

**GREENWOOD LAKE MIDDLE SCHOOL
INTERSCHOLASTIC ATHLETIC PRACTICES
"STUDENTS FIRST, ATHLETES SECOND"**

The Modified (7th and 8th grade) Interscholastic Athletic Program provided by the Greenwood Lake Middle School is a competitive, value-building extension of our Physical Education program and an integral part of the district's total educational program. We hope that participation in this program will enable our student-athletes to develop self-esteem, self-discipline, mature judgment, individual fitness, and specific skills in an atmosphere of citizenship, sportsmanship, and team collaboration. To encourage this development, each student-athlete is expected to accept the responsibilities for his or her behavior, both in and out of school. We expect that the student-athlete will strive for excellence in this obligation to themselves, their teammates, their school, and their community.

A. SIGNATURE FORM:

1. The Athletic Participation and Parental Approval form must be completed, signed by the student and the parent/guardian and returned to the Athletic Director before athletes may participate in try-outs.

B. SPORTS PHYSICALS/INJURIES

1. A "sports participation" physical by the school physician or your own doctor is required for all student-athletes before they are certified to attend tryouts. Forms are available from the school nurses office. The school nurse will re-certify any student trying out for a team more than 30 days after the physical exam date.
2. Students who are injured or incur serious illnesses may need to be re-certified by the nurse or a physician prior to resuming participation.
3. All injuries must be reported to the coach and school nurse as soon as possible.
4. All safety rules and directions must be followed since participants of physical activity are at risk of physical injury. No matter how careful the athlete/coach is, nor how many precautions are taken, risk of injury can only be reduced, never eliminated. Injuries can be minor such as cuts, sprains, strains, fractures, dislocations, and separations. They can also be catastrophic such as permanent paralysis or even death.

C. EQUIPMENT AND UNIFORMS

1. All equipment and uniforms issued by the school are the property of the school. Uniforms are to be used by the athlete for G.L.M.S. games only.
2. The athlete AND parent/guardian are responsible for the replacement costs of all lost/abused equipment and uniforms.
3. All uniforms and equipment must be returned to the Athletic Department within five (5) school days of the final contest. If the uniform or equipment is not returned or replacement cost is not satisfied, the athlete will not be allowed to participate in another sport and will be subject to disciplinary action.

D. TRAVEL

1. All student-athletes are to ride the bus to and from all games and practices, unless their coach has received prior written permission from the principal. In order to obtain this permission, the athlete's parent/guardian must complete the "Permission to Ride" form (available from their coach) and turn it in to the main office at least one (1) day prior to the event. However, we encourage all athletes to use district transportation. Permission to ride will be granted on a case-by-case basis. Athletes may only ride with their parent or guardian.
2. Any student-athlete who is on bus suspension for any reason will not be able to ride the bus after practices or to/from games during the bus suspension.
3. Eating will be permitted on the school bus for away games only. The following foods are recommended: sandwiches, fruit, nutritional snacks, and juice/water/sports drinks in plastic containers only. Popcorn, peanuts, soda, or any food or drink in glass containers are not allowed.
4. Buses must be kept clean or the food privilege will be terminated.

E. ACADEMIC PERFORMANCE

All student-athletes must *at least* meet the minimal expectations of their teachers. Each student-athlete's academic progress will be evaluated regularly during try-outs and the playing season.

1. Suspension: Student-athletes failing more than one subject will be required to attend practices and games but will NOT be allowed to participate in the games. Suspensions will continue until the athlete receives approval from the specific course teacher(s).
2. Completion: Student-athletes must participate in *at least* half of the season's games to be considered for awards unless extenuating circumstances apply (i.e. injuries).

F. PHYSICAL EDUCATION CLASSES

1. All student-athletes must dress appropriately and participate in all physical education classes.
2. Student-athletes who are not prepared for class and/or do not participate will not practice the day of the infraction AND will not participate in the next game. This will count as an unexcused absence from practice.
3. If an athlete has a medical exemption for physical education class, they will not participate in the practice or game on the day(s) of the exemption.

G. TRAINING AND PRACTICE RESPONSIBILITIES

1. Student-athletes shall not use any tobacco products, alcohol, intoxicants, steroids, or any illegal drugs. Any violation of this rule will result in immediate dismissal from the team.
2. Student-athletes must be present at practice the day before a game in order to participate in the game, unless the coach/AD is notified in writing before the absence. Excessive, unexcused absences (including teacher detentions) from practices/games will result in dismissal from the team.
3. Student-athletes must be present in school at least half the school day in order to participate in a game. Physician's notes are required for exceptions to this rule.
4. Student-athletes must also be present in school the day after a game, unless a legal excuse is presented, in order to participate in the next contest.
5. Proper athletic attire and footwear are to be worn during all practices and games.
6. Student-athletes are expected to dress-up (neat and clean) to show pride in their appearance and toward their school and opponent on game days.
7. Coaches may require additional responsibilities for their team(s).

H. GENERAL BEHAVIOR

A student-athlete is a representative of their school during all practices, competitions, classes, and school functions. Therefore, recurring discipline problems or disruptive behavioral problems will be grounds for suspension from games and/or dismissal from a team.

1. After-School Detention (ASD) – The student-athlete will not participate in the next contest. Continuous ASD will result in dismissal from the team.
2. In-School Suspension (ISS) – The student-athlete will not participate/play on these days nor participate in the next contest following their return to practice. Continuous ISS will result in dismissal from the team.
3. Out-of-School Suspension (OSS) – The student-athlete will not practice/play on these days nor participate in the next contest following their return to practice. Continuous OSS will result in dismissal from the team.
4. Coaches have the authority to suspend players from the game participation for disciplinary reasons and disruptive/disrespectful behavior. Coaches may also recommend student-athletes to the Principal and Athletic Director for dismissal from the team.

I. NON-SCHOOL ACTIVITIES

All school team practices and games take precedence over any other non-school athletic event unless agreed upon ahead of time by the coach and the parents. In the best interest of the team, the athlete's commitment should be made to one team to avoid conflicts.

J. INFORMATION

Schedules and game site directions are available online at ociaa.oubooces.org and on the middle school website, "Athletic Page". For questions or concerns, please contact 782-8678.

Interval Health History for Athletics

Student Name:		DOB:	
School Name:		Age:	
Grade (check): <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12		Limitations: <input type="checkbox"/> NO <input type="checkbox"/> YES	
Sport:		Date of last Health Exam:	
Sport Level: <input type="checkbox"/> Modified <input type="checkbox"/> Fresh <input type="checkbox"/> JV <input type="checkbox"/> Varsity		Date form completed:	
MUST be completed and signed by Parent/Guardian - Give details to any YES answers on the last page.			

SINCE YOUR CHILD'S LAST HEALTH EXAM - HAS YOUR CHILD?		
GENERAL HEALTH	YES	NO
Been restricted by a health care provider from sports participation for any reason?	<input type="checkbox"/>	<input type="checkbox"/>
Had surgery?	<input type="checkbox"/>	<input type="checkbox"/>
Spent the night in a hospital?	<input type="checkbox"/>	<input type="checkbox"/>
Been diagnosed with mononucleosis within the last month?	<input type="checkbox"/>	<input type="checkbox"/>
Has only one functioning kidney?	<input type="checkbox"/>	<input type="checkbox"/>
Has or had a bleeding disorder?	<input type="checkbox"/>	<input type="checkbox"/>
Having problems with hearing or have congenital deafness?	<input type="checkbox"/>	<input type="checkbox"/>
Having problems with vision or only have vision in one eye?	<input type="checkbox"/>	<input type="checkbox"/>
Been diagnosed with a new medical condition?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, check all that apply:		
<input type="checkbox"/> Asthma <input type="checkbox"/> Diabetes <input type="checkbox"/> Seizures <input type="checkbox"/> Sickle cell trait or disease <input type="checkbox"/> Other:		
Developed Allergies?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, check all that apply		
<input type="checkbox"/> Food <input type="checkbox"/> Insect Bite <input type="checkbox"/> Latex <input type="checkbox"/> Medicine <input type="checkbox"/> Other: <input type="checkbox"/> Pollen		
Had anaphylaxis?	<input type="checkbox"/>	<input type="checkbox"/>
Carry an epinephrine auto-injector?	<input type="checkbox"/>	<input type="checkbox"/>
Had or has groin pain, a bulge, or a hernia?	<input type="checkbox"/>	<input type="checkbox"/>
DEVICES / ACCOMMODATIONS	YES	NO
Uses a brace, orthotic, or another device?	<input type="checkbox"/>	<input type="checkbox"/>
Has special devices or prostheses (insulin pump, glucose sensor, ostomy bag, etc.)?	<input type="checkbox"/>	<input type="checkbox"/>
Wears protective eyewear, such as goggles or a face shield?	<input type="checkbox"/>	<input type="checkbox"/>
Wears a hearing aid or cochlear implant?	<input type="checkbox"/>	<input type="checkbox"/>
Let the coach/school nurse know of any device used. Not required for contact lenses or eyeglasses.		

SINCE YOUR CHILD'S LAST HEALTH EXAM - HAS YOUR CHILD?		
BRAIN/HEAD INJURY HISTORY	YES	NO
Has or had a hit to the head that caused headache, dizziness, nausea, or confusion, or been told they had a concussion?	<input type="checkbox"/>	<input type="checkbox"/>
Received treatment for a seizure disorder or epilepsy?	<input type="checkbox"/>	<input type="checkbox"/>
Has or had headaches with exercise?	<input type="checkbox"/>	<input type="checkbox"/>
Has or had migraines?	<input type="checkbox"/>	<input type="checkbox"/>
BREATHING	YES	NO
Complained of getting extremely tired or short of breath during exercise?	<input type="checkbox"/>	<input type="checkbox"/>
Used or carries an inhaler or nebulizer?	<input type="checkbox"/>	<input type="checkbox"/>
Has or had wheezing or coughing frequently during or after exercise?	<input type="checkbox"/>	<input type="checkbox"/>
Been told by a health care provider they have asthma or exercise-induced asthma?	<input type="checkbox"/>	<input type="checkbox"/>
DIGESTIVE (GI) HEALTH	YES	NO
Has or had stomach or other GI problems?	<input type="checkbox"/>	<input type="checkbox"/>
Has an eating disorder?	<input type="checkbox"/>	<input type="checkbox"/>
Has a special diet or need to avoid certain foods?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have concerns about your child's weight?	<input type="checkbox"/>	<input type="checkbox"/>
INJURY HISTORY	YES	NO
Been unable to move their arms or legs or had tingling, numbness, or weakness after being hit or falling?	<input type="checkbox"/>	<input type="checkbox"/>
Had an injury, pain, or joint swelling caused them to miss practice or a game?	<input type="checkbox"/>	<input type="checkbox"/>
Has or had a bone, muscle, or joint that bothers them?	<input type="checkbox"/>	<input type="checkbox"/>
Has or had joints that become painful, swollen, warm, or red with use?	<input type="checkbox"/>	<input type="checkbox"/>
Been diagnosed with a stress fracture?	<input type="checkbox"/>	<input type="checkbox"/>
FEMALES ONLY	YES	NO
Change in period frequency related to female athlete triad?	<input type="checkbox"/>	<input type="checkbox"/>

Student Name:	DOB:
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SINCE YOUR CHILD'S LAST HEALTH EXAM - HAS YOUR CHILD?		
MALES ONLY	YES	NO
Has only one testicle?	<input type="checkbox"/>	<input type="checkbox"/>
SKIN HEALTH	YES	NO
Has any rashes, pressure sores, or other skin problems?	<input type="checkbox"/>	<input type="checkbox"/>
Has a herpes or MRSA skin infection?	<input type="checkbox"/>	<input type="checkbox"/>
COVID-19 INFORMATION	YES	NO
Child tested positive for COVID-19?	<input type="checkbox"/>	<input type="checkbox"/>
IF NO, STOP and go to Family Heart Health History. If YES, answer the questions below:		
Date of positive COVID test:		
Was your child symptomatic?	<input type="checkbox"/>	<input type="checkbox"/>
Did your child see a healthcare provider for their COVID-19 symptoms?	<input type="checkbox"/>	<input type="checkbox"/>
Was your child hospitalized for COVID?	<input type="checkbox"/>	<input type="checkbox"/>
Was your child diagnosed with Multisystem Inflammatory Syndrome (MISC)?	<input type="checkbox"/>	<input type="checkbox"/>

SINCE YOUR CHILD'S LAST HEALTH EXAM - HAS YOUR CHILD?		
HEART HEALTH	Yes	No
Had a test by a health care provider for their heart (e.g., EKG, echocardiogram, stress test)?	<input type="checkbox"/>	<input type="checkbox"/>
Has or had lightheadedness or dizziness during or after exercise?	<input type="checkbox"/>	<input type="checkbox"/>
Has or had chest pain, tightness, or pressure during or after exercise?	<input type="checkbox"/>	<input type="checkbox"/>
Has or had fluttering in the chest, skipped heartbeats, heart racing?	<input type="checkbox"/>	<input type="checkbox"/>
Been told by a healthcare provider they have or had a heart or blood vessel problem?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, check all that apply:		
<input type="checkbox"/> Chest Tightness or Pain <input type="checkbox"/> Heart Infections <input type="checkbox"/> High Blood Pressure <input type="checkbox"/> Heart Murmur <input type="checkbox"/> Low Blood Pressure <input type="checkbox"/> High Cholesterol <input type="checkbox"/> New fast or slow heart rate <input type="checkbox"/> Kawasaki Disease <input type="checkbox"/> Has implanted cardiac defibrillator (ICD) <input type="checkbox"/> Had a pacemaker implanted <input type="checkbox"/> Other:		

SINCE YOUR CHILD'S LAST HEALTH EXAM - CHECK ANY NEW FAMILY HEART HEALTH HISTORY	
A relative had or is currently experiencing any of the following: (Check all that apply)	
<input type="checkbox"/> Enlarged Heart/ Hypertrophic Cardiomyopathy/ Dilated Cardiomyopathy <input type="checkbox"/> Arrhythmogenic Right Ventricular Cardiomyopathy? <input type="checkbox"/> Heart rhythm problems: long or short QT interval? <input type="checkbox"/> Structural heart abnormality, repaired or unrepaired? <input type="checkbox"/> Known heart abnormalities or sudden death before age 50? <input type="checkbox"/> Unexplained fainting, seizures, drowning, near drowning, or car accident before age 50?	<input type="checkbox"/> Brugada Syndrome? <input type="checkbox"/> Catecholaminergic Ventricular Tachycardia? <input type="checkbox"/> Marfan Syndrome (aortic rupture)? <input type="checkbox"/> Heart attack at age 50 or younger? <input type="checkbox"/> Pacemaker or implanted cardiac defibrillator (ICD)?

If you answered NO to <u>all</u> questions, STOP . Sign and date below. GO to page 3 if you answered YES to a question.	
<input type="checkbox"/> Information on this form is <u>NEW</u> information since my child's last health examination.	
Parent/Guardian Signature:	Date:

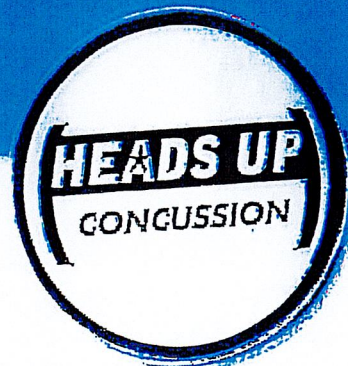
PARENT'S BEST PHONE CONTACT IN CASE OF EMERGENCY: _____

PARENT & ATHLETE CONCUSSION INFORMATION SHEET



WHAT IS A CONCUSSION?

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



WHAT ARE THE SIGNS AND SYMPTOMS OF CONCUSSION?

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

If an athlete reports one or more symptoms of concussion after a bump, blow, or jolt to the head or body, s/he should be kept out of play the day of the injury. The athlete should only return to play with permission from a health care professional experienced in evaluating for concussion.

SYMPTOMS REPORTED BY ATHLETE:

- Headache or "pressure" in head
- Nausea or vomiting
- Balance problems or dizziness
- Double or blurry vision
- Sensitivity to light
- Sensitivity to noise
- Feeling sluggish, hazy, foggy, or groggy
- Concentration or memory problems
- Confusion
- Just not "feeling right" or is "feeling down"

DID YOU KNOW?

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

SIGNS OBSERVED BY COACHING STAFF:

- Appears dazed or stunned
- Is confused about assignment or position
- Forgets an instruction
- Is unsure of game, score, or opponent
- Moves clumsily
- Answers questions slowly
- Loses consciousness (even briefly)
- Shows mood, behavior, or personality changes
- Can't recall events prior to hit or fall
- Can't recall events after hit or fall



**"IT'S BETTER TO MISS ONE GAME
THAN THE WHOLE SEASON"**

CONCUSSION DANGER SIGNS

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

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

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

1. If you suspect that an athlete has a concussion, remove the athlete from play and seek medical attention. Do not try to judge the severity of the injury yourself. Keep the athlete out of play the day of the injury and until a health care professional, experienced in evaluating for concussion, says s/he is symptom-free and it's OK to return to play.
2. Rest is key to helping an athlete recover from a concussion. Exercising or activities that involve a lot of concentration, such as studying, working on the computer, and playing video games, may cause concussion symptoms to reappear or get worse. After a concussion, returning to sports and school is a gradual process that should be carefully managed and monitored by a health care professional.
3. Remember: Concussions affect people differently. While most athletes with a concussion recover quickly and fully, some will have symptoms that last for days, or even weeks. A more serious concussion can last for months or longer.

WHY SHOULD AN ATHLETE REPORT THEIR SYMPTOMS?

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

STUDENT-ATHLETE NAME PRINTED

STUDENT-ATHLETE NAME SIGNED

DATE

PARENT OR GUARDIAN NAME PRINTED

PARENT OR GUARDIAN NAME SIGNED

DATE

JOIN THE CONVERSATION → www.facebook.com/CDCHeadsUp

TO LEARN MORE GO TO >> WWW.CDC.GOV/CONCUSSION

Content Source: CDC's Heads Up Program Created through a grant to the CDC Foundation from the National Operating Committee on Standards for Athletic Equipment (NOCSAE).

Date: February 2024

Dear Parents/Guardians,

The [Dominic Murray Sudden Cardiac Arrest Prevention Act](#) is a new law as of July 1, 2022. This law requires schools, students, and parents/guardians have information on sudden cardiac arrest risks, signs, and symptoms. Please note that sudden cardiac arrest in children and youth is rare. The incidence of sudden cardiac death (SCD) on the playing field is 0.61 in 100,000.¹

Sudden Cardiac Arrest (SCA) is an emergency that happens when the heart suddenly stops working. SCA can cause death if not treated immediately, and even with treatment death may occur. Immediate treatment is cardiopulmonary resuscitation (CPR) and use of an automatic external defibrillator (AED). All public schools must have a staff member trained in the use of CPR and AED in school and at all school athletic events.

Preventing SCA before it happens is the best way to save a life¹. Both your family health history and your child's personal history must be told to healthcare providers to help them know if your child is at risk for sudden cardiac arrest. Ask your child if they are having any of the symptoms listed below and tell a healthcare provider. Know your family history and tell a healthcare provider of any risk factors listed below.

The signs or symptoms are:

- Fainting or seizure, especially during or right after exercise or with excitement or startled
- Racing heart, palpitations, or irregular heartbeat
- Dizziness, lightheadedness, or extreme fatigue with exercise
- Chest pain or discomfort with exercise
- Excessive shortness of breath during exercise
- Excessive, unexpected fatigue during or after exercise

Student's Personal Risk Factors are:

- Use of diet pills, performance-enhancing supplements, energy drinks, or drugs such as cocaine, inhalants, or "recreational" drugs.²
- Elevated blood pressure or cholesterol.
- History of health care provider ordered test(s) for heart related issues.

Student's Family History Risk Factors are:

- Family history of known heart abnormalities or sudden death before 50 years of age
- Family members with *unexplained* fainting, seizures, drowning, near drowning or car accidents before 50 years of age
- Structural heart abnormality, repaired or unrepaired
- Any relative diagnosed with the following conditions:
 - Enlarged Heart/ Hypertrophic Cardiomyopathy/Dilated Cardiomyopathy
 - Arrhythmogenic Right Ventricular Cardiomyopathy

¹ Maron BJ, Doerer JJ, Haas TS, et al. Sudden deaths in young competitive athletes: analysis of 1866 deaths in the United States, 1980-2006. *Circulation* 2009;119:1085-92. 10.1161/CIRCULATIONAHA.108.804617

² [SCA Prevention Toolkit – Eric Paredes Save A Life Foundation \(epsavealife.org\)](#)

- Heart rhythm problems, long or short QT interval
- Brugada Syndrome
- Catecholaminergic Ventricular Tachycardia
- Marfan Syndrome- aortic rupture
- Heart attack at 50 years or younger
- Pacemaker or implanted cardiac defibrillator (ICD)

SCA in students at risk can be triggered by athletic activities. To decrease any chance of SCA in a student, the [Interval Health History for Athletics](#) must be completed and signed by a parent/guardian before each sports season unless a physical examination has been conducted within 30 days before the start of the season. This form has questions to help identify changes since the last physical examination or health history was completed. School personnel may require a student with health or history changes to see a healthcare provider before participating in athletics.

Finally, the law requires any student who has signs and symptoms of pending SCA be removed from athletic activity until seen by a **physician**. The physician must provide written clearance to the school for the student to be able to return to athletics.

Please contact the State Education Department's Office of Student Support Services for questions at studentsupportservices@nysed.gov or 518-486-6090.

I have read this document:

Parent/Guardian signature: _____

Student signature: _____