibrillator (AED), emergency action plan review, and prevention of disease transmission, and emergency plan review is required for all athletics personnel associated with practices, competitions, skills instructions, and strength and conditioning [including: athletic director, school nurse, certified athletic trainer, all coaches, etc.].

The emergency team may consist of physicians, emergency medical technicians, certified athletic trainers, athletic training students, coaches, managers, and possibly even bystanders. Roles of these individuals will vary depending on different factors such as team size, athletic venue, personnel present, etc.

Chain of Command During an Emergency

1. Any Medical Doctor on the scene
2. The Athletic Trainer
3. The EMT
4. School Nurse
5. Police officer or Firefighter
6. Lifeguards
7. The Coach
8. Custodial Staff
9. Other school staff and teachers trained in first aid or CPR
10. Other Persons trained in CPR or First Aid
11. Other bystanders (spectators, students, officials, bus drivers)

General Plan of Action During an Emergency

1. The most medically qualified person, as identified in the "Chain of Command" will lead
2. Check the scene for safety. Establish if it is safe to help. If it is, begin immediate care.
3. Is the athlete breathing? Conscious? Pulse? Any loss of consciousness? Spine injury? Dislocation, open fracture, displaced closed fracture? Is there any uncertainty?
4. Activate Emergency Medical Services. This may be necessary in situations where emergency transportation is not already present at the sporting event. Time is the most critical factor and this may be done by anyone on the team.
5. If you need help, ask someone to call 911 – LOOK THE PERSON DIRECTLY IN EYES and make sure they make the call! Tell them to come back and inform you that the call has been placed.
6. Perform emergency CPR/First Aid
7. If severe bleeding – instruct a nearby individual to assist with bleeding control
8. Instruct coach, student or bystander to get the AED if needed.
9. Instruct a nearby individual to meet ambulance to direct to appropriate site. For example, send a reliable student out of the building to wait outside the entrance for the ambulance and direct the EMT where to go when they arrive.
10. Instruct a coach or officials to stop the practices or contest.
11. Get someone to open doors and/or gates to the facility
12. Instruct another coach or bystander to control crowd
13. Contact the Athletic Trainer if they are not on the scene
14. Contact parents
15. Contact Athletic Director
16. Contact Principal/Vice Principal
17. Only release an injured student to the EMT or their parents. Once a student is being transported, the coach should stay with the team until they are dismissed to go home and they all have left. If there is a second coach at the scene, they can stay with the team and, if the parents are not available, the coach may accompany the athlete to the hospital – either in an ambulance or follow by car.
18. Document the event according to the protocol outlined in this Emergency Action Plan

Activating Emergency Medical Services

Call 9-1-1
Provide information

- Name, address, telephone number of caller
- Nature of the emergency (medical or non-medical)*
- Number of athletes
- Condition of athlete(s)
- First aid treatment initiated by first responder
- Specific directions as needed to locate the emergency scene (i.e., "use the south entrance to the school off Asylum St.")
- Other information requested by the dispatcher
- DO NOT HANG UP FIRST

*if non-medical, refer to the specified checklist of the school's non-athletics emergency action plan

Emergency Communication

Communication is key to a quick, efficient emergency response. There is a pre-established phone tree to ensure all relevant parties are notified. Access to a working telephone line or other device, either fixed or mobile, should be assured. There should also be back-up communication in effect in case there is a failure of the primary communication. At every athletic venue, home and away, it is important to know the location of a workable telephone. Please see the section for "Emergency Telephone Numbers".

Medical Emergency Transportation

Any emergency situation where there is loss of consciousness (LOC), or impairment of airway, breathing, or circulation (ABCs) or there is a neurovascular compromise should be considered a "load and go" situation and emphasis is placed on rapid evaluation, treatment, and proper transportation. Any emergency personnel who experiences doubt in their mind regarding the severity of the situation should consider a "load and go" situation and transport the individual.

Cool First, Transport Later

In the case of heat related illness, the revised protocol is to cool the athlete first, then transport the individual later. Use the cold-water immersion tub filled with ice water to cool the athlete. If a cold-water immersion tub is not available use ice, water, wet towel or whatever is available to cool the athlete. When the EMT arrives, they should make sure that the individual's temperature has returned to normal prior to transporting them to the hospital.

Non-Medical Emergencies

For the non-medical emergencies (fire, bomb threats, violent or criminal behavior, etc.) refer to the school emergency action plan and follow instructions.

After An Emergency:

1. If it is not possible to contact the nurse's office or an administrator during the emergency, the coach shall notify the nurse, the Athletic Director and a main office administrator as soon after the incident as possible.
2. The coach will contact the parents/guardians of the student involved to explain the circumstances.
3. In the event that the parents/guardians cannot be contacted, the coach should continually call, in a reasonably timely manner, until contact is made. Messages left on answering machines should only suggest the parent/guardian call the coach, athletic trainer or athletic director. No specifics regarding the illness or injury should be explained to an answering machine.

Documentation

1. The Athletic Trainer (or other provider) and the coach must complete documentation immediately following activation of the EAP. Both an injury report (Appendix B) and accident report form (Appendix C) must be filled out. Submit both forms to the athletics office as soon as possible.
2. The athletic trainer should make a notation of the injury and keep it for their records.
3. The school nurse should note the injury and include it with the student's medical file.

Debriefing

A team comprising of the Athletic Trainer, AD and coaches must discuss serious injuries (injuries that require the victim to go to the hospital) within 2 school days. This team must evaluate the effectiveness of the EAP. A specific timeline for changes to EAP should be made for promptness.

Conclusion

The importance of being properly prepared when athletic emergencies arise cannot be stressed enough. An athlete's survival may hinge on the training and preparation of healthcare providers. It is prudent to invest athletic department "ownership" in the emergency action plan by involving the athletic administration and sport coaches as well as sports medicine personnel. The emergency action plan should **be reviewed at least once a year** with all athletic personnel and local emergency response teams. Through development and implementation of the emergency plan [School Name] helps to ensure that athletes will have the best care provided when an emergency situation does arise.

Appendix

Appendix A – Athletic Participation Form and Waiver

(Paste School Athletic Permission Form Here)

Appendix B – Athletic Trainer Emergency Report
(Paste Athletic Trainer Emergency Report Form Here)

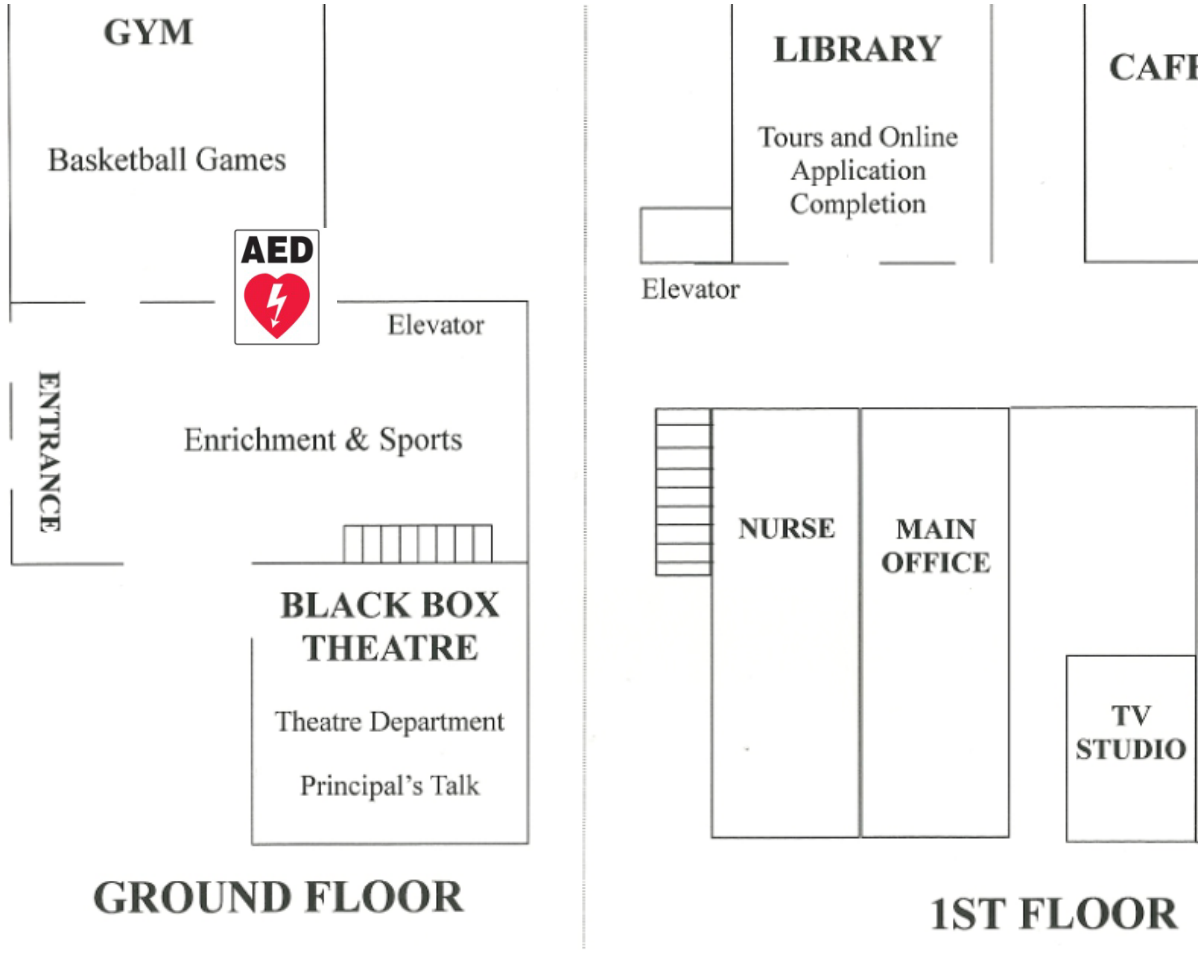
Appendix C – School Accident Report
(Paste school Accident Report Form here)

Appendix D – AED Map Location

[SCHOOL NAME] AED Location

The main AED for inside [SCHOOL NAME] is located [place where the AED is located]

[Place the picture of your school's layout with the AED locations from page 5 of the "EAP Template Fill-in." Below is an example of a school layout with the AED placement. Delete this statement and picture]



Appendix E – Example Gymnasium Emergency Directions/Map

(Replace or modify this page with your school's EAP for your Gymnasium noting the best route for an ambulance and the best exit for a stretcher.)

Example:

Address: Hamilton High School is located at 30 Wall St., Hamilton CT 06999
GPS Coordinates: XXXXXXX
Phone: For the main gymnasium there is a telephone in the PE offices located just off the gym floor.
AED: An AED is on the wall in the hallway outside the main entrance to the gym.
Ice: The nearest ice machine is in the athletic trainer's room.
Cold Water Immersion Tub: The nearest Cold Water Immersion Tub is located in the athletic trainer's room
Water: Water fountains are in the gym. Showers and sinks are in the locker rooms.
Medical Kit: There is a medical cabinet on the wall of the gym. All coaches should keep their medical kit with them for all team practices, contests, events or any other gathering.
EMT Entrance: The best entrance for EMT service or Ambulance is to go to the rear of the gym and enter through the north side of the gymnasium. Instruct someone nearby to wait at those doors and another bystander to wait to the entrance of the school driveway to point the way to the rear entrance of the gym.
Medical Emergency Personnel: In the case of a medical emergency the most medically qualified person, as identified in the "Chain of Command" will lead.

Activating the Emergency Action Plan (EAP):

1. Check the scene for safety. Establish if it is safe to help. If it is, begin immediate care. How many victims are there? Can bystanders help?
2. Is the athlete breathing or having difficulty breathing? Conscious? Pulse? Any loss of consciousness? Spine injury? Dislocation, open fracture, displaced closed fracture? Is there any uncertainty?
3. Activate Emergency Medical Services.
4. Call 911. If you need help, ask someone to call 911 – LOOK THE PERSON DIRECTLY IN EYES and make sure they make the call! Tell them to come back and inform you that the call has been placed.
    a. Provide Name, location of injured, address, phone number, number of people injured, type of injury, treatment given, GPS coordinates.
    b. STAY ON THE PHONE. BE THE LAST TO HANG UP.
5. Perform emergency CPR/First Aid.
    a. If severe bleeding – instruct a nearby individual to assist with bleeding control
    b. Instruct coach, student or bystander to get the AED if needed.
    c. Check airway/breathing/circulation, level of consciousness, and severe
    d. Instruct a nearby individual to meet ambulance to direct to appropriate site. For example, send a reliable student out of the building to wait outside the entrance for the ambulance and direct the EMT where to go when they arrive.
6. Instruct a coach or officials to stop the practices or contest.
7. Instruct a coach or bystander to control crowd
8. Contact the Athletic Trainer if they are not on the scene
9. Meet and direct the ambulance
    a. Get someone to open doors and/or gates to the facility
    b. Designate someone to flag down the ambulance
10. Contact parents
11. Contact Athletic Director
12. Contact Principal/Vice Principal
13. Only release an injured student to the EMT or their parents. Once a student is being transported, the coach should stay with the team until they are dismissed to go home and they all have left. If there is a second coach at the scene, they can stay with the team and, if the parents are not available, the coach may accompany the athlete to the hospital – either in an ambulance or follow by car.
14. Document the event according to the protocol outlined in this Emergency Action Plan

Appendix F - Example Venue Action Plans

[Copy and paste this page multiple times for each venue, you will have to change the address, directions and GPS coordinates for each venue – delete this statement prior to use. Note the best route for an ambulance and the best exit for a person on a stretcher]

Main Field

Address: Hamilton High School is located at 30 Wall St., Hamilton CT 06999, The Main field is to the right of the driveway as you enter the school campus.

GPS Coordinates: XXXXXXX

Phone: For the main field there is a telephone in the press box. This requires a key.

AED: There is no AED near this field. The closest AED is on the wall in the hall outside the main gym. The Athletic Trainer will carry a portable AED.

Ice: The nearest ice machine is in the field house.

Cold Water Immersion Tub: The nearest Cold Water Immersion Tub is located in the field house

Water: There are no water fountains near this field. The closest water fountain is in the lobby of the main gym.

Medical Kit: All coaches should keep their medical kit with them for all team practices, contests, events or any other gathering.

EMT Entrance: The best entrance for EMT service or Ambulance is to go to the lower parking lot and enter through the gate. The gate requires a key. Instruct someone nearby to wait at the entrance to the driveway at the lower parking lot and direct them to the emergency.

Medical Emergency Personnel: In the case of a medical emergency the most medically qualified person, as identified in the "Chain of Command" will lead.

Activating the EAP:

1. Check the scene for safety. Establish if it is safe to help. If it is, begin immediate care. How many victims are there? Can bystanders help?
2. Is the athlete breathing or having difficulty breathing? Conscious? Pulse? Any loss of consciousness? Spine injury? Dislocation, open fracture, displaced closed fracture? Is there any uncertainty?
3. Activate Emergency Medical Services.
4. Call 911. If you need help, ask someone to call 911 – LOOK THE PERSON DIRECTLY IN EYES and make sure they make the call! Tell them to come back and inform you that the call has been placed.
    a. Provide Name, location of injured, address, phone number, number of people injured, type of injury, treatment given, GPS coordinates.
    b. STAY ON THE PHONE. BE THE LAST TO HANG UP.
5. Perform emergency CPR/First Aid.
    a. If severe bleeding – instruct a nearby individual to assist with bleeding control.
    b. Instruct coach, student or bystander to get the AED if needed.
    c. Check airway/breathing/circulation, level of consciousness, and severe.
    d. Instruct a nearby individual to meet ambulance to direct to appropriate site. For example, send a reliable student out of the building to wait outside the entrance for the ambulance and direct the EMT where to go when they arrive.
6. Instruct a coach or officials to stop the practices or contest.
7. Instruct a coach or bystander to control crowd.
8. Contact the Athletic Trainer if they are not on the scene.
9. Meet and direct the ambulance
    a. Get someone to open doors and/or gates to the facility
    b. Designate someone to flag down the ambulance
10. Contact parents.
11. Contact Athletic Director.
12. Contact Principal/Vice Principal.
13. Only release an injured student to the EMT or their parents. Once a student is being transported, the coach should stay with the team until they are dismissed to go home and they all have left. If there is a second coach at the scene, they can stay with the team and, if the parents are not available, the coach may accompany the athlete to the hospital – either in an ambulance or follow by car.
14. Document the event according to the protocol outlined in this Emergency Action Plan.

Example Elementary School Field EAP

(Source: Weston High School)

EAP STEP BY STEP INSTRUCTIONS (ELEMENTARY SCHOOL SOFTBALL FIELD):

IN CASE OF EMERGENCY:

1. The ATC, if present, will assess the injury and the need for medical referral. *(One coach should follow ATC onto field to offer any assistance as requested by ATC i.e.: summoning EMS, help removing athlete from field)*
2. If ATC is not immediately present, the coach (as a first responder) will conduct a first aid survey to determine the need for medical referral.
    - To summon an ambulance, designate someone to do one of the following:
        a. Call Dispatch Emergency Services
            a. 911
3. Upon emergency contact, the designated person will do the following:
   ***STAY ON THE LINE AND FOLLOW DIRECTIONS OF DISPATCHER**
    a. Identity yourself and position (i.e.: ATC, Coach)
    b. State your location and details
    c. State the nature of the medical emergency
    d. Request assistance and ambulance if needed
    e. State the number of athletes involved and their current condition
    f. Give specific directions to emergency scene
4. If directions are needed, they will be given as the following:
    a. Travel towards Administration Building via School Rd.
    b. Field is located on your right-hand side as you pass Hurlbutt Elementary School's parking lot also on your right.
    c. Access field via opening in fence on the third base side.
5. Upon waiting for the arrival of the ambulance, send a coach (or player(s) if a coach is not available) to the entry point to secure an easy access for the ambulance and ensure gates are unlocked and opened.
6. While awaiting the arrival of the ambulance:
    a. Locate the athlete's Emergency Information Card.
    b. Contact parents or emergency contacts.
    c. Remain with the athlete and remove bystanders.
7. When the ambulance arrives, send an assistant coach with the athlete if no parent or family member is present. If only head coach is present, athlete will travel alone and coach will meet athlete at the hospital after the game if parents cannot be reached.
8. The coach needs to ensure there is someone to take the child home from the hospital.
9. ATC and AD shall be notified ASAP.
10. An injury report will be filled out at Weston High School by the coach and the ATC in a timely fashion and turned in to AD.

IN CASE OF LIGHTNING/ SEVERE WEATHER:

1. In the event that lightning is forecasted, the ATC/Coach will use the flash-to-bang theory, if lightning detector is not available.
    a. When lightning is seen, begin counting the seconds.
    b. Terminate the count once the thunder is heard.
    c. If the count is less than 60 seconds, the event will be terminated immediately.
2. Teams will then go into the closest lightning safe building:
    a. Hurlbutt Elementary School
    b. Buses are also suitable but not preferred

3. It is safe to return to play when 30 minutes has passed since the last sighting of lightning.

IN CASE OF CARDIAC SITUATION:

1. Emergency protocol should be implemented.
2. AED is located inside Hurlbutt Elementary School across from Main office near library.

IN CASE OF A LOCKDOWN

1. In the event of a lockdown everyone should be quickly and quietly moved to the Weston Fire Station (towards Onion Barn) and stand silently in the parking lot.
    a. They should stay there until the coach is notified that the lockdown is over through a PA announcement or a phone call.
    b. Coach should take attendance.
    c. No use of personals cell phones.

Example EAP Middle School

(Source: Weston High School)

EAP STEP BY STEP INSTRUCTIONS (MIDDLE SCHOOL SOFTBALL FIELD):

IN CASE OF EMERGENCY

1) The ATC, if present, will assess the injury and the need for medical referral.
   a) *(One coach should follow ATC onto field to offer any assistance as requested by ATC i.e.: summoning EMS, help removing athlete from field)*

2) If ATC is not immediately present, the coach (as a first responder) will conduct a first aid survey to determine the need for medical referral.
3) To summon an ambulance, designate someone to do one of the following:
4) Call Dispatch Emergency Services
   a) 911
5) Upon emergency contact, the designated person will do the following:
   a) *STAY ON THE LINE AND FOLLOW DIRECTIONS OF DISPATCHER
   b) Identity yourself and position (i.e.: ATC, Coach).
   c) State your location and details.
   d) State the nature of the medical emergency.
   e) Request assistance and ambulance if needed.
   f) State the number of athletes involved and their current condition.
   g) Give specific directions to emergency scene.
6) If directions are needed, they will be given as the following:
   a) Travel past Weston High School via School Rd.
   b) Field is located on your right-hand side as you pass the high school with the school also on the right side.
   c) Access field via driveway off of School Rd. just past WHS.
7) Upon waiting for the arrival of the ambulance, send a coach (or player(s) if a coach is not available) to the driveway entrance to secure an easy access for the ambulance and ensure gates are unlocked and opened.
8) While awaiting the arrival of the ambulance:
   a) Locate the athlete's Emergency Information Card.
   b) Contact parents or emergency contacts.
   c) Remain with the athlete and remove bystanders.
9) When the ambulance arrives, send an assistant coach with the athlete if no parent or family member is present. If only head coach is present, athlete will travel alone and coach will meet athlete at the hospital after the game if parents cannot be reached.
10) The coach needs to ensure there is someone to take the child home from the hospital.
11) ATC and AD shall be notified ASAP.
12) An injury report will be filled out at Weston High School by the coach and the ATC in a timely fashion and turned in to AD.

IN CASE OF LIGHTNING/ SEVERE WEATHER:

1) In the event that lightning is forecasted, the ATC/Coach will use the flash-to-bang theory, if lightning detector is not available.
   a) When lightning is seen, begin counting the seconds.

b) Terminate the count once the thunder is heard.
c) If the count is less than 60 seconds, the event will be terminated immediately.

2) Teams will then go into the closest lightning safe building:
   a) Weston Middle School.
   b) Weston High School.
   c) Buses are also suitable but not preferred.

3) It is safe to return to play when 30 minutes has passed since the last sighting of lightning.

IN CASE OF CARDIAC SITUATION:

(1) Emergency protocol should be implemented.
(2) AED is located inside the middle school in the pool area, or in the high school mounted on the wall in the hall between the athletic office and the library.

IN CASE OF A LOCKDOWN

1) In the event of a lockdown everyone should be quickly and quietly moved to Tobacco Rd. (there is a trail through woods behind junior parking lot which is across School Rd. from the softball field) and stand silently in the cul-de-sac.
   a) They should stay there until the coach is notified that the lockdown is over through a PA announcement or a phone call.
   b) Coach should take attendance.
   c) No use of personals cell phones.

(Source Weston High School)

EAP STEP BY STEP INSTRUCTIONS (REVSON FIELD):

IN CASE OF EMERGENCY:

2. The ATC, if present, will assess the injury and the need for medical referral.
3. *(One coach should follow ATC onto field to offer any assistance as requested by ATC i.e.: summoning EMS, help removing athlete from field)*
4. If ATC is not immediately present, the coach (as a first responder) will conduct a first aid survey to determine the need for medical referral.
5. To summon an ambulance, designate someone to do one of the following:
6. Call Dispatch Emergency Services - 911
7. Upon emergency contact, the designated person will do the following:
    a. ***STAY ON THE LINE AND FOLLOW DIRECTIONS OF DISPATCHER**
    b. Identity yourself and position (i.e.: ATC, Coach).
    c. State your location and details.
    d. State the nature of the medical emergency.
    e. Request assistance and ambulance if needed.
    f. State the number of athletes involved and their current condition.
    g. Give specific directions to emergency scene.
    h. If directions are needed, they will be given as the following:
        i. Travel past Weston High School and Weston Middle School via School Rd.
        ii. Field is located on your right-hand side as you pass middle school with the school also on the right side.
    i. Access field via entry way off of School Rd. just past WMS back parking lot driveway.
8. Upon waiting for the arrival of the ambulance, send a coach (or player(s) if a coach is not available) to the access gate to secure an easy access for the ambulance and ensure gates are unlocked and opened.
9. While awaiting the arrival of the ambulance:
    a. Locate the athlete's Emergency Information Card.
    b. Contact parents or emergency contacts.
    c. Remain with the athlete and remove bystanders.
10. When the ambulance arrives, send an assistant coach with the athlete if no parent or family member is present. If only head coach is present, athlete will travel alone and coach will meet athlete at the hospital after the game if parents cannot be reached.
11. The coach needs to ensure there is someone to take the child home from the hospital.
12. ATC and AD shall be notified ASAP.

An injury report will be filled out at Weston High School by the coach and the ATC in a timely fashion and turned in to AD.

IN CASE OF LIGHTNING/ SEVERE WEATHER:

1) In the event that lightning is forecasted, the ATC/Coach will use the flash-to-bang theory, if lightning detector is not available.
    a) When lightning is seen, begin counting the seconds.
    b) Terminate the count once the thunder is heard.
    c) If the count is less than 60 seconds, the event will be terminated immediately.
2) Teams will then go into the closest lightning safe building:
    a) Weston Middle School

b) Buses are also suitable but not preferred.

3) It is safe to return to play when 30 minutes has passed since the last sighting of lightning.

IN CASE OF CARDIAC SITUATION:

(1) Emergency protocol should be implemented.
(2) AED is located inside the middle school in the pool area.

IN CASE OF A LOCKDOWN

- In the event of a lockdown everyone should be quickly and quietly moved to northeast corner of Revson (the side furthest from WMS with access to Lords Highway) and stand silently out of sight.
  - They should stay there until the coach is notified that the lockdown is over through a PA announcement or a phone call.
  - Coach should take attendance.
  - No use of personals cell phones.

(Source: Weston High School)

EAP STEP BY STEP INSTRUCTIONS (WHS GYMNASIUMS):

IN CASE OF EMERGENCY:

1) The Athletic Trainer (ATC), if present, will assess the injury and the need for medical referral.
2) *(One coach should follow ATC to athlete to offer any assistance as requested by ATC i.e.: summoning EMS, help removing athlete from area)*
3) If ATC is not immediately present, the coach (as a first responder) will conduct a first aid survey to determine the need for medical referral.
4) To summon an ambulance, designate someone to do one of the following:
5) Call Dispatch Emergency Services - 911
   a) Upon emergency contact, the designated person will do the following:
   b) *STAY ON THE LINE AND FOLLOW DIRECTIONS OF DISPATCHER
   c) Identity yourself and position (i.e.: ATC, Coach)
   d) State your location and details.
   e) State the nature of the medical emergency.
   f) Request assistance and ambulance if needed.
   g) State the number of athletes involved and their current condition.
   h) Give specific directions to emergency scene.
   i) If directions are needed, they will be given as the following:
   j) Travel to Weston High School via School Rd.
6) Enter through the main doors on the right side of school (near cafeteria).
7) Access gyms through galleria hallway.
8) Upon waiting for the arrival of the ambulance, send a coach (or player(s) if a coach is not available) to the doors to secure an easy access for the ambulance and ensure doors are unlocked and opened.
9) While awaiting the arrival of the ambulance:
   a) Locate the athlete's Emergency Information Card.
   b) Contact parents or emergency contacts.
   c) Remain with the athlete and remove bystanders.
10) When the ambulance arrives, send an assistant coach with the athlete if no parent or family member is present. If only head coach is present, athlete will travel alone and coach will meet athlete at the hospital after the game if parents cannot be reached.
11) The coach needs to ensure there is someone to take the child home from the hospital.
12) ATC and AD shall be notified ASAP.
13) An injury report will be filled out at Weston High School by the coach and the ATC in a timely fashion and turned in to AD.

IN CASE OF FIRE ALARM:

1) Should fire alarm sound, exit the building immediately through doors leading to the parking lot and stand on other side of driveway, away from the building.
2) Do no re-enter building unless instructed by fire department.

IN CASE OF CARDIAC SITUATION:

(1) Emergency protocol should be implemented.
(2) AED is located inside the high school. It is mounted on the wall on the left-hand side in the hall between the athletic office and the library.

IN CASE OF A LOCKDOWN

1) In the event of a lockdown everyone should be quickly and quietly moved in to locker rooms where they will sit silently in a spot where they cannot be viewed through any windows.
   a) Coach will lock locker room doors.
   b) The door should not be opened until the coach is notified that the lockdown is over through a PA announcement or a phone call.
   c) Coach should take attendance.
   d) No use of personals cell phones.

(Source: Weston High School)

EAP STEP BY STEP INSTRUCTIONS (LOWER TURF FIELD):

IN CASE OF EMERGENCY:

1) The ATC, if present, will assess the injury and the need for medical referral.
    i) *(One coach should follow ATC onto field to offer any assistance as requested by ATC i.e.: summoning EMS, help removing athlete from field)*

2) If ATC is not immediately present, the coach (as a first responder) will conduct a first aid survey to determine the need for medical referral.
3) To summon an ambulance, designate someone to do one of the following:
4) Call Dispatch Emergency Services
    a) 911
5) Upon emergency contact, the designated person will do the following:
    i) *STAY ON THE LINE AND FOLLOW DIRECTIONS OF DISPATCHER

    b) Identity yourself and position (i.e.: ATC, Coach).
    c) State your location and details.
    d) State the nature of the medical emergency.
    e) Request assistance and ambulance if needed.
    f) State the number of athletes involved and their current condition.
    g) Give specific directions to emergency scene.
6) If directions are needed, they will be given as the following:
    a) Travel to Weston High School via School Rd.
    b) Field is located on your right-hand side as you pull up to the high school with the school parking lot on the left.
    c) Access field via rock driveway in the northeast corner of field (corner closest to the school).
7) Upon waiting for the arrival of the ambulance, send a coach (or player(s) if a coach is not available) to the access gate to secure an easy access for the ambulance and ensure gates are unlocked and opened.
8) While awaiting the arrival of the ambulance:
    a) Locate the athlete's Emergency Information Card.
    b) Contact parents or emergency contacts.
    c) Remain with the athlete and remove bystanders.
9) When the ambulance arrives, send an assistant coach with the athlete if no parent or family member is present. If only head coach is present, athlete will travel alone and coach will meet athlete at the hospital after the game if parents cannot be reached.

10) The coach needs to ensure there is someone to take the child home from the hospital.
11) ATC and AD shall be notified ASAP.
12) An injury report will be filled out at Weston High School by the coach and the ATC in a timely fashion and turned in to AD.

IN CASE OF LIGHTNING/ SEVERE WEATHER:

1) In the event that lightning is forecasted, the ATC/Coach will use the flash-to-bang theory, if lightning detector is not available.
    a) When lightning is seen, begin counting the seconds.
    b) Terminate the count once the thunder is heard.

c) If the count is less than 60 seconds, the event will be terminated immediately.

2) Teams will then go into the closest lightning safe building:
   a) Weston High School
   b) Buses are also suitable but not preferred
3) It is safe to return to play when 30 minutes has passed since the last sighting of lightning.

IN CASE OF CARDIAC SITUATION:

(1) Emergency protocol should be implemented.
(2) AED is located on the outside wall of the booster barn closest to the school.

IN CASE OF A LOCKDOWN

1) In the event of a lockdown everyone should be quickly and quietly moved to Wood Hill Rd. (through woods towards Administration Building) and stand silently in cul-de-sac.
   a) They should stay there until the coach is notified that the lockdown is over through a PA announcement or a phone call.
   b) Coach should take attendance.
   c) No use of personals cell phones.

(Source Weston High School)

EAP STEP BY STEP INSTRUCTIONS (TENNIS COURTS):

IN CASE OF EMERGENCY:

1) The ATC, if present, will assess the injury and the need for medical referral.
    a) *(One coach should follow ATC onto field to offer any assistance as requested by ATC i.e.: summoning EMS, help removing athlete from field)*
2) If ATC is not immediately present, the coach (as a first responder) will conduct a first aid survey to determine the need for medical referral.
3) To summon an ambulance, designate someone to do one of the following:
4) Call Dispatch Emergency Services - 911
    a) Upon emergency contact, the designated person will do the following:
    b) *STAY ON THE LINE AND FOLLOW DIRECTIONS OF DISPATCHER
    c) Identity yourself and position (i.e.: ATC, Coach).
    d) State your location and details.
    e) State the nature of the medical emergency.
    f) Request assistance and ambulance if needed.
    g) State the number of athletes involved and their current condition.
    h) Give specific directions to emergency scene.
5) If directions are needed, they will be given as the following:
    a) Travel to Weston Intermediate School via School Rd.
    b) Tennis courts are located between Weston Intermediate School and Weston High School behind stadium field.
    c) Access courts via parking lot on the left-hand side of WIS.
6) Upon waiting for the arrival of the ambulance, send a coach (or player(s) if a coach is not available) to the entry way of the parking lot to secure an easy access for the ambulance and ensure gates are unlocked and opened.
    a) While awaiting the arrival of the ambulance:
    b) Locate the athlete's Emergency Information Card.
    c) Contact parents or emergency contacts.
    d) Remain with the athlete and remove bystanders.
7) When the ambulance arrives, send an assistant coach with the athlete if no parent or family member is present. If only head coach is present, athlete will travel alone and coach will meet athlete at the hospital after the game if parents cannot be reached.
8) The coach needs to ensure there is someone to take the child home from the hospital.
9) ATC and AD shall be notified ASAP.
10) An injury report will be filled out at Weston High School by the coach and the ATC in a timely fashion and turned in to AD.

IN CASE OF LIGHTNING/ SEVERE WEATHER:

1) In the event that lightning is forecasted, the ATC/Coach will use the flash-to-bang theory, if lightning detector is not available.
    a) When lightning is seen, begin counting the seconds.
    b) Terminate the count once the thunder is heard.
    c) If the count is less than 60 seconds, the event will be terminated immediately.

2) Teams will then go into the closest lightning safe building:
    a) Weston High School.
    b) Weston Intermediate School.

c) Buses are also suitable but not preferred.

3) It is safe to return to play when 30 minutes has passed since the last sighting of lightning.

IN CASE OF CARDIAC SITUATION:

(1) Emergency protocol should be implemented.

(2) AED is located on the outside wall of the booster barn closest to the school.

IN CASE OF A LOCKDOWN

1) In the event of a lockdown everyone should be quickly and quietly moved behind the storage containers between field/track and tennis courts and stand silently.

a) They should stay there until the coach is notified that the lockdown is over through a PA announcement or a phone call.

b) Coach should take attendance.

c) No use of personals cell phones.

Example Stadium/Track EAP

(Source: Weston High School)

EAP STEP BY STEP INSTRUCTIONS (STADIUM FIELD/TRACK):

IN CASE OF EMERGENCY:

1) The ATC, if present, will assess the injury and the need for medical referral.
2) *(One coach should follow ATC onto field to offer any assistance as requested by ATC i.e.: summoning EMS, help removing athlete from field)*
3) If ATC is not immediately present, the coach (as a first responder) will conduct a first aid survey to determine the need for medical referral.
4) To summon an ambulance, designate someone to do one of the following:
   a) Call Dispatch Emergency Services - 911
   b) Upon emergency contact, the designated person will do the following:
   c) *STAY ON THE LINE AND FOLLOW DIRECTIONS OF DISPATCHER
   d) Identity yourself and position (i.e.: ATC, Coach)
   e) State your location and details.
   f) State the nature of the medical emergency.
   g) Request assistance and ambulance if needed.
   h) State the number of athletes involved and their current condition.
   i) Give specific directions to emergency scene.
5) If directions are needed, they will be given as the following:
   a) Travel to Weston High School via School Rd.
   b) Field/track is located between Weston Intermediate School and Weston High School
   c) Access field/track via lot on the right-hand side of WHS.
6) Upon waiting for the arrival of the ambulance, send a coach (or player(s) if a coach is not available) to the front/side of the school near cafeteria to secure an easy access for the ambulance and ensure gates are unlocked and opened.
7) While awaiting the arrival of the ambulance:
   a) Locate the athlete's Emergency Information Card.
   b) Contact parents or emergency contacts.
   c) Remain with the athlete and remove bystanders.
8) When the ambulance arrives, send an assistant coach with the athlete if no parent or family member is present. If only head coach is present, athlete will travel alone and coach will meet athlete at the hospital after the game if parents cannot be reached.
9) The coach needs to ensure there is someone to take the child home from the hospital.
10) ATC and AD shall be notified ASAP.
11) An injury report will be filled out at Weston High School by the coach and the ATC in a timely fashion and turned in to AD.

IN CASE OF LIGHTNING/ SEVERE WEATHER:

12) In the event that lightning is forecasted, the ATC/Coach will use the flash-to-bang theory, if lightning detector is not available.
   a) When lightning is seen, begin counting the seconds.
   b) Terminate the count once the thunder is heard.
   c) If the count is less than 60 seconds, the event will be terminated immediately.
13) Teams will then go into the closest lightning safe building:
   a) Weston High School.
   b) Buses are also suitable but not preferred.
14) It is safe to return to play when 30 minutes has passed since the last sighting of lightning.

IN CASE OF CARDIAC SITUATION:

(1) Emergency protocol should be implemented.
(2) AED is located on the outside wall of the booster barn closest to the school.

IN CASE OF A LOCKDOWN

1) In the event of a lockdown everyone should be quickly and quietly moved behind the storage containers between field/track and tennis courts and stand silently.
   a) They should stay there until the coach is notified that the lockdown is over through a PA announcement or a phone call.
   b) Coach should take attendance.
   c) No use of personals cell phones.

Example Golf Course EAP

1. It is important to be in contact with the golf course manager/pro to collaborate on an emergency plan.
2. Include the following in the golf course EAP …
   a. Address and GPS
   b. Check phone service throughout the course
   c. Locations of AED
   d. Locations of Water
   e. Entrance for Ambulance
   f. Access for ambulance to all of the course
   g. Pro Shop and Coaches exchange phone numbers
   h. Plan for how players, who are out of site of the coaches should act in an emergency
      i. Phone numbers to call
      ii. Stop play
      iii. Don't leave a victim
      iv. Call 911

Example Pool Safety and Emergency Action Plan

(Source: Pomperaug High School) (Change or modify to correspond with the specific needs of your school pool)

GENERAL SAFETY FOR STUDENTS

1. The students will be able to articulate and consistently follow the pool rules for safety:

- Do not enter the water without permission
- No diving in the shallow end.
- No running on the pool deck.
- No gum.
- No splashing, dunking, horseplay.
- Tie hair back or wear a cap.
- Follow all directions from the instructor/coach.
- Don't drink the pool water.
- Do not jump in pool over other swimmers.
- Keep off the starting block unless instructed to go on.
- Swim in your own space
- Do not push someone into the pool.

2. In the case of an emergency notify the coach immediately.
3. Follow the coaches' instructions for emergency situations.

GENERAL SAFETY FOR INSTRUCTORS

1. Instructors must go over the process for emergency situations with their class prior to the unit in the pool.
2. The instructors will wear swimwear when they are instructing or coaching.
3. The instructor will identify the blue line on bottom of pool that indicates the start of the deep end.
4. The instructors will be in possession of rescue tubes (have them on their person) throughout the lessons/practices.
5. The instructors will recognize poor swimmers and make appropriate modifications.
6. The instructors will keep all doors to the pool deck closed at all times (during the class and at all times throughout the day).
7. The instructors should check and make sure the first aid kit is properly supplied.
8. The instructors should check and make sure the pool and the deck are vacant at the end of each class prior to leaving.
9. Students should be given the option of using the shallow end of the pool. The instructor should move poor swimmers to the shallow end. The blue line in the pool identifies the shallow end.
10. The instructor should check that the phone on the pool deck is operating properly.
11. The instructor will schedule lifeguards to be present at each practice and contest

CERTIFICATION

1. Instructors must hold current CPR Certification.
2. Instructors should hold current Lifeguard Certification.
3. If the instructor does not hold a current Lifeguard Certification, then there must be two lifeguards on duty during the class.
4. If the instructor holds a current Lifeguard Certification and the team is greater than 25, an additional lifeguard must be on duty during all practices and contests.

REMINDER to Instructors

1. Your primary role is to ensure safety of the students.
2. You must be alert and attentive at all times.
3. Make sure you always have a clear view of the whole pool.
4. Scan above and below the surface repeatedly.
5. Do not get distracted by students or activities when kids are in the water.

Pre-incident Planning

- Coaches shall receive up-to-date notification from the school nurses of physical restrictions that may impede the student's participation or that may be useful information in case of an emergency.
- There is a telephone on the wall of the pool deck. Demonstrate to students how to call 911 from the pool deck, if the instructor directs them to during an emergency
- Teachers/coaches will review safety precautions as listed above with their classes prior to beginning a unit in the pool.

- Designate an area on the pool deck that students should go to in case of an emergency situation (the benches on the pool wall).

Incident Planning in Case of Emergency

- Get everyone out of the water.

* If a student is in distress in the pool the instructor's primary responsibility is to rescue the victim according to the Red Cross Lifeguard rescue procedures.

- Once the victim is rescued from the water, in case of an emergency, the coach/lifeguard will determine if it is possibly a life-threatening injury. Head, neck, spine, internal organ injuries, or discontinued breathing, or profuse bleeding, or loss of consciousness, or disorientation can be considered life-threatening.
- If the emergency is life-threatening, or the coach is uncertain about the seriousness of the injury, the coach (or other nearby responsible individual) shall call 911directly and immediately, and enact first aid or CPR as required.
- The caller should give their identification, location, and nature of the injury to the emergency dispatcher. It is important to stay on the line, until all the information is given to the dispatcher.
- Stop activity and clear all students to an area away from the injured individual.
- The coach shall not move the injured student.
- The coach will remain with the injured or ill student at all times. Do not leave the injured student. The injured student can only be released to the nurse, their parents, or medical emergency personnel.
- The coach shall send available, reliable students (or other bystanders) to areas to direct emergency personnel to the injured person. If others are available to help, they should be sent to the nearest parking lot or driveway entrance. If the injured student is in the building a bystander, if there is one, should be sent to the outside doorway nearest the injured student.
- If possible, the coach should send someone or direct someone to contact the nurse's office. The nurse's office can be contacted from the phone on the pool deck. Their number is XXXX. If no one is available in the nurse's office the coach shall have a student go to or contact the main office to give the location and nature of the injury.

Protocol After Evacuation of Injured/Ill Person

- If it is not possible to contact the nurse's office or an administrator during the emergency, the coach shall notify the nurse, the Athletic Director and a main office administrator as soon after the incident as possible.
- The nurse will contact the parents/guardians of the student involved to explain the circumstances.
- In the event the parents/guardians cannot be contacted, the school should continually call, in a reasonably timely manner, until contact is made. Messages left on answering machines should only suggest the parent/guardian call the school. No specifics regarding the illness or injury should be explained to an answering machine.
- In the event of any serious incident the coach shall inform the Athletic Director.
- The nurse/coach or athletic trainer will complete an accident form with the assistance of the coach, if necessary, in a timely manner.

Example:
Address: Hamilton High School pool is located at 30 Wall St., Hamilton CT 06999
Phone: For the pool there is a telephone in the PE offices located just off the pool deck.
AED: An AED is on the wall in the hallway outside the main entrance to the gym.
Ice: The nearest ice machine is in the athletic trainer's room.
Cold Water Immersion Tub: The nearest Cold Water Immersion Tub is located in the athletic trainer's room
Water: Water fountains are in the pool. Showers and sinks are in the locker rooms.
Medical Kit: There is a medical cabinet on the wall of the pool. All coaches should keep their medical kit with them for all team practices, contests, events or any other gathering.
EMT Entrance: The best entrance for EMT service or Ambulance is to go to the rear of the gym and enter through the north side of the gymnasium. Instruct someone nearby to wait at those doors and another bystander to wait to the entrance of the school driveway to point the way to the rear entrance of the gym.

Appendix G -Documentation of Seasonal Coaches EAP Educational Meeting

Sign in Sheet

This is an example for schools to utilize for an attendance sheet. Revise or delete as you wish.

Coach Name (printed)	Sport	HS	MS	Signature

Notes:

Appendix H – Coach Verification Form

(School Name) Coaches Emergency Action Plan Verification Form

**The below form is an example form for coaches to fill out during the EAP Rehearsal meeting. Revise this form as you see fit for your school, have each coach fill out the form and store this form with the Coach Attendance log from the previous page. Delete this statement prior to use.*

I _____(print coach name) have read and understand the Emergency Action Plan for (School Name) Athletics. I understand my roles and responsibility should an emergency occur in my presence. I have also rehearsed this Emergency Action Plan and understand my role in an emergency situation with an athletic trainer present and without. I have been given the opportunity to ask all questions and have received the proper answers to my questions.

I also understand that I must keep all certifications up to date according to the State of Connecticut and CIAC regulations and that it is my responsibility to ensure a lapse does not occur.

Coach Name (print)_____ Sport _____

Signature _____ Date _____

Approval and Verification Page:

This document has been read and revised and approved by the undersigned.

**Revise this page based off whom is required to approve the Emergency Action Plan document. Delete this statement prior to use.*

School Physician: _____ Date:_____

Superintendent: _____ Date: _____

Business Director: _____ Date: _____

School Principal : _____ Date: _____

School Nurse: _____ Date: _____

Athletic Trainer: _____ Date: _____

Athletic Director: _____ Date:_____

Part 3 – 14 Legal Duties

Fourteen Legal Duties

Several obligations or duties have been identified as absolute requirements for coaches and athletic administrators. Almost all of these have to do with the medical safety of students.

These standards have evolved as a result of various case law proceedings and legal judgments against individuals and school districts. It is important that all coaches, including assistants and volunteers, know and understand the following duties. This summary is not all-inclusive but is generally accepted as the "Legal Duties of Coaches" by the NFHS (National Federation of High Schools) and NIAAA (National Interscholastic Athletic Administrator Association).

The CIAC has compiled this guide to assist athletic departments in meeting each of their obligations.

Steps to assure that your athletic department meets the 14 Legal Duties:

1. Include a list and description of the "14 Legal Duties of a Coach" in your coaches' handbook.
2. Review the "14 Legal Duties of a Coach" at each coaches preseason meeting.
3. Review the "14 Legal Duties of a Coach" at the orientation meeting with each newly hired coach.
4. Require all teams to have a preseason parent/athlete meeting. Review rules, documents and cautionary statements.

1. **Duty to Plan** – A coach must demonstrate awareness of the maturity, physical development and readiness of athletes with appropriate plans for instruction, conditioning and supervision.
   a. Coaches should have written plans for every practice
   b. Keep a file of all practice plans
   c. Plans should demonstrate a progression of skills and conditioning over the course of days and weeks.

2. **Duty to Supervise** – A coach must be physically present, provide competent instruction, structure practices that are appropriate for the age and maturity of players, prevent foreseeable injuries and respond to injury or trauma in an approved manner. This duty requires supervisors to make sure facilities are locked and that students are denied access when a competent staff member cannot be physically present to supervise. This duty may also require coaches to control reckless player behaviors. Supervision responsibility also pertains to athletic administrators who are expected to be able to supervise coaches competently.
   a. The team should have a designated "pick-up" area where parents meet their kids after practice.
   b. If students are not going home, and are remaining on campus, they should let their coach know where they are going.
   c. When introducing new or dangerous skills, coaches should be in close proximity to the athlete and be ready to support or spot the athlete for safety.

3. **Duty to Assess Athletes Readiness for Practice and Competition** – Athletics administrators and coaches are required to assess the health and physical or maturational readiness skills and physical condition of athletes. A progression of skill development and conditioning improvement should be apparent from practice plans. Athletes must also be medically screened in accordance with state association regulations before participating in practice or competition.
   a. NEVER assume a student is in good physical condition at the start of the first practice. The coach *warning* kids that they need to be in shape at the start of the season is not sufficient. Assume that no one is in shape and build conditioning slowly.

4. **Duty to Maintain Safe Playing Conditions** – Coaches are considered trained professionals who possess a higher level of knowledge and skill that permits them to identify foreseeable causes of injury inherent in defective indoor and outdoor facilities or hazardous environments.
   a. Do not continue play if there is an unsafe condition. Check the field for holes. Check the mats for gaps. Check the gym floor for slippery spots.
   b. Let the Athletic Director and/or the custodial staff for unsafe playing conditions.

5. **Duty to Provide Safe Equipment** – Courts have held athletic supervisors responsible to improve unsafe environments. Repair or remove defective equipment or disallow athlete access.
   a. Have a system for systematically checking protective equipment by a professional service.
   b. Keep an inventory with purchase dates and repair records of supplies and equipment.
   c. Make sure all helmets are NOECSE certified.

6. **Duty to Instruct Properly** – Athletic practices must be characterized by instruction that accounts for a logical sequence of fundamentals that lead to an enhanced progression of player knowledge, skill, and capability.

a. Coaches should model the skills they want athletes to emulate.
b. Coaches should give teaching cues.
c. Coaches should continually provide constructive feedback to players on their execution of form and skills.
d. Read the CIAC Tournament Packet
e. Coaches should maintain membership in the Connecticut High School Coaches Association
f. Coaches should attend coaches' clinics, read professional journals and books, watch instructional videos.
g. In general, maintain professional development for your sport.

7. **Duty to Match Athletes** – Athletes should be matched with consideration for maturity skill, age, size and speed. To the degree possible, mismatches should be avoided in all categories.
a. Never match an experienced athlete with a student who is new to the team/sport, particularly when there is the prospect of physical contact.

8. **Duty to Condition Properly** – Practices must account for a progression of cardiovascular and musculoskeletal conditioning regimens that prepare athletes sequentially for more challenging practices and competitive activities.

9. **Duty to Warn** – Coaches are required to warn parents and athletes of unsafe practices specific to a sport and the potential for injury or death. This warning should be issued in writing and both athletes and parents should be required to provide written certification of their comprehension.

a. Examples of Cautionary Statements are included in the Appendix for this section.

10. **Duty to Ensure Athletes are Covered by Injury Insurance –** School districts must ensure that family and/or school insurance provides basic level of medical coverage. Districts must provide supplemental insurance for students whose families do not carry insurance. Athletes should not be allowed to participate without injury insurance.

11. Duty to Provide Emergency Care – Coaches are expected to be able to administer standard emergency care (first aid, CPR) in response to a range of traumatic injuries. In addition, there are several other certifications and trainings that coaches must complete in order to coach in Connecticut. A list of coaching certifications and requirements is available from the CIAC.

12. Duty to Design a Proper Emergency Response Plan – School districts must design plans to ensure an expedited response by EMS and an effective transition to the care and supervision of emergency medical personnel.
a. See the section in the CIAC Medical Handbook for an example Emergency Action Plan

13. Duty to Provide Proper Transportation – In general, bonded, commercial carriers should be used for out-of-town transportation. If the school district allows, self or family transportation for local competition may be permitted if parents have adequate insurance coverage for team members other than their family members.
a. Allow transportation to events and practices only with a written note from the parent and permission from the athletic director and coach

14. Duty to Select, Train, and Supervise Coaches – Administrators have responsibility to ensure that appropriate skill and knowledge levels exist among members of the coaching staff to ensure appropriate levels of safety and well-being among athletes.
a. Maintain a well-articulated "Coaches Handbook"
b. Observe coaches frequently in practices, contests and team meetings
c. Have a system for insuring that all coaches maintain and are up-to-date on all required certifications
d. Have an orientation program for newly hired coaches
e. Provide frequent feedback to coaches
f. Conduct pre-season coaches' meetings for each season
g. Have a system for formal evaluations

Appendix of Cautionary Statements

Example Cautionary Statements

Athletic departments and coaches have a duty to warn parents and participants in high school sports to the inherent dangers and physical risks of playing sports. To that end, the CIAC has prepared this set of cautionary statements. A cautionary statement is a set of warnings and guidelines specific to each sport. The school may want to use these as the basis for warning parents and students to the dangers of playing each sport.

Schools should plan a system for delivering these to parents and students. This could take place through the registration process or could be distributed and reviewed in preseason parent/athlete meetings.

These statements should be combined with safety regulations detailed in the rulebook for each sport and the CIAC tournament packet.

These statements are a starting point. Schools should modify these as needed.

BASEBALL AND SOFTBALL CAUTIONARY STATEMENT

Because of the power, and the high-speed components of the game, it is important to observe and practice a number of procedures designed to enhance the safety and enjoyment of all participants.

All protective helmets must be certified by the National Operating Commission for Safety of Athletic Equipment (NOCSAE). This certification indicates that research has been conducted to verify the protectiveness and shock absorption capabilities of the helmet. Each player will receive a demonstration on the proper wearing of a batting helmet. Proper wearing of these helmets is the responsibility of the player after the orientation has been completed.

Important: These guidelines here are not all encompassing. There will be many instructional techniques that will be taught by coaches and it is incumbent upon the athlete to follow those instructions. Parents must support the coaches by encouraging athletes to follow their instructions for safety. Even when players follow directions to the best of their ability injuries will occur. Serious and sometimes life-threatening injuries to the head, neck, internal organs and other vital body areas can and will occur. As with all group and team activities there is the possibility that germs, bacteria, and virus will be shared and diseases can be contracted

General Directions

1. Students must pay attention to instruction and follow techniques that are being taught by the coaches and do their best to perform skills as instructed.
2. Do not start play or practice, including warm-ups, until a coach is present and instructs you to begin.
3. No hazing or initiations, EVER.
4. There is no such thing as a "Tradition" that embarrasses a student. If you think there is such a "tradition" ask the coach if it is OK.

Preparation for practice or contest:

1. Wear all protective equipment, pads, braces and supportive undergarments to every practice or contest unless otherwise indicated by the daily practice plan.
2. Be sure that all stabilizing straps and laces are properly worn and tightened, and all fasteners secured so equipment is properly positioned.
3. Wear outer and under garments that are appropriate for humidity and temperature.
4. Players should evaluate their hydration status daily (via urine color, thirst), and strive to consume enough water each day to ensure hydration"
5. Players with visual impairment(s) must wear corrective, shatterproof glasses or contact lenses if the impairment affects judgment or perception.
6. Players needing protective tape, padding, or bracing, should arrive early to receive necessary treatment.
7. Remove all jewelry and metal hair fasteners.
8. Players with seizure, neuromuscular, renal, cardiac, insulin/diabetic, chronic skeletal problems, disorders or diseases, or other severe medical conditions must present a physician's approval prior to participation in any practice session.

In the locker room:

1. Be alert to slippery floors.
2. Be alert to changes in floor texture and to elevated thresholds between shower and locker room.
3. Keep floors free of litter. Place all belongings in assigned lockers.
4. Close and lock locker doors when away from your assigned locker.
5. Keep soap and shampoo in a container.
6. Refrain from rapid movements, horseplay, and rough-house in the locker/shower areas.
7. Be especially careful not to injure a teammate with cleated shoes and do not wear cleated shoes in the building or locker room at any time.

Hazards specific to baseball/softball

1. Be alert to the following:
    a. Variable surface textures (concrete, matting, turf)
    b. Steps, ramps, dugout locations
    c. Locations of bulk equipment or specific drills
    d. Hitting and pitching practice
2. All protective equipment required by rule, must be worn at practices and competition during those situations that require it.

a. Helmets are to be worn by batters, base runners, catchers and base coaches.

3. No horseplay or rough-housing

4. "On deck" hitters are to take practice swings in a designated circle but with complete attention directed to the pitcher and batter. If no circle is designated, stand behind the backstop. Keep hands off the backstop.

5. Swing only one (1) bat when taking practice swings. Use a bat ring that will not slide off the thick end of the bat.

6. Batting practice, infield drills, outfield drills, and pitching practice is to be done in designated areas and at designated times. DO NOT begin practices without direction of the coach.

7. Sliding technique is to be performed as a progression and approved by the coach before it is tried. Lower extremity injuries may still occur when players are experienced in sliding techniques.

8. Players involved in sliding or other close plays must recognize the possibility of being hit by a thrown ball, being accidentally bumped, or of injury due to friction burn, being stepped on, or skeletal injury. Be alert to the location of the ball and opponents. Assume a protected position. Do not leave limbs extended when on the ground.

9. Burns, sprains, strains and contusions must be reported to coaches.

10. An athlete who has had medical treatment cannot participate until a doctor's release is presented to the coach, athletic and school nurse.

11. Dugout and team bench - Players in the dugout or team bench area must be alert to foul balls, over throws, or defensive players moving towards the area at high speed.

12. Indoors - always look before taking practice swings during drills. If you are chasing balls into a hitter's area, get his/her attention before going near him/her.

13. Pitchers in batting cages will always wear protective helmets.

14. Never catch without protective equipment.

Emergencies

Because of the nature of baseball and softball, some injuries will occur. All injuries must be called to a coach's or athletic trainer's attention. Most will be minor and can be managed with basic first aid. However, some may need more intense management and may also require squad members to:

1. Stop all practices, scrimmages, or drills. DO NOT move the victim!
2. Call the coach to manage the situation if not already at the site.
3. Sit or kneel in close proximity.
4. Assist by:
   a. Helping with the injured person
   b. Calling for additional assistance
   c. Bringing first aid equipment or supplies to the site
   d. Keeping onlookers away
   e. Directing the rescue squad to the accident site
5. Fire or Fire Alarm:
   a. Evacuate or remain outside the building
   b. Move and remain 150 feet away from the building
   c. Be prepared to implement the emergency procedures outlined in #4.
6. Severe weather - go to the main gym, sit on the floor in the middle of the gym.

ACKNOWLEDGMENT

We certify that we have read, understand, and agree to adhere to the cautions, considerations and responsibilities required for participation.

Student Name: _____

Student Signature: _____ Date: _____

Parent Signature: _____ Date: _____

BASKETBALL CAUTIONARY STATEMENT

Basketball is a highly competitive, fast-action game that places great physical demands on the individual player. For this reason, coaches will implement conditioning regimens that are based on scientific principles, and designed to enhance player endurance, quickness, and playing skills. While contact and rough play are prohibited by rule, a certain amount of inadvertent physical contact is predictable. To enhance stability and strength, certain weight room workouts may also be prescribed along with a regular practice activity. In addition, the following considerations and cautions will enhance player enjoyment and safety.

Important: These guidelines here are not all encompassing. There will be many instructional techniques that will be taught by coaches and it is incumbent upon the athlete to follow those instructions. Parents must support the coaches by encouraging athletes to follow their instructions for safety. Even when players follow directions to the best of their ability injuries will occur. Serious and sometimes life-threatening injuries to the head, neck, internal organs and other vital body areas can and will occur. As with all group and team activities there is the possibility that germs, bacteria, and virus will be shared and diseases can be contracted

General Directions

5. Students must pay attention to instruction and follow techniques that are being taught by the coaches and do their best to perform skills as instructed.
6. Do not start play or practice, including warm-ups, until a coach is present and instructs you to begin.
7. No hazing or initiations, EVER.
8. There is no such thing as a "Tradition" that embarrasses a student. If you think there is such a "tradition" ask the coach if it is OK.

Preparation for activity:

1. Wear all pads, braces and supportive undergarments to all practices and competitions.
2. Clothing and shoes should fit properly, be comfortable, and allow for maximal physical efforts. Clothing should be kept clean and sanitary.
3. Clothing should not prevent heat dissipation, or restrict movement.
4. Players should evaluate their hydration status daily (via urine color, thirst), and strive to consume enough water each day to ensure hydration"
5. Feet should be covered with a thin sock followed by a heavier athletic sock. If blisters are a chronic problem or begin to appear, coaches or athletic trainers should be consulted for appropriate responses or preventive actions.
6. Players who require corrected vision must wear shatterproof glasses or lenses. Glasses must be mounted in break resistant frames, and be held in place by an elastic strap.
7. Players requiring preventive taping, padding, or bracing should arrive early enough to receive treatment and be able to participate in specialty work.
8. Remove all jewelry, metal hair clips and hats.
9. No horseplay, rough-housing, hazing or initiations.
10. Players with seizure, neuromuscular, renal, cardiac, insulin/diabetic, or chronic skeletal problems, disorders or diseases, must present a physician's approval prior to participation in any practice session.
11. High top basketball shoes are suggested and they should be properly laced up.
12. The use of braces is recommended.
13. Mouth guards are highly recommended.

Locker room:

1. Be alert to slippery floors.
2. Be alert to changes in floor texture and to elevated thresholds between shower and locker room.
3. Keep floors free of litter. Place all belongings in assigned lockers.
4. Close and lock locker doors when away from your assigned locker.
5. Keep soap and shampoo in a container.
6. Refrain from rapid movements, horseplay, and rough-house in the locker/shower areas.
7. Be especially careful not to injure a teammate with cleated shoes and do not wear cleated shoes in the building or locker room at any time.

Hazards specific to basketball:

1. Be alert to ramps leading to practice/contest area.
2. Be alert to variations in surfaces of locker room, ramps, stairways, or playing floors.
3. Be alert to the following:

a. Ball carts
b. Basketballs in flight, rolling, rebounding or bouncing
c. Wind sprints or fast break drills
d. Proximity of bleachers and walls to playing surface

4. Stretch thoroughly and jog easy laps to warm up.
6. Be alert for possible hazards when conditioning in the halls.
7. Be aware of and avoid contact with bleachers, curtains, and any other miscellaneous peripheral equipment.
8. No horseplay, rough-housing, hazing or initiations.
9. Be alert to dehydration symptoms. Dry mouth, inability to cool down, dizziness/light-headedness. Ingest 4-6 glasses of water during the school day and additional amounts at practice.
10. Notify the coach or athletic trainer of <u>any</u> injury, no matter how slight it may seem.
11. Frequent drink breaks will be built into the practice plan and players should make use of each one.
12 Weight training regimens will have separate standards and progressions designed to enhance safety and physical conditioning.
13. Respiratory diseases can be a major problem. A vitamin supplement, fluids, regular rest, proper nutrition and dress contribute to the maintenance of health. Notify coach about use and location of inhalants.
14. Check your weight. Sudden or large losses over a month should be brought to the coaches' attention, especially if you are feeling tired or ill, or if you demonstrate cold symptoms and swollen throat/neck glands.
15. <u>DO NOT</u> hang on the rims or nets.
16. <u>DO NOT</u> engage in rough, thoughtless play.
17. <u>DO NOT</u> run under a player who is in the air to shoot or receive a pass.
18. <u>DO NOT</u> swing elbows excessively when clearing a rebound.
19. Taller players may need to be alert to their proximity to the lower surface of the backboard.
20. <u>DO NOT</u> make an intentional foul in a way that might cause an injury to an opponent.
21. When taking a charge or screening an opponent, assume a weight-balanced, protected position.
22. If a backboard shatters, notify the coach and keep people away from the broken glass. <u>BROKEN BACKBOARDS ARE THE FINANCIAL RESPONSIBILITY OF THOSE WHO BREAK THEM!</u>

<u>Emergencies</u>

Because of the nature of basketball, some injuries will occur. All injuries must be called to a coach's attention. Most will be minor and can be managed with basic first aid. However, an occasional situation may require more intense management and may also necessitate involvement of squad members as follows:

1. Be alert to any injury that the coach may not see. He/she will manage the person in trouble. <u>DO NOT</u> move the victim!
2. Stop all practices, scrimmages.
3. After calling the coach to manage the situation, help with the injured person; telephone for additional assistance (phone numbers and information are posted on the telephone); obtain first aid supplies or equipment.
4. Keep onlookers away.
5. Sit or kneel in close proximity.
6. Direct rescue squad members to the site.
7. Fire or fire alarm:

a. evacuate and remain 150 feet from the building
b. be prepared to implement emergency procedures

8. Bomb Threat: evacuate building and remain 200 yards from building
9. Severe weather - go to basketball team room, sit on floor next to and facing lockers.

Student Name: _____

Student Signature: _____ Date: _____

Parent Signature: _____ Date: _____

CHEERLEADING CAUTIONARY STATEMENT

The following recommendations have been designed specifically for the Varsity and Junior Varsity Cheerleading squads. Because of the physical demands required, squad members and parents are asked to read and understand certain cautions and responsibilities designed to improve the safety and enjoyment of the activity.

Important: These guidelines here are not all encompassing. There will be many instructional techniques that will be taught by coaches and it is incumbent upon the athlete to follow those instructions. Parents must support the coaches by encouraging athletes to follow their instructions for safety. Even when players follow directions to the best of their ability injuries will occur. Serious and sometimes life-threatening injuries to the head, neck, internal organs and other vital body areas can and will occur. As with all group and team activities there is the possibility that germs, bacteria, and virus will be shared and diseases can be contracted

General Directions

1. Students must pay attention to instruction and follow techniques that are being taught by the coaches and do their best to perform skills as instructed.
2. Do not start play or practice, including warm-ups, until a coach is present and instructs you to begin.
3. No hazing or initiations, EVER.
4. There is no such thing as a "Tradition" that embarrasses a student. If you think there is such a "tradition" ask the coach if it is OK.

Preparing for practice:

1. Choose an outfit which fits comfortably and allows free movement.
2. A Mouth Guard may be worn for it is not uncommon in cheerleading for people to get knocked in the mouth.
3. You should bring plenty of water to be fully hydrated during practice.
4. Players with seizure, neuromuscular, renal, cardiac, insulin/diabetic, chronic skeletal problems, disorders or diseases, or other severe medical conditions must present a physician's approval prior to participation in any practice session.
5. Inhalers or breathing devices must be at practice at all times and you will need to notify the coach if you have one of these things.

Preparing to work out:

Do all stretching exercises before practice. Take time to stretch leg, neck, ankle, arm, and back muscles before each practice and performance.

Workout expectations:

1. Think safety first.
2. Always be aware of the proximity of others when executing large motor movements.
3. Stunts and routines should be practiced in a progression from simple to complex.
4. Advanced stunts or routines will be executed; attention at all times is a must.
5. When executing partner stunts and pyramids, remember the conference rule against being more than two bodies high.
6. Always use proper spotting techniques when learning tumbling and balancing maneuvers.

Extent of Injuries:

1. Sprained Ankles
2. Broken Bones (especially Noses)
3. Pulled or strained ligaments/muscles
4. Stitches
5. Cuts/Scrapes/Bruises

This sport is just as dangerous if not more so than Football.

Emergencies

Because of the physical nature of cheerleading, some injuries will occur. All injuries must be called to an advisor's attention. Most will be minor and can be managed with basic first aid. However, an occasional situation may require more intense management and may also necessitate involvement of squad members as follows:

1. DO NOT move the victim!
2. Be alert. Look around. Get the attention of other people as they may need to help.
3. The advisor will manage the person in trouble. You may be asked to assist in one of several ways:

a. helping with the injured person

b. telephoning for additional assistance
c. obtaining first aid supplies or equipment
d. directing the rescue squad to the accident site
e. keeping onlookers back

4. Fires or fire drills may require immediate evacuation from the building
   a. sometimes there may be time to grab a coat and exit
   b. if the situation requires quicker action, participants will evacuate through any exit
   c. move and remain 150 feet away from the building
   d. be prepared to use the procedures described in #2 above.

ACKNOWLEDGMENT

We certify that we have read, understand, and agree to adhere to the cautions, considerations and responsibilities required for participation.

Student Name: _____

Student Signature: _____ Date: _____

Parent Signature: _____ Date: _____

CROSS COUNTRY CAUTIONARY STATEMENT

The following recommendations have been designed specifically for the cross-country teams. Because of the intense demands and conditioning required, athletes and parents are asked to read and understand certain cautions and responsibilities designed to improve the safety and enjoyment of the sport.

Important: These guidelines here are not all encompassing. There will be many instructional techniques that will be taught by coaches and it is incumbent upon the athlete to follow those instructions. Parents must support the coaches by encouraging athletes to follow their instructions for safety. Even when players follow directions to the best of their ability injuries will occur. Serious and sometimes life-threatening injuries to the head, neck, internal organs and other vital body areas can and will occur. As with all group and team activities there is the possibility that germs, bacteria, and virus will be shared and diseases can be contracted.

General Directions

1. Students must pay attention to instruction and follow techniques that are being taught by the coaches and do their best to perform skills as instructed.
2. Do not start play or practice, including warm-ups, until a coach is present and instructs you to begin.
3. No hazing or initiations, EVER.
4. There is no such thing as a "Tradition" that embarrasses a student. If you think there is such a "tradition" ask the coach if it is OK.

Preparation for practice or contests:

1. Select the appropriate clothing to be worn in warm or cold weather. Since we have a varied climate, it is important to be prepared for all kinds of weather and to dress accordingly.
2. Proper warm-up and warm-down is very important before and after competition and practices.
3. Select and change shoes/spikes for various surfaces to help reduce shock and stress.
4. Athletes who are ill, dizzy, or lightheaded should contact their coach. Do not practice.
5. Players with seizure, neuromuscular, renal, cardiac, insulin/diabetic, chronic skeletal problems, disorders or diseases, or other severe medical conditions must present a physician's approval prior to participation in any practice session.
6. Players should evaluate their hydration status daily (via urine color, thirst), and strive to consume enough water each day to ensure hydration."
7. Athletes needing preventive taping or bracing should arrive early to receive treatment. Any injury problem or concern should be discussed with the coach or athletic trainer. Wear all pads, braces and supportive undergarments to all practices and competitions.
8. Athletes with visual impairments must wear shatterproof glasses or lenses where judgment or safety is a problem. Glasses must be mounted in break resistant frames and secured with an elastic strap.
9. No horseplay, rough-housing, hazing or initiations.

In the locker room:

1. Be alert to slippery floors and use caution.
2. Keep floors free of litter. Place all personal belongings in assigned locker.
3. Close and lock locker door when away from your assigned locker.
4. No horseplay, rough-housing, hazing or initiations.

Movement to the practice/contest site or travel to contest/practice site:

1. Be aware of variations in the surface of ramps, locker rooms, cinder, or artificial surfaces.
2. Stretch thoroughly and start your workout with easy running.
3. No horseplay, rough-housing, hazing or initiations.

Hazards specific to cross country:

1. Athletes should be alert to activity going on around them to prevent collisions and/or the sudden stopping of others.
2. Runners engaged in street work as a method of distance conditioning must face traffic or use sidewalks. Do not wear head phones. Run in single file and be alert at intersections. Avoid heavily traveled streets and always look both ways before crossing.
3. Never cut across neighborhood lawns or through private property.
4. Avoid sudden stops on hard surfaces while sprinting. A gradual slowdown will help prevent unnecessary leg stress.
5. Weight training regimens may also be part of your conditioning. Observe all weight room safety rules carefully.
6. Dehydration can be dangerous. Water will be available at practices and contests. Athletes should ingest water frequently.
7. All runners leaving campus will wear a fluorescent vest / shirt Runners will stay on campus if a vest/shirt is not brought to practice.

Emergencies

Because of the physical demands of cross country, some injuries will occur. All injuries must be called to a coach's or athletic trainer's attention. Most will be minor and can be managed through basic first aid techniques. However, some injuries may need more intense management, and may also require squad members to:

1. Stop all activities, practice, or competition. DO NOT move the victim!
2. Call a coach to manage the situation if not already at the site.
3. Sit or kneel in close proximity.
4. Assist by:
    a. Helping with the injured person
    b. Calling for additional assistance
    c. Bringing first aid equipment or supplies to the site
    d. Keeping onlookers back
    e. Directing the rescue squad to the accident site
5. Fire or Fire Alarm
    a. Evacuate or remain outside the building
    b. Move and remain 150 feet away from the building
    c. Be prepared to implement the emergency procedures outlined in #4

ACKNOWLEDGMENT

We certify that we have read, understand, and agree to adhere to the cautions, considerations and responsibilities required for participation.

Student Name: _____

Student Signature: _____ Date: _____

Parent Signature: _____ Date: _____

FIELD HOCKEY CAUTIONARY STATEMENT

Field hockey is a game that requires speed, strength and endurance. Often, players approach each other from opposite directions resulting in collisions. Players are frequently hit with sticks.

Important: These guidelines here are not all encompassing. There will be many instructional techniques that will be taught by coaches and it is incumbent upon the athlete to follow those instructions. Parents must support the coaches by encouraging athletes to follow their instructions for safety. Even when players follow directions to the best of their ability injuries will occur. Serious and sometimes life-threatening injuries to the head, neck, internal organs and other vital body areas can and will occur. As with all group and team activities there is the possibility that germs, bacteria, and virus will be shared and diseases can be contracted

General Directions

1. Students must pay attention to instruction and follow techniques that are being taught by the coaches and do their best to perform skills as instructed.
2. Do not start play or practice, including warm-ups, until a coach is present and instructs you to begin.
3. No hazing or initiations, EVER.
4. There is no such thing as a "Tradition" that embarrasses a student. If you think there is such a "tradition" ask the coach if it is OK.

Environmental measures to prevent injury

• Players should choose footwear carefully, preferably with professional advice.
• Dress appropriately for all weather conditions (pay attention to especially extreme weather conditions).
• Coaches should have a well-stocked first aid kit, a telephone and emergency contact phone numbers on display.
• Players with a history of recurring joint injury (e.g., Ankle sprain) should seek professional advice about preventive bracing of the joint.
• Players should evaluate their hydration status daily (via urine color, thirst), and strive to consume enough water each day to ensure hydration

Types of injuries

• Most serious hockey injuries result from being struck by the stick or the ball.
• The most common injuries presenting to hospitals are open wounds, fractures, sprains and strains and bruising and lacerations.
• Injuries presenting to hospital are predominantly to the upper limb (mostly injuries to the hand and forearm), face and lower limb (mostly ankle, foot and knee injuries).
• Injuries to the head and eyes (mostly struck by stick or ball) are infrequent, but tend to be comparatively severe, with a higher than average rate of admission to hospital.
• Dental injuries are also infrequent, although the damage may be severe and is mostly irreversible.
• Overuse injuries to the ankles and lower back are also commonly reported.

Good preparation is important

• Coaches should have players undergo simple fitness testing prior to participation to ensure their readiness to play.
• Players should routinely warm-up and cool down, including adequate stretching, before and after play.
• Particular attention should be given to thoroughly warming-up and stretching the ankles, hips and lower back.

Wear appropriate protective equipment

• Goalkeepers should wear a helmet and face guard during training and competition.
• All players should wear shock absorbent shin guards during training, informal play and competition.
• All players should wear properly fitted mouth guards to prevent dental injury.
• All players should wear their protective goggles to prevent eye injuries.
• Research should be conducted to determine the effectiveness of protective eyewear and gloves in preventing eye and hand injuries in hockey players.

Good technique and practices will help prevent injury

• Coaches will be available to advise and monitor the skill development of players at all levels of play.
• Coaches and players should pay attention to good player nutrition and adequate hydration.
• Players are responsible for adhering to the coach's instruction focused on improving ball handling skills and safe use of the hockey stick.

ACKNOWLEDGMENT

We certify that we have read, understand, and agree to adhere to the cautions, considerations and responsibilities required for participation.

Student Name: _____

Student Signature: _____ Date: _____

Parent Signature: _____ Date: _____

GOLF CAUTIONARY STATEMENT

Golf is a great sport. It is one of the enjoyable of the lifetime activities for all ages. Enjoyment, paying attention and adhering to the following considerations and procedures can ensure improved play and safe competition.

Important: These guidelines here are not all encompassing. There will be many instructional techniques that will be taught by coaches and it is incumbent upon the athlete to follow those instructions. Parents must support the coaches by encouraging athletes to follow their instructions for safety. Even when players follow directions to the best of their ability injuries will occur. Serious and sometimes life-threatening injuries to the head, neck, internal organs and other vital body areas can and will occur. As with all group and team activities there is the possibility that germs, bacteria, and virus will be shared and diseases can be contracted.

General Directions

1. Students must pay attention to instruction and follow techniques that are being taught by the coaches and do their best to perform skills as instructed.
2. Do not start play or practice, including warm-ups, until a coach is present and instructs you to begin.
3. No hazing or initiations, EVER.
4. There is no such thing as a "Tradition" that embarrasses a student. If you think there is such a "tradition" ask the coach if it is OK.

Preparing for practice:

1. During all practice or competitive sessions and while preparing for practice or preparing to depart the golf course, participants are expected to observe and follow all policies contained in this document, all USGA playing rules, the rules specific to the golf course and display proper golf etiquette. Any practice or competitive golf rounds played without school district authorization or supervision will be at the player's own expense and own personal liability for damage, loss or injury.
2. Choose clothing or footwear that fits properly and doesn't restrict movement. Wear all protective and supportive undergarments to practices and competition.
3. Select clothing appropriate for precipitation, humidity and temperature.
4. Players should evaluate their hydration status daily (via urine color, thirst), and strive to consume enough water each day to ensure hydration.
5. Players needing protective tape, first aid, or rehabilitative treatments should arrive early to receive necessary treatment.
6. Avoid horseplay with clubs and equipment.
7. Players with seizure, neuromuscular, renal, cardiac, insulin/diabetic, chronic skeletal problems, disorders or diseases, or other severe medical conditions must present a physician's approval prior to participation in any practice session.
8. If ill or dizzy, notify the coach or athletic trainer. Do not practice.
9. Check clubs regularly for metal stress or other signs of deterioration.
10. Replace or repair damaged clubs.

Movement to practice site or travel to contest/practice site:

1. The school is not liable for injury, loss, or damage incurred by drivers or passengers in private vehicles.
2. Exercise caution in driving to courses or practice areas.
3. Be cautious in parking lots when unloading clubs and/or carts or when changing shoes.
4. Be alert to ramps, stairs, artificial turf surfaces, carpets, concrete surfaces, and other changes in footing textures.
5. Be alert to locations of driving, practice swing, chipping, and sand trap areas.
6. Be alert to cart pathways, golf carts, and traffic patterns.
7. Be alert to weather conditions - especially stormy weather. Check with the coach before playing if there are any safety questions.
8. Adjust for temperature and humidity. A cap, sunglasses and sun block can be helpful in avoiding discomfort or overheating. Players with sensitive skin should avoid prolonged sun exposure. Wear sunscreen.

Cautions specific to golf:

1. When involved in club control/club swing drills LOOK in all directions BEFORE taking your first practice swing. Be sure there is room for the club to be swung safely.
2. No horseplay with clubs or equipment. No club throwing.
3. Be alert to players on adjacent tees or fairways.
4. Be alert to players in front and behind you. On short holes, signal players behind when it is safe to hit their tee shots. Do not hit tee or fairway shots if close to players ahead.
5. Call "FORE" if any shot moves into an adjacent fairway, or near any other players.

6. Drink water frequently on the course. If uncomfortable, stop in a shady area or sun shelter and consume water. Call for assistance if dizzy, ill or light headed.
7. If severe weather occurs while on the course:
    a. Get away from clubs
    b. Avoid isolated trees, shelters, hilltops, open spaces, or metal objects.
    c. Move to a wood building, low, protected area, or heavily wooded area.

Emergencies

Because of the nature of golf, some injuries will occur. All injuries must be called to a coach's attention. Most will be minor and can be managed with basic first aid. However, some may need more intense management and may also require squad members to:

1. Stop all practices, scrimmages, or drills. DO NOT move the victim!
2. Call the coach to manage the situation if not already at the site.
3. Sit or kneel in close proximity.
4. Assist by:
    . Helping with the injured person
    b. Calling for additional assistance
    c. Bringing first aid equipment or supplies to the site
    d. Keeping onlookers away
    e. Directing the rescue squad to the accident site
5. Fire or Fire Alarm:
    a. Evacuate or remain outside the building
    b. Move and remain 150 feet away from the building
    c. Be prepared to implement the emergency procedures outlined in #4 above.

ACKNOWLEDGMENT

We certify that we have read, understand, and agree to adhere to the cautions, considerations and responsibilities required for participation.

Student Name: _____

Student Signature: _____ Date: _____

Parent Signature: _____ Date: _____

FOOTBALL CAUTIONARY STATEMENT

Football is a contact sport and injuries will occur. Fundamentals related to playing football will continually and repeatedly be emphasized on and off the field. The information contained within this list of rules and procedures is to inform the students in our football program of the proper techniques to practice for maximum safety in the contact phase of the game.

Important: These guidelines here are not all encompassing. There will be many instructional techniques that will be taught by coaches and it is incumbent upon the athlete to follow those instructions. Parents must support the coaches by encouraging athletes to follow their instructions for safety. Even when players follow directions to the best of their ability injuries will occur. Serious and sometimes life-threatening injuries to the head, neck, internal organs and other vital body areas can and will occur. As with all group and team activities there is the possibility that germs, bacteria, and virus will be shared and diseases can be contracted.

General Directions

1. Students must pay attention to instruction and follow techniques that are being taught by the coaches and do their best to perform skills as instructed.
2. Do not start play or practice, including warm-ups, until a coach is present and instructs you to begin.
3. No hazing or initiations, EVER.
4. There is no such thing as a “Tradition” that embarrasses a student. If you think there is such a “tradition” ask the coach if it is OK.

Pre-season Preparation:

Because football is a contact sport, athletes must condition to prepare themselves for the season. This includes both strength training as well as aerobic training. It is also important that athletes continue to strength train during their season to help prevent injuries.

Tackling, Blocking, and Running the Ball:

By rule, the helmet is not to be used as a "ram." Initial contact is not to be made with the helmet. It is NOT possible to play the game safely or correctly without making contact with the helmet when properly blocking and tackling an opponent. Therefore, technique is most important to prevention of injuries.

Tackling and blocking techniques are basically the same. Contact is to be made above the waist, but not initially with the helmet. The player should always be in a position of balance, knees bent, back straight, body slightly bent forward, head up, assume a striking position or near to the opponent as possible with the main contact being made with the shoulder.

Blocking and tackling by not putting the helmet as close to the body as possible could result in shoulder injury such as a separation or a pinched nerve in the neck area. The dangers of not following the proper techniques can be from minor to disabling to even death. The reason for following the safety rules in making contact with the upper body and helmet is that improper body alignment can put the spinal column in a vulnerable position for injury.

If the head is bent downward, the cervical (neck) vertebrae are vulnerable and contact on the TOP OF THE HELMET could result in a dislocation, nerve damage, paralysis or death. If the back is not straight, the thoracic (mid-back) and lumbar vertebrae are also vulnerable to serious injury if contact is again made to the TOP OF THE HELMET.

The daily workout includes isometric type exercises; the development of strength in the neck muscles is one of the best methods of preventing head injury and enabling an individual to hold his head up even after getting tired during a workout or contest.

Basic Hitting (Contact) Position and Fundamental Technique:

If the knees are not bent, the chance of knee injury is greatly increased. Fundamentally a player should be in the proper hitting position at all times during live ball play and this point will be repeated continually during practice. The danger is anything from strained muscles, to ankle injuries, to serious knee injuries requiring surgery. The rules have made blocking below the waist (outside a two-yard by four-yard area next to the football) illegal. A runner with the ball, however, may be tackled around the legs.

The length of cleats has been restricted to no more than 1/2 inch to further help in preventing knee injuries.

In tackling, the rules prohibit initial contact with the helmet or grabbing the facemask or edge of the helmet. These restrictions were implemented because of serious injuries resulting from grasping the facemask. Initial helmet contact could result in a bruise, dislocation, broken bone, head injury, internal injury such as kidneys, spleen, bladder, etc. Grabbing the facemask or helmet edge could result in a neck injury which could range from a muscle strain to a dislocation, nerve injury, or spinal column damage causing paralysis or death.

Illegal and dangerous play by participating athletes will not be tolerated and all players are repeatedly reminded of the dangers of these acts.

Fitting and Use of Equipment:
Shoulder pads, helmets, hip pads, pants including thigh pads and knee pads should be properly fitted and worn. Wear all protective pads, braces and supportive undergarments to all practices and competitions. Shoulder pads that are too small will leave the shoulder joint vulnerable to bruises or separations and could also be too tight in the neck area resulting in a possible pinched nerve. Shoulder pads which are too large will leave the neck area poorly protected and will slide on the shoulders making them vulnerable to bruises or separations.

Helmets must fit snugly at the contact points: Front, back, and top of head. The helmet must be "NOCSAE" branded; the chinstraps must be fastened, and the cheek pads must be of the proper thickness. On contact, a helmet that is too tight could result in a headache. Too loose a fit could result in headaches, a concussion, a face injury such as a broken nose or cheek bone, and a blow to the back of the neck could cause a neck injury, possibly quite serious such as paralysis or even death. As with all group and team activities there is the possibility that germs, bacteria, and virus will be shared and diseases can be contracted

Preparation for practice or contest:
1. Wear all protective and supportive equipment including mouth guards to every practice or contest unless otherwise indicated by the daily practice plan.
2. Be sure that all stabilizing straps and laces are properly worn and tightened, and all fasteners secured so equipment is properly positioned.
3. Wear outer and under garments that are appropriate for humidity and temperature.
4. Players should evaluate their hydration status daily (via urine color, thirst), and strive to consume enough water each day to ensure hydration.
5. Players with visual impairment(s) must wear corrective, shatterproof glasses or contact lenses if the impairment affects judgment or perception.
6. Players needing protective tape, padding, or bracing should arrive early to receive necessary treatment.
7. Remove all jewelry and metal hair fasteners.
8. Players with seizure, neuromuscular, renal, cardiac, insulin/diabetic, chronic skeletal problems, disorders or diseases, or other severe medical conditions must present a physician's approval prior to participation in any practice session.

In the locker room:
1. Be alert to slippery floors.
2. Be alert to changes in floor texture and to elevated thresholds between shower and locker rooms.
3. Keep floors free of litter. Place all personal belongings in assigned lockers.
4. Close and lock locker doors when away from your assigned locker.
5. No horseplay, rough-housing, hazing or initiations.
6. Do not wear football shoes in the building or locker room at any time.

Movement to the practice/contest site or travel to contest/practice site:
1. Be alert to:
a. Goal posts
b. Blocking sleds
c. Kicking/Kick return drills
d. Passer/Receiver drills
e. Agility, sprinting, or other fast action drills
f. No horseplay, rough-housing, hazing or initiations

Cautions specific to football:
1. The Head and Helmet
a. Tackle or block or break tackles with the shoulder pad or use the hands as specified by NFHS rules. NEVER USE THE HELMET TO STRIKE THE OPPONENT.
b. Keep the chin and eyes up when blocking, tackling, or running with the ball. Lowering the head/helmet jeopardizes the neck and spinal cord.
c. Lowering the head/helmet jeopardizes the neck and spinal cord.
d. Players should inspect the helmet before or after practice. Coaches or trained professionals should check helmets.

2. Blocking and Defensive Contact

a. The forearm striking surface should be accelerated as a unit with the shoulder and extension of the trunk. DO NOT "wind up" to accelerate the forearm separately.
b. Block from the front or the side and above the waist.
c. When pursuing an opposing ball carrier, do not "pile on" when the opponent is down.
d. Never grab an opponent's facemask.

3. General

a. GET UP! When on the ground you are vulnerable to being stepped on or receiving a leg, shoulder or knee injury.
b. When falling - TUCK - Leave no extremity extended either to absorb the fall, or while on the ground.
c. Participate fully in all neck strengthening exercises.

4. Water

Frequent drink breaks will be scheduled during practices, and players should hydrate themselves frequently before and during practice and games.

5. Weight Room

Maintenance strength training procedures will be utilized. Observe all weight room policies for progressions, spotting, and general safety.

Emergencies

Because of the nature of football, some injuries will occur. All injuries must be called to a coach's or athletic trainer's attention. Most will be minor and can be managed with basic first aid. However, some may need more intense management and may also require squad members to:

1. Stop all practices, scrimmages, or drills. DO NOT move the victim!
2. Call the coach to manage the situation if not already at the site.
3. Sit or kneel in close proximity.
4. Assist by:

a. Helping with the injured person
b. Calling for additional assistance
c. Bringing first aid equipment or supplies to the site
d. Keeping onlookers away
e. Directing the rescue squad to the accident site

5. Fire or Fire Alarm

a. Evacuate or remain outside the building
b. Move and remain 150 feet away from the building
c. Be prepared to implement the emergency procedures

ACKNOWLEDGMENT

We certify that we have read, understand, and agree to adhere to the cautions, considerations and responsibilities required for participation.

Student Name: _____

Student Signature: _____ Date: _____

Parent Signature: _____ Date: _____

GYMNASTICS CAUTIONARY STATEMENT

Gymnastics is a highly specialized form of competition in which stamina, strength, agility and finesse are important factors. To develop each of these attributes, gymnasts must observe and practice rules, procedures and progressions intended to enhance their safety, learning, overall success and enjoyment of the sport. Because of the intense demands and conditioning required, athletes and parents are asked to read and understand the following cautions and responsibilities.

Important: These guidelines here are not all encompassing. There will be many instructional techniques that will be taught by coaches and it is incumbent upon the athlete to follow those instructions. Parents must support the coaches by encouraging athletes to follow their instructions for safety. Even when players follow directions to the best of their ability injuries will occur. Serious and sometimes life-threatening injuries to the head, neck, internal organs and other vital body areas can and will occur. As with all group and team activities there is the possibility that germs, bacteria, and virus will be shared and diseases can be contracted.

General Directions

1. Students must pay attention to instruction and follow techniques that are being taught by the coaches and do their best to perform skills as instructed.
2. Do not start play or practice, including warm-ups, until a coach is present and instructs you to begin.
3. No hazing or initiations, EVER.
4. There is no such thing as a "Tradition" that embarrasses a student. If you think there is such a "tradition" ask the coach if it is OK.

Preparing for practice:

1. Choose practice or competitive clothing that fits properly, does not catch on apparatus, or restrict the gymnast's movement. Wear all protective and supportive undergarments to all practices and competitions.
2. Protective grips may be helpful to prevent palm blisters for bar events.
3. Students with vision impairments must wear corrective lenses or glasses to ensure safe judgment. Eyeglasses must be made of shatterproof materials, be mounted in break resistant frames, and be held in place with an elastic strap.
4. Students who need preventive or rehabilitative tape, padding or bracing must arrive early to receive necessary treatment.
5. No horseplay, rough-housing, hazing or initiations.
6. Remove jewelry, metal hair clips and head coverings.
7. Players with seizure, neuromuscular, renal, cardiac, insulin/diabetic, chronic skeletal problems, disorders or diseases, or other severe medical conditions must present a physician's approval prior to participation in any practice session.
8. If ill or dizzy, notify your coach or athletic trainer. Do not practice.
9. Gymnasts should evaluate their hydration status daily (via urine color, thirst), and strive to consume enough water each day to ensure hydration.

In the gymnastics area:

1. Be alert to variations in floor, ramp, or mat levels and textures.
2. Be alert to location of bulk equipment and support cables.
3. Be alert to vault runway locations and activities.
4. Be alert to floor exercise areas and apparatus dismount areas.
5. Be alert to other gymnasts performing high-speed running, vaulting, aerial activities or dismounts.

Cautions specific to gymnastics:

1. Properly stretch and warm up before practice or competition.
2. Do not attempt new or complex floor or apparatus movements until your progression has been approved by the coach, and arrangements made for proper spotting.
3. Check all apparatus for height-width adjustments, security of safety fasteners and floor cleats.

4. Check with coach to be sure appropriate types and thicknesses of landing pads are utilized, and are properly secured.
5. Chalk hands thoroughly before using rings, bars, or pommels.
6. If you experience muscular fatigue or decreased alertness, do not attempt elevated, weight bearing, or somersaulting activities. Rest or wait until the next day.
7. Check for separation of mats for the floor exercise event. Call the coach's attention to the need for fastening tape.
8. Not more than ONE gymnast is to use an apparatus piece at any time.
9. Uneven bar competitors must pay special attention to body mechanics involved in controlling one's swing velocity, completion of rotations, and general control while inverted in weight support positions. A spotter is required for all such activity.
10. Somersaulting activities must be practiced in proper progressions, from appropriate heights, and with appropriate matting. Where multiple somersaults are involved, competitors should add these activities slowly so as to avoid disorientation. Somersaulting and/or twisting dismounts must be learned in proper progression and with a spotter.
11. If a raised training pit is available, the use of caution on ladders, raised platforms, and at take-off points is mandatory. Be alert.
12. Vaulting Board approaches and distances from apparatus must be developed in conjunction with the coach and checked by the gymnast before practicing or competing.
13. Always use spotters that are experienced with the activity you are practicing.
14. No horseplay, rough-housing, hazing or initiations.

Emergencies

Because of the nature of gymnastics, some injuries will occur. All injuries must be called to a coach's or athletic trainer's attention. Most will be minor and can be managed with basic first aid. However, some may need more intense management and may also require squad members to:

1. Stop all practices, scrimmages or drills. DO NOT move the victim!
2. Call the coach to manage the situation if not already at the site.
3. Sit or kneel in close proximity.
4. Assist by:
   a. Helping with the injured person
   b. Calling for additional assistance
   c. Bringing first aid equipment or supplies to the site
   d. Keeping onlookers away
   e. Directing the rescue squad to the accident site
5. Fire or Fire Alarm:
   a. Evacuate or remain outside the building
   b. Move and remain 150 feet away from the building
   c. Be prepared to implement the emergency procedures outlined in #4

ACKNOWLEDGMENT

We certify that we have read, understand, and agree to adhere to the cautions, considerations and responsibilities required for participation.

Student Name: _____

Student Signature: _____ Date: _____

Parent Signature: _____ Date: _____

ICE HOCKEY CAUTIONARY STATEMENT

Hockey is a highly competitive, fast-action game in which physical conditioning and contact play major roles. Because of the speed and agility with which the game is played, as well as the intense demands and conditioning required, squad members, their families, and the coaching staff must accept and share certain responsibilities designed to enhance the safety and enjoyment of the sport.

Each player involved in the Hockey program, whether on a varsity or prep team, is required to have the proper protective equipment prior to taking the ice for any activity whether practice or game. All helmets must meet the necessary certifications as outlined by the state-governing body, and all helmets and masks must be in the correct team color. In addition, high quality padding with careful attention to fitting and proper wearing methods must be reviewed with all players by the coaching staff. Proper wearing and use of all protective equipment is the exclusive responsibility of the player after being reviewed with the coaching staff.

Important: These guidelines here are not all encompassing. There will be many instructional techniques that will be taught by coaches and it is incumbent upon the athlete to follow those instructions. Parents must support the coaches by encouraging athletes to follow their instructions for safety. Even when players follow directions to the best of their ability injuries will occur. Serious and sometimes life-threatening injuries to the head, neck, internal organs and other vital body areas can and will occur. As with all group and team activities there is the possibility that germs, bacteria, and virus will be shared and diseases can be contracted.

General Directions

1. Students must pay attention to instruction and follow techniques that are being taught by the coaches and do their best to perform skills as instructed.
2. Do not start play or practice, including warm-ups, until a coach is present and instructs you to begin.
3. No hazing or initiations, EVER.
4. There is no such thing as a “Tradition” that embarrasses a student. If you think there is such a “tradition” ask the coach if it is OK.

Other responsibilities include:

Preparing for Practice:

1. Wear all protective and supportive equipment, pads or braces - including mouth guards - to every practice or game unless otherwise indicated by the daily practice plan.
2. Be sure that all stabilizing straps and laces are properly worn and tightened, and all fasteners secured so equipment is properly positioned.
3. Wear outer and under garments that are appropriate for humidity and temperature.
4. Players should evaluate their hydration status daily (via urine color, thirst), and strive to consume enough water each day to ensure hydration.
5. Players with visual impairment(s) must wear corrective, shatterproof glasses or contact lenses if the impairment affects judgment or perception.
6. Players needing protective tape, padding or bracing should arrive early to the Gilmour Academy Sports Medicine staff to receive necessary treatment.
7. Remove all jewelry, including earrings and metal hair fasteners.
8. Players with seizure, neuromuscular, renal, cardiac, insulin/diabetic, chronic skeletal problems, disorders or diseases, or other severe medical conditions must present a physician's approval prior to participation in any practice session.
9. No horseplay, rough-housing, hazing or initiations.

In the Locker Room:

1. Be alert to slippery floors.
2. Be alert to changes in floor texture and to elevated thresholds between shower and locker room floors.
3. Keep floors free of litter. Place all belongings in equipment bags when at a rink in the designated locker room or in the designated area when at school.
4. Close and lock locker doors when away from your locker. Provide your own lock.
5. Refrain from horseplay and rough-housing in the locker/shower areas.
6. Identify incidents of foot or other skin infections to coach(es) and the Gilmour Academy Sports Medicine staff immediately.
8. Be cautious not to injure other players with your skates while dressing.

9. No horseplay, rough-housing, hazing or initiations.

Movement to Practice/Contest Site or Travel to Contest/Practice Site:
1. Be alert to:
a. Ramps and steps leading to contest or practice area
b. Raised thresholds, gates and metal hardware at rink entry points.
c. Changes in texture (ice, mats, concrete, wood)
2. Location and activity in proximity to:
a. Goal cages and shooting drills
b. Passing drills
c. Agility and sprinting drills
3. Horseplay with sticks is prohibited.
4. Absorb contact and shots with padded surfaces.
5. Avoid straight arm contact with the boards.
6. No broken or cracked sticks may be used.
7. Throwing sticks is prohibited.
8. Tripping, kneeing, high-sticking, slashing, buttending, butting, or spearing with the helmet or face mask and grasping the opponent's face mask are prohibited.
9. Frequent drink breaks will be scheduled during practice and players should hydrate themselves frequently during practice or games.
10. No horseplay, rough-housing, hazing or initiations.

Hazards Specific to Hockey:
1. Shooting practice is to be conducted only in designated areas, at specified times, and in specified sequences. Be certain the goalkeeper is looking at you and ready for practice shots.
2. Do not high stick.
3. Do not slash with the stick.
4. Do not butt end with the stick.
5. Do not throw a stick regardless of its condition.
6. Do not spear or butt with the helmet or facemask.
7. Do not make punitive attempts to elbow or knee opponents.
8. Do not shoot at other players.
9. Do not charge or contact the goalkeeper.
10. Do not alter stick curvature or shape.
11. Do not grasp the facemask of another player.
12. Contact should be absorbed with padded surfaces.
13. Absorb or make contact in a low, balanced position.

Emergencies:
Because of the nature of hockey, some injuries will occur. All injuries must be called to a coach's attention immediately, as well as the attention of the Gilmour Academy Sports Medicine staff. Most will be minor and can be managed with basic first aid. However, some may need more intense management and may also require squad members to:
1. Stop all practices, scrimmages, or drills. DO NOT move the victim!
2. Call the coach to manage the situation if not already at the site.
3. Sit or kneel in close proximity.

4. Assist by:
a) Helping with the injured person
b) Calling for additional assistance
c) Bringing first aid equipment or supplies to the site
d) Keeping onlookers away
e) Directing the rescue squad to the accident site

2. In case of a fire or a fire alarm:
a. Evacuate or remain outside the building
b. Move and remain 150 feet away from the building
c. Be prepared to implement the emergency procedures outlined in #4 above

Student Name: _____

Student Signature: _____ Date: _____

Parent Signature: _____ Date: _____

TRACK AND FIELD CAUTIONARY STATEMENT

The following recommendations have been designed specifically for the Indoor Track and Field Teams. Because of the intense demands and conditioning required, athletes and parents are asked to read and understand certain cautions and responsibilities designed to improve the safety and enjoyment of track and field.

Important: These guidelines here are not all encompassing. There will be many instructional techniques that will be taught by coaches and it is incumbent upon the athlete to follow those instructions. Parents must support the coaches by encouraging athletes to follow their instructions for safety. Even when players follow directions to the best of their ability injuries will occur. Serious and sometimes life-threatening injuries to the head, neck, internal organs and other vital body areas can and will occur. As with all group and team activities there is the possibility that germs, bacteria, and virus will be shared and diseases can be contracted.

General Directions

1. Students must pay attention to instruction and follow techniques that are being taught by the coaches and do their best to perform skills as instructed.
2. Do not start play or practice, including warm-ups, until a coach is present and instructs you to begin.
3. No hazing or initiations, EVER.
4. There is no such thing as a "Tradition" that embarrasses a student. If you think there is such a "tradition" ask the coach if it is OK.

Preparation for practice or contests:

1. Select the appropriate clothing to be worn in warm or cold weather. Most running during indoor track is done on the roads outside. Hats and gloves as well as layered clothing are necessary throughout the cold winter season. Since we have a varied climate, it is important to be prepared for all kinds of weather and to dress accordingly. Wear ace bracing and supportive undergarments to practices and competitions.
2. Players should evaluate their hydration status daily (via urine color, thirst), and strive to consume enough water each day to ensure hydration.
3. Proper warm-up and warm-down is very important before and after competition and practices.
4. Select and change shoes/spikes for various surfaces to help reduce shock and stress.
5. Athletes who are ill, dizzy, or light headed should contact their coach and should not practice.
6. Players with seizure, neuromuscular, renal, cardiac, insulin/diabetic, chronic skeletal problems, disorders or diseases, or other severe medical conditions must present a physician's approval prior to participation in any practice session.
7. Athletes needing preventive taping or bracing should arrive early to receive treatment. Any injury problem or concern should be discussed with a coach or athletic trainer.
8. Athletes with visual impairments must wear shatterproof glasses or lenses where judgement or safety is a problem. Glasses must be mounted in break resistant frames and secured with an elastic strap.
9. No horseplay, rough-housing, hazing or initiations.

In the locker room:

1. Be alert to slippery floors and use caution.
2. Keep floors free of litter. Place all personal belongings in assigned locker.
3. Close and lock locker doors when away from your assigned locker.
4. No horseplay, rough-housing, hazing or initiations.
5. If spiked shoes are worn, they are to be put on and taken off outside the building.

Movement to the practice/contest site or travel to contest/practice site:

1. Be aware of variations in the surface of ramps, locker rooms, cinder, or artificial tracks.
2. In approaching the track, be alert to location of:
    a. Sprint/hurdle straightaways
    b. Relay/exchange areas
    c. Jump/Vault runways and landing pits
    d. Shot throwing and landing areas
3. When jogging for warm-up/warm-down, or during practice, run in the outer lanes.
4. Stretch thoroughly and start your workout with easy running.

5. No horseplay, rough-housing, hazing or initiations.

Hazards specific to track and field:

1. Jumpers, throwers, and hurdlers must check equipment to see that it is safe and in proper condition before using. Athletes must notify the event coach in case of any equipment failure.
2. Shot thrower(s) must check the throwing sector and the immediate areas alongside the circle or runway for people in the area. They must also refrain from horseplay with the shot and discus.
3. Hurdlers must be sure hurdles are facing a direction that allows the hurdle to tip if struck by the hurdler.
4. Distance runners and relay teams engaged in speed work and time trials should run the inside lanes unless passing a runner. Slower work should be done in the outer lanes.
5. When passing other runners during practice, always call "track."
6. Athletes should be alert to activity going on around them to prevent collisions and/or the sudden stopping of others.
7. Runners engaged in street work as a method of distance conditioning must face traffic or use sidewalks. All runners must wear a reflective vest to go off campus. Do not wear head phones. Run in single file and be alert at intersections. Avoid heavily traveled streets and always look both ways before crossing.
8. Never cut across neighborhood lawns or through private property.
9. Avoid sudden stops on hard surfaces while sprinting. A gradual slowdown will help prevent unnecessary leg stress.
10. Weight training regimens may also be part of your conditioning. Observe all weight room safety rules carefully.
11. Dehydration can be dangerous. Water will be available at practices and contests. Athletes should ingest water frequently.

Emergencies

Because of the physical demands of track and field, some injuries will occur. All injuries must be called to a coach's or athletic trainer's attention. Most will be minor and can be managed with basic first aid. However, an occasional situation may require more intense management and may also necessitate involvement of squad members as follows:

1. Stop all activities, practice, or competition. DO NOT move the victim!
2. Call a coach to manage the situation if not already at the site.
3. Sit or kneel in close proximity.
4. Assist by:
    a. Helping with the injured person
    b. Telephoning for additional assistance
    c. Bringing first aid equipment or supplies to the site
    d. Keeping onlookers away
    e. Directing the rescue squad to the accident site
5. Fire or Fire Alarm:
    a. Evacuate or remain outside the building
    b. Move and remain 150 feet away from the building
    c. Be prepared to implement the emergency procedures outlined in #4

ACKNOWLEDGMENT

We certify that we have read, understand, and agree to adhere to the cautions, considerations and responsibilities required for participation.

Student Name: _____

Student Signature: _____ Date: _____

Parent Signature: _____ Date: _____

LACROSSE CAUTIONARY STATEMENT

Lacrosse is enjoyed by large numbers of interscholastic and recreational players annually. Because of the high-speed components of the game, it is important to observe and practice a number of procedures designed to enhance the safety and enjoyment of all participants.

The girls are to wear lacrosse goggles as well as a mouth guard. The goalie is required to wear a helmet; mouth guard, throat guard, and chest protector. It is highly recommended that the goalie also wear goalie gloves, and padded goalie pants. Players will be required to wear their protective items in every practice and game they participate in.

Important: These guidelines here are not all encompassing. There will be many instructional techniques that will be taught by coaches and it is incumbent upon the athlete to follow those instructions. Parents must support the coaches by encouraging athletes to follow their instructions for safety. Even when players follow directions to the best of their ability injuries will occur. Serious and sometimes life-threatening injuries to the head, neck, internal organs and other vital body areas can and will occur. As with all group and team activities there is the possibility that germs, bacteria, and virus will be shared and diseases can be contracted.

General Directions

1. Students must pay attention to instruction and follow techniques that are being taught by the coaches and do their best to perform skills as instructed.
2. Do not start play or practice, including warm-ups, until a coach is present and instructs you to begin.
3. No hazing or initiations, EVER.
4. There is no such thing as a "Tradition" that embarrasses a student. If you think there is such a "tradition" ask the coach if it is OK.

Preparation for practice or contest:

1. Wear all protective equipment, pads, braces and supportive undergarments to every practice or contest unless otherwise indicated by the daily practice plan.
2. Be sure that all stabilizing straps and laces are properly worn and tightened, and all fasteners secured so equipment is properly positioned.
3. Wear outer and under garments that are appropriate for humidity and temperature.
4. Players should evaluate their hydration status daily (via urine color, thirst), and strive to consume enough water each day to ensure hydration.
5. Players with visual impairment(s) must wear corrective, shatterproof glasses or contact lenses if the impairment affects judgement or perception.
6. Players needing protective tape, padding, or bracing, should arrive early to receive necessary treatment.
7. Remove all jewelry and metal hair fasteners.
8. Players with seizure, neuromuscular, renal, cardiac, insulin/diabetic, chronic skeletal problems, disorders or diseases, or other severe medical conditions must present a physician's approval prior to participation in any practice session.
9. No hazing or initiations.

In the locker room:

1. Be alert to slippery floors.
2. Be alert to changes in floor texture and to elevated thresholds between shower and locker room.
3. Keep floors free of litter. Place all belongings in assigned lockers.
4. Close and lock locker doors when away from your assigned locker.
5. Refrain from rapid movements, horseplay, and rough-house in the locker/shower areas.
6. Identify incidents of foot or other skin infections to coach(es) immediately.
7. Be especially careful not to injure a teammate with cleated shoes and do not wear-cleated shoes in the building or locker room at any time.

Approach to the competitive/practice site or travel to contest/practice site:

1. Be alert to:
    a. Variable surface textures (concrete, turf)
    b. Steps, ramps, bench locations

c. Locations of bulk equipment or specific drills

2. Hazards specific to lacrosse:

a. All protective equipment required by rule must be worn at practices and competition during those situations that require it.

b. When jogging for warm-up / warm down, or during practice, run around the outside of the field.

c. Stretch thoroughly and start your workout with easy running

d. Weight training regimens may also be part of your conditioning. Observe all weight room safety rules carefully.

e. Dehydration can be dangerous. Bring water to all practices and contests. Athletes should ingest water frequently.

f. No horseplay, roughhousing, hazing or initiations.

g. Do not start practice until a coach arrives.

h. Players on the sidelines should be alert at all times and only be in the designated players' box.

i. When warming up never run behind the goal.

j. Throwing is to be done in designated areas and at designated times. DO NOT begin these practices without direction of the coach.

k. Offensive and defensive players must recognize the possibility of being hit by a thrown ball, being accidentally bumped, or of injury due to falling on the grass that could leave a friction burn, being stepped on, or skeletal injury. Be alert to the location of the ball and opponents. Assume a protected position. Do not leave limbs extended when on the ground.

l. Burns, sprains, strains and contusions must be reported to coaches.

m. Team bench - Players on the team bench area must be alert to over thrown balls or defensive/offensive players moving towards the area at high speed.

n. Indoors - always look before throwing. Make sure you have eye contact with the person you are throwing too. If you are chasing balls into a drill, make the other players aware of the ball by saying, "Ball on court".

Emergencies

Because of the nature lacrosse, some injuries will occur. All injuries must be called to a coach or athletic trainer's attention. Most will be minor and can be managed with basic first aid. However, some may need more intense management and may also require squad members to:

1. Stop all practices, scrimmages, or drills. DO NOT move the victim!
2. Call the coach to manage the situation if not already at the site.
3. Sit or kneel in close proximity.
4. Assist by:
   a. Helping with the injured person
   b. Calling for additional assistance
   c. Bringing first aid equipment or supplies to the site
   d. Keeping onlookers away
   e. Directing the rescue squad to the accident site
5. Fire or Fire Alarm:
   a. Evacuate or remain outside the building
   b. Move and remain 150 feet away from the building
   c. Be prepared to implement the emergency procedures outlined in #4.

ACKNOWLEDGMENT

We certify that we have read, understand, and agree to adhere to the cautions, considerations and responsibilities required for participation.

Student Name: _____

Student Signature: _____ Date: _____

Parent Signature: _____ Date: _____

SOCCER CAUTIONARY STATEMENT

Soccer is a highly competitive, fast-action game in which physical conditioning plays a major role. Because of the speed and agility with which the game is played, squad members, their families, and the coaching staff must accept and share certain responsibilities designed to enhance the safety and enjoyment of the sport.

Important: These guidelines here are not all encompassing. There will be many instructional techniques that will be taught by coaches and it is incumbent upon the athlete to follow those instructions. Parents must support the coaches by encouraging athletes to follow their instructions for safety. Even when players follow directions to the best of their ability injuries will occur. Serious and sometimes life-threatening injuries to the head, neck, internal organs and other vital body areas can and will occur. As with all group and team activities there is the possibility that germs, bacteria, and virus will be shared and diseases can be contracted.

General Directions

1. Students must pay attention to instruction and follow techniques that are being taught by the coaches and do their best to perform skills as instructed.
2. Do not start play or practice, including warm-ups, until a coach is present and instructs you to begin.
3. No hazing or initiations, EVER.
4. There is no such thing as a "Tradition" that embarrasses a student. If you think there is such a "tradition" ask the coach if it is OK.

Preparation for practice or contests:

1. Wear all protective equipment, pad, braces and supportive undergarments including shin guards, to every practice or contest unless otherwise indicated by the daily practice plan.
2. Wear outer and under garments that are appropriate for humidity and temperature.
3. Players should evaluate their hydration status daily (via urine color, thirst), and strive to consume enough water each day to ensure hydration.
4. Players with visual impairment(s) must wear corrective, shatterproof glasses or contact lenses if the impairment affects judgment or perception.
5. Players needing protective tape, padding, or bracing should arrive early to receive necessary treatment.
6. Remove all jewelry and metal hair fasteners.
7. Players with seizure, neuromuscular, renal, cardiac, insulin/diabetic, chronic skeletal problems, disorders or diseases, or other severe medical conditions must present a physician's approval prior to participation in any practice session.
8. Goalkeeper must wear proper pads (a mouthguard is suggested).
9. Field players may also choose to wear a mouthguard.
10. No horseplay, rough-housing, hazing or initiations.

In the locker room:

1. Be alert to slippery floors.
2. Be alert to changes in floor texture and to elevated thresholds between shower and locker rooms.
3. Keep floors free of litter. Place all personal belongings in assigned lockers.
4. Close and lock locker doors when away from your assigned locker.
5. Refrain from rapid movements, horseplay, and rough house in the locker/shower areas.
6. Do not wear soccer shoes in the building or locker room at any time.
7. Remove mud outside and away from the building.
8. No horseplay, rough-housing, hazing or initiations.

Approach to the practice or contest site:

1. Be alert to ramps, stairs, and changes in the texture and levels of concrete, fields, and sidewalks.
2. Be alert to the location of the goal mouth, goal posts, and shooting drills.
3. Be alert to fast action dribbling or passing drills.
4. If ill or dizzy, notify the coach. Do not practice.
5. Do not hang on soccer goal posts at any time.

6. Soccer is played and practiced in all types of weather. Players should have proper clothing and footwear.
7. If lightning is in the area, the practice or game will be suspended until the storm passes. (20 minutes without lightning)
9. Soccer players will follow all other posted or published team rules.

Cautions Specific to Soccer:

1. Play the ball when on defense. DO NOT attack the offensive opponent with illegal contact.
2. When involved in shooting drills, shoot in specified sequences and in designated areas and directions. Be sure the goalkeeper is ready for all shots.
3. High kicks are prohibited.
4. Intentional pushing and tripping is prohibited.
5. Charging or contacting the goalkeeper is prohibited.
6. Players must brace the neck and keep the mouth closed while striking the ball with the upper portion of the forehead when heading the ball.
7. Out of control runs, jumps, or high kicks are prohibited.
8. Slide tackles must be approved by a coach.
9. Shin pads must be worn by all players.
10. Water will be available at practices and contests.

EMERGENCIES

Because of the nature of soccer, some injuries will occur. All injuries must be called to a coach's or athletic trainer's attention. Most will be minor and can be managed with basic first aid. However, some may need more intense management and may also require squad members to:

1. Stop all practices, scrimmages or drills. DO NOT move the victim!
2. Call the coach to manage the situation if not already at the site.
3. Sit or kneel in close proximity.
4. Assist by:
    a. Helping with the injured person
    b. Calling for additional assistance
    c. Bringing first aid equipment or supplies to the site
    d. Keeping onlookers away
    e. Directing the rescue squad to the accident site
5. Fire or Fire Alarm:
    a. Evacuate or remain outside the building
    b. Move and remain 150 feet away from the building
    c. Be prepared to implement the emergency procedures outlined in #4 above

ACKNOWLEDGMENT

We certify that we have read, understand, and agree to adhere to the cautions, considerations and responsibilities required for participation.

Student Name: _____

Student Signature: _____ Date: _____

Parent Signature: _____ Date: _____

SWIMMING CAUTIONARY STATEMENT

The following recommendations have been designed specifically for the swimming and diving team. Because of the intense demands and conditioning required, athletes and parents are asked to read and understand certain cautions and responsibilities designed to improve the safety and enjoyment of the sport.

Important: These guidelines here are not all encompassing. There will be many instructional techniques that will be taught by coaches and it is incumbent upon the athlete to follow those instructions. Parents must support the coaches by encouraging athletes to follow their instructions for safety. Even when players follow directions to the best of their ability injuries will occur. Serious and sometimes life-threatening injuries to the head, neck, internal organs and other vital body areas can and will occur. As with all group and team activities there is the possibility that germs, bacteria, and virus will be shared and diseases can be contracted.

General Directions

1. Students must pay attention to instruction and follow techniques that are being taught by the coaches and do their best to perform skills as instructed.
2. Do not start play or practice, including warm-ups, until a coach is present and instructs you to begin.
3. No hazing or initiations, EVER.
4. There is no such thing as a "Tradition" that embarrasses a student. If you think there is such a "tradition" ask the coach if it is OK.

Preparing for practice:

1. Choose a suit which fits comfortably and dries easily. Wear supportive undergarments to practices and competitions.
2. Goggles are highly recommended. They prevent eye irritation and may protect the eyes from "flying arms" or other swimmers during practice.
3. Earplugs are helpful in avoiding ear infections. Soft wax earplugs can be molded to fit into the ear to keep water out.
4. A swim cap can help keep hair out of the eyes and keep you warmer during practice by preventing body heat from being lost.
5. Wear warm clothing after showering will to help maintain body heat.
6. Players should evaluate their hydration status daily (via urine color, thirst), and strive to consume enough water each day to ensure hydration.
7. Players with seizure, neuromuscular, renal, cardiac, insulin/diabetic, chronic skeletal problems, disorders or diseases, or other severe medical conditions must present a physician's approval prior to participation in any practice session.
8. No horseplay, rough-housing, hazing or initiations.

In the locker room or en route to competition or practice site:

1. Locker room floors are often slippery.
2. Open locker doors can have sharp edges. Close and lock your locker when away from it.
3. Secure all personal items in your assigned locker.
4. Be alert to raised thresholds at shower rooms.
5. No horseplay, rough-housing, hazing or initiations.

Entry into the pool area for practice or competition at home or away:

1. Look around the facility; notice -
    a. pool rules posted on the wall
    b. deep and shallow pool depths
    c. location of ladders
    d. location of safety equipment
    e. equipment stored on the deck for use by swimmers - kickboards, pull buoys, hand paddles (use equipment as needed and return appropriately)
    f. other equipment in the area (tables, chairs, timing equipment, lane lines, lane storage reel, physical education equipment)
    g. stay off the lifeguard stand at all times
    h. no horseplay, rough-housing, hazing or initiations.
2. NEVER do a pike/scoop/whip or deep dive in the shallow end of the pool -- flat shallow racing dives only.

3. Never attempt to dive or jump over the backstroke flags
4. Check the water beneath the diving board if entering from the board.

Preparing to Swim:

Do all stretching exercises on the deck as directed by the coach(es). Take time to stretch before each swimming practice.

Entry into and expectations while in the water:

1. Look before you enter.
2. No diving into the shallow end other than supervised racing dives during practice or pre-meet warm-ups.
3. Lanes will be designated for various strokes and conditioning routines. Swim to the right of any designated lane unless the workout calls for alternating opposite circles.
4. Stay off the lane lines at all times.
5. Making contact with the diving board or lane lines, pool walls, gutters, or bottom during practice or competition could possibly result in serious bodily injury.
6. Never hyperventilate during practice or for any race over 50 yards.

Emergencies

Because of the nature of swimming, some injuries will occur. All injuries must be called to a coach's or athletic trainer's attention. Most will be minor and can be managed with basic first aid. However, an occasional situation may require more intense management and may also necessitate involvement of squad members as follows:

1. Be alert. Look around. Get the attention of other people as they may need to help or get out of the water. DO NOT move the victim!
2. The coach will manage the person in trouble. You may be asked to assist in one of several ways:
    a. helping with the injured person
    b. telephoning for additional assistance--phone numbers and information are posted on the telephone
    c. obtaining first aid supplies or equipment
    d. directing the rescue squad to the accident site
    e. keeping onlookers back
3. Fires or fire drills may require immediate evacuation from the pool.
    a. sometimes there may be time to grab a coat and exit from the locker room
    b. if the situation requires quicker action, athletes will evacuate the pool deck through any exit
    c. move and remain 150 feet away from the building
    d. be prepared to use the procedures described in #2 above

ACKNOWLEDGMENT

We certify that we have read, understand, and agree to adhere to the cautions, considerations and responsibilities required for participation.

Student Name: _____

Student Signature: _____ Date: _____

Parent Signature: _____ Date: _____

TENNIS CAUTIONARY STATEMENT

Tennis is a highly competitive, fast-action activity in which physical conditioning plays a major role. Because of the speed and finesse with which the game is played, squad members and their families must accept and share certain responsibilities with the coaching staff to enhance the safety and enjoyment of participants.

Important: These guidelines here are not all encompassing. There will be many instructional techniques that will be taught by coaches and it is incumbent upon the athlete to follow those instructions. Parents must support the coaches by encouraging athletes to follow their instructions for safety. Even when players follow directions to the best of their ability injuries will occur. Serious and sometimes life-threatening injuries to the head, neck, internal organs and other vital body areas can and will occur. As with all group and team activities there is the possibility that germs, bacteria, and virus will be shared and diseases can be contracted.

General Directions

1. Students must pay attention to instruction and follow techniques that are being taught by the coaches and do their best to perform skills as instructed.
2. Do not start play or practice, including warm-ups, until a coach is present and instructs you to begin.
3. No hazing or initiations, EVER.
4. There is no such thing as a "Tradition" that embarrasses a student. If you think there is such a "tradition" ask the coach if it is OK.

Preparation for practice or contest:

1. Wear protective socks and well-fitting footwear to practice and contests.
2. Wear outer and undergarments that are appropriate for humidity, temperature, bracing and support.
3. Players should evaluate their hydration status daily (via urine color, thirst), and strive to consume enough water each day to ensure hydration.
4. Players with visual impairment(s) must wear corrective, shatterproof glasses or contact lenses if the impairment affects judgement or perception.
5. Players needing protective tape, padding, or bracing should arrive early to receive necessary treatment.
6. Remove all jewelry and metal hair fasteners.
7. Players with seizure, neuromuscular, renal, cardiac, insulin/diabetic, chronic skeletal problems, disorders or diseases, or other severe medical conditions must present a physician's approval prior to participation in any practice session.
8. No horseplay, rough-housing, hazing or initiations.

In the locker room:

1. Be alert to slippery floors.
2. Be alert to changes in floor texture and to elevated thresholds between shower and locker rooms.
3. Keep floors free of litter. Place all personal belongings in assigned lockers.
4. Close and lock locker doors when away from your assigned locker.
5. No horseplay, rough-housing, hazing or initiations.
6. Identify incidents of foot or other skin infections to coach(es) immediately.

Approach to the practice or contest site or travel to contest/practice site:

1. Be alert to steps, ramps, and changes in the texture of courts and sidewalks.
2. Be alert to bounding board activity.
3. Be alert to the location of warm-up drills involving practice swings.
4. Be alert to ongoing games as you enter the court area.
5. Be alert to debris, water, leaves, dirt and glass on the courts as you arrive.
6. Be alert to the location of nets and net posts.

Cautions specific to tennis:

1. Throwing racquets and other horseplay is prohibited.
2. Doubles partners should face the net and be aware of each other's court position at all times so as to avoid physical or racquet contact with each other.

3. Players must gather up loose tennis balls and call "BALL" if loose ball rolls onto another court.
4. Shatterproof glasses or lenses must be worn if needed for perception and judgement. Eye protection specifically designed for racquet sports is strongly suggested.
5. Be under control when playing near nets, net posts and fences.
6. Net jumping is prohibited.
7. Heat and humidity can be a serious problem. Ingest water during the day, and at practice or matches.
8. Players with sensitive skin are encouraged to use sun block or cover skin areas.

Emergencies

Because of the nature of tennis, some injuries will occur. All injuries must be called to a coach's attention. Most will be minor and can be managed with basic first aid. However, an occasional situation may require more intense management and may also necessitate involvement of squad members as follows:

1. Call the coach to manage the situation if not already at the site.
4. Assist the coach by:
    a. Telephoning for additional assistance
    b. Bringing first aid equipment or supplies to the site
    c. Keeping onlookers away
    d. Directing the rescue squad to the accident site
5. Fire or Fire Alarm:
    a. Evacuate or remain outside the building
    b. Move and remain 150 feet away from the building
    c. Be prepared to implement the emergency procedures outlined in #4

ACKNOWLEDGMENT

We certify that we have read, understand, and agree to adhere to the cautions, considerations and responsibilities required for participation.

Student Name: _____

Student Signature: _____ Date: _____

Parent Signature: _____ Date: _____

TRACK AND FIELD CAUTIONARY STATEMENT

The following recommendations have been designed specifically for the Track and Field Teams. Because of the intense demands and conditioning required, athletes and parents are asked to read and understand certain cautions and responsibilities designed to improve the safety and enjoyment of track and field.

Important: These guidelines here are not all encompassing. There will be many instructional techniques that will be taught by coaches and it is incumbent upon the athlete to follow those instructions. Parents must support the coaches by encouraging athletes to follow their instructions for safety. Even when players follow directions to the best of their ability injuries will occur. Serious and sometimes life-threatening injuries to the head, neck, internal organs and other vital body areas can and will occur. As with all group and team activities there is the possibility that germs, bacteria, and virus will be shared and diseases can be contracted.

General Directions

1. Students must pay attention to instruction and follow techniques that are being taught by the coaches and do their best to perform skills as instructed.
2. Do not start play or practice, including warm-ups, until a coach is present and instructs you to begin.
3. No hazing or initiations, EVER.
4. There is no such thing as a "Tradition" that embarrasses a student. If you think there is such a "tradition" ask the coach if it is OK.

Preparation for practice or contests:

1. Select the appropriate clothing to be worn in warm or cold weather. Since we have a varied climate, it is important to be prepared for all kinds of weather and to dress accordingly. Wear ace bracing and supportive undergarments to practices and competitions.
2. Players should evaluate their hydration status daily (via urine color, thirst), and strive to consume enough water each day to ensure hydration.
3. Proper warm-up and warm-down is very important before and after competition and practices.
4. Select and change shoes/spikes for various surfaces to help reduce shock and stress.
5. Athletes who are ill, dizzy, or light headed should contact their coach and should not practice.
6. Players with seizure, neuromuscular, renal, cardiac, insulin/diabetic, chronic skeletal problems, disorders or diseases, or other severe medical conditions must present a physician's approval prior to participation in any practice session.
7. Athletes needing preventive taping or bracing should arrive early to receive treatment. Any injury problem or concern should be discussed with a coach or athletic trainer.
8. Athletes with visual impairments must wear shatterproof glasses or lenses where judgement or safety is a problem. Glasses must be mounted in break resistant frames and secured with an elastic strap.
9. No horseplay, rough-housing, hazing or initiations.
10. Proper care must be taken when transporting all throwing equipment to the throwing areas.

In the locker room:

1. Be alert to slippery floors and use caution.
2. Keep floors free of litter. Place all personal belongings in assigned locker.
3. Close and lock locker doors when away from your assigned locker.
4. No horseplay, rough-housing, hazing or initiations.
5. If spiked shoes are worn, they are to be put on and taken off outside the building.

Movement to the practice/contest site or travel to contest/practice site:

1. Be aware of variations in the surface of ramps, locker rooms, cinder, or artificial tracks.
2. In approaching the track, be alert to location of:
    a. Sprint/hurdle straight-aways
    b. Relay/exchange areas
    c. Jump/Vault runways and landing pits
    d. Shot, javelin, and discus throwing and landing areas
3. When jogging for warm-up/warm-down, or during practice, run in the outer lanes.
4. Stretch thoroughly and start your workout with easy running.
5. No horseplay, rough-housing, hazing or initiations.

Cautions specific to track and field:

1. Jumpers, throwers, and hurdlers must check equipment to see that it is safe and in proper condition before using. Athletes must notify the event coach in case of any equipment failure.
2. Shot/javelin/discus thrower(s) must check the throwing sector and the immediate areas alongside the circle or runway for people in the area. They must also refrain from horseplay with the shot, javelin, and discus.
3. When throwing sectors are contained within the infield of the track, all athletes must take special care to make themselves aware of their position on the infield. All athletes should remain a safe distance outside the throwing areas.
3. Hurdlers must be sure hurdles are facing a direction that allows the hurdle to tip if struck by the hurdler.
4. Distance runners and relay teams engaged in speed work and time trials should run the inside lanes unless passing a runner. Slower work should be done in the outer lanes.
5. When passing other runners during practice, always call "track."
6. Athletes should be alert to activity going on around them to prevent collisions and/or the sudden stopping of others.
7. Runners engaged in street work as a method of distance conditioning must face traffic or use sidewalks. Do not wear head phones. Run in single file and be alert at intersections. Avoid heavily traveled streets and always look both ways before crossing.
8. Never cut across neighborhood lawns or through private property.
9. Avoid sudden stops on hard surfaces while sprinting. A gradual slowdown will help prevent unnecessary leg stress.
10. Weight training regimens may also be part of your conditioning. Observe all weight room safety rules carefully.
11. Dehydration can be dangerous. Water will be available at practices and contests. Athletes should ingest water frequently **and are encouraged to bring a water bottle to practices and meets.**

Emergencies

Because of the physical demands of track and field, some injuries will occur. All injuries must be called to a coach's or athletic trainer's attention. Most will be minor and can be managed with basic first aid. However, an occasional situation may require more intense management and may also necessitate involvement of squad members as follows:

1. Stop all activities, practice, or competition. DO NOT move the victim!
2. Call a coach to manage the situation if not already at the site.
3. Sit or kneel in close proximity.
4. Assist by:
    a. Helping with the injured person
    b. Telephoning for additional assistance
    c. Bringing first aid equipment or supplies to the site
    d. Keeping onlookers away
    e. Directing the rescue squad to the accident site
5. Fire or Fire Alarm:
    a. Evacuate or remain outside the building
    b. Move and remain 150 feet away from the building
    c. Be prepared to implement the emergency procedures outlined in #4

ACKNOWLEDGMENT

We certify that we have read, understand, and agree to adhere to the cautions, considerations and responsibilities required for participation.

Student Name: _____

Student Signature: _____ Date: _____

Parent Signature: _____ Date: _____

VOLLEYBALL CAUTIONARY STATEMENT

The following recommendations have been designed specifically for the volleyball team. Because of the intense demands and conditioning required, athletes and parents are asked to read and understand certain cautions and responsibilities designed to improve the safety and enjoyment of the sport.

Important: These guidelines here are not all encompassing. There will be many instructional techniques that will be taught by coaches and it is incumbent upon the athlete to follow those instructions. Parents must support the coaches by encouraging athletes to follow their instructions for safety. Even when players follow directions to the best of their ability injuries will occur. Serious and sometimes life-threatening injuries to the head, neck, internal organs and other vital body areas can and will occur. As with all group and team activities there is the possibility that germs, bacteria, and virus will be shared and diseases can be contracted.

General Directions

9. Students must pay attention to instruction and follow techniques that are being taught by the coaches and do their best to perform skills as instructed.
10. Do not start play or practice, including warm-ups, until a coach is present and instructs you to begin.
11. No hazing or initiations, EVER.
12. There is no such thing as a "Tradition" that embarrasses a student. If you think there is such a "tradition" ask the coach if it is OK.

Preparing for Activity:

1. Wear protective knee pads, braces and supportive equipment or garments to all practices and games.
2. Clothing and shoes should fit properly, be comfortable and allow for maximal physical efforts.
3. Clothing should not prevent heat dissipation or restrict movement.
4. Players should evaluate their hydration status daily (via urine color, thirst), and strive to consume enough water each day to ensure hydration.
5. Feet should be covered with a quality athletic sock. If blisters are a chronic problem or begin to appear, coaches should be consulted for appropriate responses or preventive actions.
6. Players who require corrected vision must wear shatterproof glasses or contact lenses. Glasses must be mounted in break resistant frames, and be held in place by an elastic strap.
7. Players requiring preventive taping, padding, or bracing should arrive early to receive necessary treatment.
8. Remove all jewelry and metal hair fasteners.
9. No horseplay, rough-housing, hazing or initiations.
10. Players with seizure, neuromuscular, renal, cardiac, insulin/diabetic, chronic skeletal problems, disorders or diseases, or other severe medical conditions must present a physician's approval prior to participation in any practice session.

In the locker room:

1. Locker room floors are often slippery.
2. Open locker doors can have sharp edges. Close and lock your locker when away from it.
3. Secure all personal items in your assigned locker.
4. Be alert to raised thresholds at shower rooms.
5. No horseplay, rough-housing, hazing or initiations.

Entry to contest or practice site or travel to contest/practice site:

1. Be alert to ramps/steps leading to practice/contest area.
2. Be alert to variations in surfaces of locker rooms, ramps, stairways or playing floors.
3. Be alert to the following:

a. ball carts
b. volleyballs in flight, rolling, rebounding, or bouncing
c. spiking or serving drills
d. nets, support poles, cables, chairs, bleachers, and official's stand

4. No horseplay, rough-housing, hazing or initiations.

Preparing to play:
Do all stretching exercises as directed by the coaches. Jog easy laps to warm up. When stretching or playing, keep body in proper alignment to prevent undue stress on joints, ligaments, and muscles.

Hazards specific to volleyball:
1. Be alert to dehydration symptoms; i.e., dry mouth, inability to cool down, dizzy/light-headed. Ingest 4-6 glasses of water during the school day and additional amounts at practice.
2. Frequent drink breaks will be built into the practice and players should make use of each one.
3. Foot problems--refer to coach(es) or athletic trainer:
a. Blisters
b. Calluses
c. Ingrown toe nails
d. Fungus infections or plantar warts
4. Other skin problems--refer to coach(es) or athletic trainer:
a. Boils
b. Rashes
c. Floor burns, cuts
5. Ankles and other orthopedic problems:
a. Sprains--new--ice, compression, elevate, rest
b. Sprains--old--taping, easy workouts, rehabilitative exercise.
6. Weight and strength training will have separate standards and progressions designed to enhance safety.
7. Respiratory diseases can be a major problem. Fluids, regular rest, proper nutrition and dress contribute to the maintenance of health.
8. Check your weight and record it. Sudden or large losses over a month should be brought to the coaches' attention, especially if you are feeling tired or ill, or if you demonstrate cold symptoms and sore throat/swollen neck glands.
9. Do not hang on the nets.
10. Gather loose volleyballs and place them in storage racks. Do not follow a loose ball into an adjacent court until play is stopped in that court.
11. Never roll a ball under the net during play; the ball can roll under the feet.
12. Never throw the ball over the net; ball can hit an unsuspecting player.
13. Try to land on both feet while descending from a jump. This helps prevent falling, twisting, or unbalance.
14. While executing a defensive roll, sprawl, or dive, player must begin as low as possible to the floor with the arms fully extended away from the body. Execution with bent elbows and little or no bending of the knees may cause fractures or other injuries.
15. As in many team sports, the possibility of running into teammates or opponents is apparent.
16. Volleyball utilizes the hands in various techniques; i.e., setting, blocking, serving, attacking, and digging. Players should use proper technique in order to avoid breaks, fractures, and sprains.
17. Muscle soreness and possible strains occur more frequently at the beginning of the season due to increased use of muscles and increased time spent exercising. Stretch before/after practice.
18. Making contact with the nets, support poles, cables, referee's stand, floor, wall, bleachers, and other players during practice or competition could possibly result in serious bodily injury.

Emergencies

Because of the physical nature of volleyball, some injuries will occur. All injuries must be called to a coach's or athletic trainer's attention. Most will be minor and can be managed with basic first aid. However, some may need more intense management and may also require squad members to:

1. Be alert, look around. Get the attention of other people as they may need to help. **DO NOT move the victim!**
2. The coach will manage the person in trouble. You may be asked to assist in one of several ways:
a. Helping with the injured person
b. Telephoning for additional assistance
c. Obtaining first aid supplies or equipment
d. Directing the rescue squad to the accident site
e. Keeping onlookers back.
3. In case of fire or a fire alarm:
a. Evacuate or remain outside the building

b. Move and remain 150 feet away from the building
c. Be prepared to use the procedures described in #2 above.

ACKNOWLEDGMENT

We certify that we have read, understand, and agree to adhere to the cautions, considerations and responsibilities required for participation.

Student Name: _____

Student Signature: _____ Date: _____

Parent Signature: _____ Date: _____

WRESTLING CAUTIONARY STATEMENT

Wrestling is a highly competitive, fast-action activity in which physical strength, endurance, and contact plays a major role. Because of the speed and intense physical demands by which the sport is conducted, squad members and their families must accept and share certain responsibilities with the coaching staff to enhance the safety and enjoyment of the sport.

Important: These guidelines here are not all encompassing. There will be many instructional techniques that will be taught by coaches and it is incumbent upon the athlete to follow those instructions. Parents must support the coaches by encouraging athletes to follow their instructions for safety. Even when players follow directions to the best of their ability injuries will occur. Serious and sometimes life-threatening injuries to the head, neck, internal organs and other vital body areas can and will occur. As with all group and team activities there is the possibility that germs, bacteria, and virus will be shared and diseases can be contracted.

General Directions

1. Students must pay attention to instruction and follow techniques that are being taught by the coaches and do their best to perform skills as instructed.
2. Do not start play or practice, including warm-ups, until a coach is present and instructs you to begin.
3. No hazing or initiations, EVER.
4. There is no such thing as a "Tradition" that embarrasses a student. If you think there is such a "tradition" ask the coach if it is OK.

Preparation for practice or contest:

1. Wear all protective equipment, pads, braces, including ear protectors and supportive undergarments to every practice or contest unless otherwise indicated by the daily practice plan.
2. Be sure that all equipment is properly worn and tightened, and all fasteners secured so equipment is properly positioned.
3. Wear outer and under garments that are appropriate for humidity and temperature.
4. Players should evaluate their hydration status daily (via urine color, thirst), and strive to consume enough water each day to ensure hydration.
5. Wrestlers with visual impairment(s) MUST REMOVE GLASSES.
6. Wrestlers needing protective tape, padding, or bracing should arrive early to receive necessary treatment.
7. Remove all jewelry and metal hair fasteners.
8. Players with seizure, neuromuscular, renal, cardiac, insulin/diabetic, chronic skeletal problems, disorders or diseases, or other severe medical conditions must present a physician's approval prior to participation in any practice session.
9. Weight control or reduction must be conducted very carefully, with attention to balanced meals, and in compliance with the State Athletic Association guidelines.
10. All cuts, abrasions, boils, rashes, and skin irritations should be seen by a coach, athletic trainer, or physician.
11. No horseplay, rough-housing, hazing or initiations.

In the locker room:

1. Be alert to slippery floors.
2. Be alert to changes in floor texture and to elevated thresholds between shower and locker rooms.
3. Keep floors free of litter. Place all personal belongings in assigned lockers.
4. Close and lock locker doors when away from your assigned locker.
5. No horseplay, rough-housing, hazing or initiations.
6. Identify incidents of foot or other skin infections to coach(es) immediately.

Practice or contest site or travel to contest/practice site:

1. Be alert to stairs and ramps or changes in the texture of various surfaces, mats, or flooring.
2. Be alert to other large equipment items in the general area (e.g.: gymnastics apparatus).

3. Be alert to the location of bubblers, fire extinguishers, and other building equipment, and the proximity of walls to mats.
4. Be alert to ongoing drills or wrestle-offs.
5. If ill or light headed, notify coach. Do not practice.
6. No horseplay, rough-housing, hazing or initiations.

Hazards specific to wrestling:

1. Do not drive an opponent into the mat with unnecessary force on takedown.
2. When you lift a fellow competitor off the mat, you are responsible for his safe return. Be careful.
3. Do not bend a joint more than its normal range of motion.
4. The following are prohibited holds or tactics:
    a. Double arm bar, full nelson
    b. Some freestyle takedowns, e.g., straight-back suplay or salto
    c. Trips where the opponent is forcibly thrown
5. Weight control or weight reduction programs should not be undertaken without the approval of the coach.

Emergencies

Because of the nature of wrestling, some injuries will occur and the potential for skin problems/infections/diseases is increased. All injuries must be called to a coach's attention. Most will be minor and can be managed with basic first aid. However, an occasional situation may require more intense management and may also necessitate involvement of squad members as follows:

1. Stop all practices, scrimmages or drills. DO NOT move the victim!
2. Call the coach to manage the situation if not already at the site.
3. Sit or kneel in close proximity.
4. Assist by:
    a. Helping with the injured person
    b. Telephoning for additional assistance
    c. Bringing first aid equipment or supplies to the site
    d. Keeping onlookers away
    e. Directing the rescue squad to the accident site
5. Fire or Fire Alarm:
    a. Evacuate or remain outside the building
    b. Move and remain 150 feet away from the building
    c. Be prepared to implement the emergency procedures outlined in #4

ACKNOWLEDGMENT

We certify that we have read, understand, and agree to adhere to the cautions, considerations and responsibilities required for participation.

Student Name: _____

Student Signature: _____ Date: _____

Parent Signature: _____ Date: _____