Elma School District #68

Compliance Statement for HB 1824, **Youth Sports-Head Injury Polices** and SB 5083, **Sudden Cardiac Arrest Awareness.**
(attach to any building/facility use request form)

_____ requests the use of the _____ School District facilities for the following dates:

_____, a private non-profit youth sports group, verifies all coaches, athletes and their parent/guardian have complied with mandated policies for, the **Management of Concussions and Head Injuries** as prescribed by HB 1824, section 2 and **Sudden Cardiac Arrest Awareness** as prescribed by SB 5083, section 3.

Attached is a proof of insurance under an accident and liability policy issued by an insurance company authorized to do business in Washington State covering any injury or damage with at least $50,000 due to bodily injury or death or one person and at least $100,000 due to bodily injury or death to two or more persons.

Signed:

_____

Representative of Private Non-Private Youth Sports Group

_____(Date)

*Note: Access to school facilities may not be granted until all requirements of this application are complete and approved by the school district &/or designee.

7/6/15

Elma School District

ACTIVITY ROSTER

TEAM OR ACTIVITY _____ **GRADE**____ **PHONE** _____

ACTIVITY SUPERVISOR OR COACH_____

WAIVER, RELEASE AND INDEMNITY AGREEMENT
READ CAREFULLY – THEN SIGN

I am fully aware of the special dangers and risks inherent in the activity, including physical injury, death, or other consequences that may arise or result directly or indirectly from the activity. Being fully informed as to these risks and in consideration of the privilege of participating in the above-described activity, I hereby hold harmless, defend and indemnify the Elma School District and assume all risk of injury, damage and liability and waive any right of recovery from or to bring suit against the Elma School District, for any personal injury, death, or other consequences arising out of my voluntary participation in the activity, except for the sole negligence of the district. In the event of a serious injury and we are unable to contact a parent or guardian the supervisory staff will seek emergency medical assistance.

Date	Name	Contact Phone	Address	Parent Signature	Parent Initials (have read concussion information)

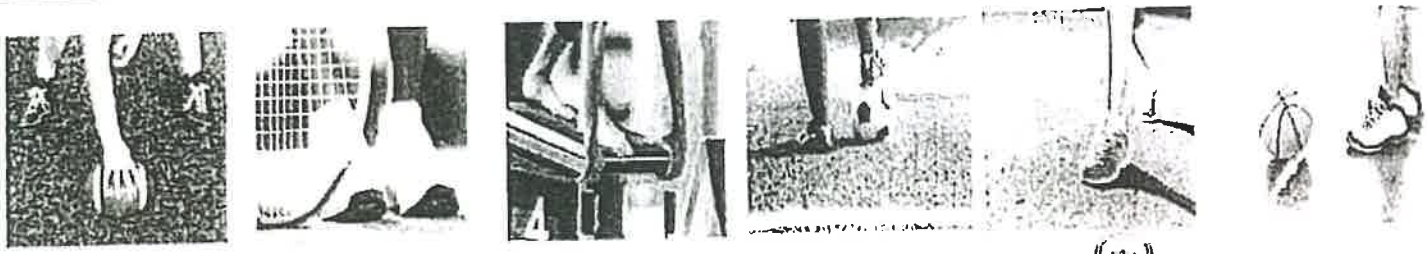


Sudden Cardiac Arrest

Awareness & Information Sheet for

Student-Athletes, Coaches and Parents/Guardians

SSB 5083 ~ SCA Awareness Act



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

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

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

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

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

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

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



Cardiac 3-Minute Drill

1. RECOGNIZE
Sudden Cardiac Arrest

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

2. CALL 9-1-1

- **Call for help and for an AED**

3. CPR

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

4. AED

- **Use AED as soon as possible**

5. CONTINUE CARE

- **Continue CPR and AED until EMS arrives**



Be Prepared! Every Second Counts!

Automated External Defibrillator

UW Medicine
Center For Sports Cardiology
www.uwsportscardiology.org

WIAA Est. 1905
WASHINGTON INTERSCHOLASTIC ACTIVITIES ASSOCIATION

NICK OF TIME FOUNDATION
SCA Awareness
Youth Heart Screening
CPR/AED In Schools
www.nickoftimefoundation.org

Elma School District

Student/Parent Concussion and Sudden Cardiac Arrest Awareness Form

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

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

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

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

I HAVE RECEIVED, READ AND UNDERSTAND THE INFORMATION PRESENTED IN THE CONCUSSION RECOGNITION AND SUDDEN CARDIAC ARREST AWARENESS PAMPHLETS.

_____	_____	_____
Student Name (Printed)	*Student Name (Signed)*	*Date*
_____	_____	_____
Parent Name (Printed)	*Parent Name (Signed)*	*Date*