Parent Information

2013 • 2014

MANUAL

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Dear Parent or Guardian:

Welcome to the University Interscholastic League. The UIL is the governing body for 1,441 public high schools and nearly 2,100 middle and junior high schools in Texas. The UIL, which began in 1910, is the largest interschool organization of its kind in the world, offering 23 athletic activities to more than one million student-athletes.

The purpose of the UIL is to organize and properly supervise contests that assist in preparing students to become better citizens. Our aim is to provide healthy, character building, educational activities carried out under rules providing for good sportsmanship and fair play for all participants.

Contests could not exist without rules. Therefore, UIL rules are adopted and modified by public school administrators whose responsibility is the overall educational program of the local school district rather than individual contests. The superintendent ensures that contests remain strictly amateur and educational in nature.

The UIL athletic program is based on the premise that athletes are students first and that athletic participation is a privilege rather than a right. Students learn teamwork and group responsibility. They also learn to deal with success and to overcome adversity. Research shows those who participate in extra-curricular activities tend to make better grades and have fewer discipline problems than those who do not participate.

Throughout this publication you'll notice references to your "student athlete", rather than your "athlete" because we believe that your children are students first, and athletic participation is a privilege.

Here are some statistics to keep in mind:

- There are over one million high school football players and almost one million basketball players in grades 9-12 nationally. Of those numbers, about 250 make it to the NFL, and about 50 make an NBA team.
- The odds of a high school football player being selected to play for an NFL team are about 6,000 to 1.
- The odds of a high school athlete competing in the NBA are even greater.
- The NCAA is made up of 977 schools classified in three divisions, and less than 25,000 student athletes compete for NCAA titles annually, most of whom are not on athletic scholarships.

With this in mind, it is important to focus on your student's academic career in addition to their success on the playing field or court.

This manual is provided to assist in guiding you and your child through the UIL process. Please take time to read each section and feel free to visit our extensive web site at www.uiltexas.org. Of course you may also call any of our staff members for clarification of any questions you may have.

Mark Cousins, Ph. D.
UIL Director of Athletics

MISSION OF EXTRACURRICULAR SCHOOL ACTIVITIES ~

One of the missions of extracurricular school activities is to serve as an extension of the classroom. There are strong lessons to be learned in athletics. One of those lessons is to set and maintain high standards of sportsmanship, ethics and integrity in our schools and our society. It is up to us to provide the direction and constant vigilance under which good sportsmanship can prosper and have a positive impact on our children, the leaders of tomorrow, and ourselves.

We feel the need to stress the type of exemplary behavior that should be exhibited by all players and spectators at our events.

The value of the lessons learned by exhibiting good sportsmanship will last a lifetime. If we ever lose sight of that, then athletics, or any co-curricular activity, is not worth sponsoring. The positive actions of a coach, athlete or spectator at an event can influence how any school is perceived in each of our communities and the communities of those schools that meet on the field of play.

We are asking for your support in this effort by emphasizing to your son or daughter what is expected of them at an athletic event as a competitor or spectator. After all, such events are an extension of the school day, and we should expect the same tpe of respectful behavior exhibited in the athletic arena as we do in the classroom. We urge you to ask your children to demonstrate self-control and self-discipline and at the same time, enjoy the games.

Finally, we ask you to set a good example when in the stands at an event. It is only through these efforts that we can clearly communicate what is acceptable behavior. We hope that your positive example will help set the tone for those around you so we may all enjoy the games our athletic teams are involved in.

Some sample guidelines of what we expect from our spectators are available later in this Manual. When you purchase a ticket to an athletic event, you are given the privilege to view the action and to voice your support of our teams. We want that support to be in a positive tone, so that the educational value of these events is completely developed and clearly communicated to our students.

~ THE DEFINITION OF SPORTSMANSHIP ~

Sportsmanship is character displayed through athletic competition. People of character live by the "Six Pillars of Character," universal values that can be used to define a good person: ***trustworthiness, respect, responsibility, fairness, caring and citizenship***. This code applies to the parents of all student-athletes involved in interscholastic sports.

TRUSTWORTHINESS
Always pursue victory with honor
– Demonstrate and demand scrupulous integrity— Observe and enforce the spirit and letter of rules – Don't compromise education and character-development goals – Don't engage in or tolerate dishonesty, cheating or dishonorable conduct.

RESPECT
Treat the traditions of the sport and other participants with respect – Don't engage in or tolerate disrespectful conduct including verbal abuse of opponents and officials, profane or belligerent "trash talking," taunting and unseemly celebrations – Win with grace and lose with dignity.

RESPONSIBILITY
Be a positive role model and require the same of your student athletes – Further the mental, social and moral development of athletes and teach life skills that enhance personal success and social responsibility.

FAIRNESS
Adhere to high standards of fair play – Never take unfair advantage— Be open-minded.

CARING
Assure that the academic, emotional, physical and moral well-being of athletes is always placed above desires and pressures to win.

CITIZENSHIP
Promote sportsmanship by honoring the rules and goals of the sport – Establish codes of conduct for coaches, athletes, parents and spectators – Safeguard the health of athletes and the integrity of the sport prohibiting the use of alcohol and Tabacco – Demand compliance with all laws and regulations, including those relating to gambling and the use of drugs.

~ CODE OF CONDUCT FOR THE PARENTS OF INTERSCHOLASTIC STUDENT-ATHLETES ~

We believe that interscholastic athletic competition should demonstrate high standards of ethics and sportsmanship and promote the development of good character and other important life skills. We also believe that the highest potential of sports is achieved when participants are committed to pursuing victory with honor.

TRUSTWORTHINESS
Trustworthiness – be worthy of trust in all you do.

Integrity – live up to high ideals of ethics and sportsmanship; do what's right even when it's unpopular or personally costly.

Honesty – live and act honorable; don't allow your children to lie, cheat, steal or engage in any other dishonest or unsportsmanlike conduct.

Reliability – fulfill commitments; do what you say you will do; be on time; when you tell your children you will attend and event, be sure to do so.

RESPECT
Respect – treat people with respect all the time and require the same of your children.

Class – live and cheer with class; be gracious in victory and accept defeat with dignity; compliment extraordinary performance; and show respect for all competitors.

Disrespectful Conduct – don't engage in disrespectful conduct of any sort including profanity, obscene gestures, offensive remarks of a sexual nature, trash-talking, taunting, boastful celebrations, or other actions that demean individuals or the sport.

Respect Officials – treat contest officials with respect; don't complain about or argue with official calls or decisions during or after an athletic event.

Respect Coaches – treat coaches with respect at all times; recognize that they have team goals beyond those of your child. Don't shout instructions to players from the stands; let the coaches coach.

RESPONSIBILITY
Importance of Education – stress that student-athletes are students first. Be honest with your children about the likelihood of getting an athletic scholarship or playing on a professional level. Place the academic, emotional, physical and moral well-being of your children above desires and pressures to win.

Role-modeling – Consistently exhibit good character and conduct yourself as a role model for your children.

Self-Control – exercise self-control; don't fight or show excessive displays of anger or frustration; have the strength to overcome the temptation to demean others.

Integrity of the game
– Protect the integrity of the game; don't gamble on your children's games.

Privilege to Compete – assure that you and your child understand that participation in interscholastic sports is a privilege, not a right, and that they are expected to represent their team, school and family with honor, on and off

the field.

FAIRNESS
Be Fair – treat all competitors fairly; be open-minded; always be willing to listen and learn.

CARING
Encouragement – encourage your children regardless of their play; offer positive reinforcement. Demonstrate sincere interest in your child's play.

Concern for Others – demonstrate concern for others; never encourage the injury of any player, officials or follow spectator.

Empathy – consider the needs and desires of your child's teammates in addition to your own; help promote the team concept by encouraging all team members, understanding that the coach is responsible for determining playing time.

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~ PARENT / COACH RELATIONSHIPS ~

Both parenting and coaching are very difficult vocations. By establishing an understanding between coaches and parents, both are better able to accept the actions of the other and provide a more positive experience for everyone. Parents have the right to know, and understand, the expectations placed on them and their children. Coaches have the right to know that if parents have a concern, they will discuss it with the coach at the appropriate time and place.

Communication parents should expect from their child's coach:
1) Coach's philosophy.
2) Expectations the coach has for your son or daughter, as well as other players on the team.
3) Locations and times of practices and contests.
4) Team requirements, i.e., fees, special equipment needed, school & team rules, off-season expectations.
5) Procedures that will be followed if your child becomes injured during participation.

Communication coaches expect from parents:
1) Concerns regarding their son or daughter expressed directly to the coach at the appropriate time and place.
2) Specific concerns in regard to the coach's philosophy and/or expectations.
3) Notification of any schedule conflicts well in advance.

As your child becomes involved in interscholastic athletics, they will experience some of the most rewarding moments of their lives. It's important to understand there may be times when things do not go the way you or your child wishes. These are the times discussion with the coach is encouraged.

Appropriate concerns to discuss with a coach:
1) The mental and physical treatment of your child.
2) What your child needs to do to improve.
3) Concerns about your child's behavior.

It is very difficult to accept your child is not playing as much as you may hope. Coaches make decisions based on what they believe is in the best interests of all students participating. As you can see from the list above, certain things can and should be discussed with your child's coach. Other things, such as those listed next, must be left to the discretion of the coach.

Issues NOT appropriate for discussion with your child's coach:
1) How much playing time each athlete is getting.
2) Team strategy.
3) Play calling.
4) Any situation that deals with other student-athletes.

There are situations that may require a conference between the coach and parent. These are not discouraged, as it is important for each party to have a clear understanding of the others' position. When these conferences are necessary,

the following procedure is suggested to help promote resolution to the issue.

If a parent has a concern to discuss with the coach, the following procedure should be followed:
1) Call the coach to set up an appointment.
2) If the coach cannot be reached, call the athletic director and ask him or her to set up a meeting with the coach for you.
3) Think about what you expect to accomplish as a result of the meeting.
4) Stick to discussing the facts, as you understand them.
5) Do not confront the coach before, during or after a practice or contest. These can be emotional times for both the parent and coach. Meetings of this nature do not promote resolution of the situation, but often escalate it.

What should a parent do if the meeting with the coach didn't provide satisfactory resolution?
1) Call the athletic director to set up a meeting with the athletic director, coach, and parent present.
2) At this meeting, an appropriate next step can be determined, if necessary.

Students' involvement in co-curricular activities has been proven to increase their chances of success later in life. We hope the information contained in this handout helps make that experience more enjoyable for everyone involved.

Information provided by the Iowa Athletic Council.

~ BEHAVIOR EXPECTATIONS OF SPECTATORS ~

Remember that you are at the contest to support and yell for your team, and to enjoy the skill and competition-not to intimidate or ridicule the other team or its fans.

Remember that school athletics are a learning experience for students and that mistakes are sometimes made. Praise student-athletes in their attempt to improve themselves as students, as athletes, and as people, just as you would praise a student working in the classroom.

A ticket is a privilege to observe the contest, not a license to verbally assault others or be generally obnoxious.

Learn the rules of the game, so that you may understand and appreciate why certain situations take place.

Show respect for the opposing players, coaches, spectators and support groups.

Respect the integrity and judgement of game officials. Understand that they are doing their best to help promote the student-athlete,and admire their willingness to participate in full view of the public.

Recognize and show appreciation for an outstanding play by either team.

Refrain from the use of any controlled substances (alcohol, drugs, etc.) before, during, and after the game on or near the site of the event (i.e. tailgating).

Use only cheers that support and uplift the teams involved.

Be a positive role model at events through your own actions and by censuring those around you whose behavior is unbecoming.

Parents and spectators should be aware that the school can (and should) remove them from the premises and can prohibit them from attending future contests due to undesirable behaviors.

Game officials can ask that school administrators have unruly fans removed from a contest facility.

There is no such thing as a "right" to attend interscholastic athletics. Interscholastic athletics are considered a "privilege" and the spectator who avails themselves of it is expected to conduct himself or herself accordingly.

Keep in mind that you are a guest of the school, and that while winning is certainly an admirable goal, it is hollow if it comes at the expense of morals, ethics, and just plain common sense.

The school is responsible for the behavior of their spectators. The school district can be and will be punished for actions of patrons in violation of UIL standards and rules.

~ PURSUING VICTORY WITH HONOR ~

Basic Philosophy

Winning Is Important
Winning is important and trying to win is essential. Without the passionate pursuit of victory much of the enjoyment, as well as the educational and spiritual value, of sports will be lost.

Honor Is More Important
Sports programs should not trivialize winning or the desire to win. To dismiss victory by saying, "It's only a game" can be disrespectful to athletes and coaches who devote their time to being the best they can be in the pursuit of individual victories, records, championships, and medals. But the greatest value of sports is its ability to enhance and uplift the character of participants and spectators.

Ethics Is Essential to True Winning
The best strategy to improve sports is not to de-emphasize winning but to more vigorously emphasize that adherence to ethical standards and sportsmanship in the honorable pursuit of victory is essential to winning in its true sense. It is one thing to be declared the winner, it is quite another to really win.

There Is No True Victory Without Honor
Cheating and bad sportsmanship are not options. They rob victory of meaning and replace the high ideals of sport with the petty values of a dog-eat-dog marketplace. Victories attained in dishonorable ways are hollow and degrade the concept of sport.

Ethics and Sportsmanship Are Ground Rules
Programs that adopt Pursuing Victory With Honor are expected to take whatever steps are necessary to assure that coaches and athletes are committed to principles of ethics and sportsmanship as ground rules governing the pursuit of victory. Their responsibilities to demonstrate and develop good character must never be subordinate to the desire to win. It is never proper to act unethically in order to win.

Benefits of Sports Come From the Competition, Not the Outcome
Quality amateur sports programs are based on the belief that vital lessons and great value of sports are learned form the honorable pursuit of victory, from the competition itself rather than the outcome.

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~ WARNING ABOUT THE INHERENT DANGERS OF ATHLETIC PARTICIPATION ~

Student athletes and parents should be aware that any athletic participation will always have inherent dangers. Although rare, death or catastrophic injury can result from participation in sports, and care should be taken by all concerned to minimize such dangers through the use of appropriate equipment, proper training methods and common sense.

The UIL encourages student athletes in all sports, and their parents, to discuss risks and risk minimization with coaches and school administrators.

~ GENERAL ELIGIBILITY RULES ~

Eligibility rules are found in Section 400 and 440 of the *Constitution and Contest Rules.* Any question regarding a student's eligibility, should be addressed to the school principal and/or superintendent. Residence requirements according to Sections 400 (d) 440, and 442 should be thoroughly investigated for any student new to school.

Students are eligible to represent their school in varsity interscholastic activities if they:

- are not 19 years of age or older on or before September 1 of the current scholastic year. (See 504 handicapped exception.)
- have not graduated from high school.
- are enrolled by the sixth class day of the current school year or have been in attendance for fifteen calendar days immediately preceding a varsity contest.
- are full-time day students in a participant high school.
- initially enrolled in the ninth grade not more than four calendar years ago.
- are meeting academic standards required by state law.
- live with their parents inside the school district attendance zone their first year of attendance. (Parent residence applies to varsity athletic eligibility only.) When the parents do not reside inside the district attendance zone the student could be eligible if: the student has been in continuous attendance for at least one calendar year and has not enrolled at another school; no inducement is given to the student to attend the school (for example: students or their parents must pay their room and board when they do not live with a relative; students driving back into the district should pay their own transportation costs); and it is not a violation of local school or TEA policies for the student to continue attending the school. Students placed by the Texas Youth Commission are covered under Custodial Residence (see Section 442 of the *Constitution and Contest Rules).*
- have observed all provisions of the Awards Rule.
- have not been recruited. (Does not apply to college recruiting as permitted by rule.)
- have not violated any provision of the summer camp rule. Incoming 10-12 grade students shall not attend a baseball, basketball, football, soccer, or volleyball camp in which a seventh through twelfth grade coach from their school district attendance zone, works with, instructs, transports or registers that student in the camp. Students who will be in grades 7, 8, and 9 may attend one baseball, one basketball, one football, one soccer, one softball, and one volleyball camp in which a coach from their school district attendance zone is employed, for no more than six consecutive days each summer in each type of sports camp. Baseball, Basketball, Football, Soccer, Softball, and Volleyball camps where school personnel work with their own students may be held in May, after the last day of school, June, July and August prior to the second Monday in August. If such camps are sponsored by school district personnel, they must be held within the boundaries of the school district and the superintendent or his designee shall approve the schedule of fees.
- have observed all provisions of the Athletic Amateur Rule. For purposes of competing in an athletic contest, a student in grades 9-12 is not an amateur if that individual, within the preceding 12 months received money or other valuable consideration for teaching or participating in a League sponsored school sport or received valuable consideration for allowing his or her name to be used in promoting a product, plan, or service related to a League contest or accepted money or other valuable consideration from school booster club funds for any non-school purpose. It is a violation of the athletic amateur rule for parents of student athletes to accept tickets to athletic contests where their children are participating. It is also a violation for parents of student athletes to accept free pass gate admission to athletic contests where their children are participating unless they are at the contest in another capacity, i.e., if the parent is an employee of the school or a board member, or working at a concession booth, etc.

If a student did not realize that accepting the valuable consideration was a violation of the amateur rule, and returns the valuable consideration within 30 days after being informed of the violation, that student may regain athletic eligibility as of the date the valuable consideration is returned. If a student fails to return it within 30 days, that student remains ineligible for one year from when he or she accepted it. During the period of time a student is in possession of valuable consideration, he or she is ineligible for varsity athletic competition in the sport for which the violation occurred. Any games or contests in which the student participated during that time would be forfeited as the minimum penalty.

This rule is sport-specific. For example if a student violates the rule in one sport, such as accepting a prize for winning a hole-in-one contest in golf, that student would be ineligible only for golf.

- did not change schools for athletic purposes.

Required Forms for Student Participation. It shall be the responsibility of each school to keep on file the following required annual forms for each student who participates in any practice, scrimmage, or game. Forms to be filed can be downloaded from the UIL website (www.uiltexas.org/athletics/forms).

• Pre Participation Physical Examination Form. As a minimum requirement, a Physical Examination Form must be completed prior to junior high athletic participation and again prior to first and third years of high school athletic participation. Local district policy may require an annual physical exam. The form must be filled in and signed by either a Physician, a Physician Assistant licensed by a State Board of Physician Assistant Examiners, a Registered Nurse recognized as an Advanced Practice Nurse by the Board of Nurse Examiners, or a Doctor of Chiropractic. Examination forms signed by any other health care practitioner, will not be accepted.

• Medical History Form. Each year prior to any practice or participation a UIL Medical History Form signed by both a student and a parent or guardian is required. A Medical History Form shall accompany each physical examination and shall be signed by both a student and a parent or guardian.

• Parent or Guardian Permit. Annual participation permit signed by the student's parent or guardian.

• Rules Acknowledgment. Annual UIL Rules Acknowledgment Form signed by the student and the student's parent or guardian.

• Parent/Student Anabolic Steroid Use and Random Steroid Testing Form. The parent/guardian of each high school athlete, along with each high school athlete, must annually sign the UIL Illegal Steroid Use and Random Steroid Testing Parent and Student Notification/Agreement Form.

• Concussion Acknowledgement Form. Annual UIL Concussion Acknowledgment Form signed by the student and the student's parent or guardian.

• Sudden Cardiac Arrest Awareness Form. Annual UIL Sudden Cardiac Arrest Awareness Form signed by the student and the student's parent or guardian.

Required Forms for Varsity Participation. It shall be the responsibility of each school to keep on file the following required forms. Forms to be filed can be downloaded from the UIL website (www.uiltexas.org/athletics/forms).

• Eligibility Form. Schools must submit comprehensive eligibility blanks for football, basketball, volleyball, softball, baseball, and soccer. For all other athletic activities general alphabetical listing of eligible athletes is required. One copy shall be sent to the district executive committee chair and one copy shall be filed in the school's office. Completed eligibility forms are to be signed by the superintendent or a designated administrator and the coach. These forms are to be postmarked before a contestant is allowed to participate in a varsity contest. Failure to furnish correct and complete information may, upon request by the proper committee, constitute grounds for suspension.

• Previous Athletic Participation Form (PAPF). New students in grades 9-12 who represented their former school in a varsity or sub-varsity athletic contest or practice in grades 8-12 in any previous school year must have a Previous Athletic Participation Form completed prior to participation in a varsity contest at the new school.

Q: If a PAPF is completed and signed by the DEC chair, does this make a student-athlete eligible for varsity competition?

A: No. A student-athlete must also meet all other eligibility rules.

Q: If a student-athlete is continuously enrolled for one calendar year at a school, are they eligible for varsity competition?

A: No. The student-athlete must also have a completed and signed PAPF from the DEC chair and be in compliance with all other eligibility rules.

• Late Forms. If an eligibility form or a Previous Athletic Participation Form was not filed prior to competition, and it was an inadvertent error and the student is actually eligible under Subchapter M of the Constitution, the district executive committee is not required to demand forfeiture or to rule the student ineligible. They may assess the minimum penalty of private reprimand to the school.

• Foreign Exchange Students. Subject to the other eligibility rules of the Constitution and Contest Rules, foreign exchange students in approved CSIET foreign exchange programs are allowed to apply for exceptions to the residence rule through the UIL waiver process. A waiver could be granted in certain activities if they have not received advanced training or have not had extensive experience in the activity of their choice. **Foreign exchange students are not eligible for varsity athletic participation unless they are granted a Foreign Exchange Student Waiver.**

• Varsity Athletic Eligibility for Over-Age Student. Subject to the other eligibility rules of the UIL Constitution and Contest Rules, an individual is eligible to participate in a League varsity athletic contest as a representative of a participant school if that individual is less than 19 years old on September 1 preceding the contest; or has been granted eligibility based on a handicapping condition which delayed his or her education by at least one year and the student is currently in special education and under the auspices of an ARD Committee or has been identified as a 504 student prior to the end of their second year in high school (effective for entering ninth graders in the current school year).

~ UIL PARENT RESIDENCE RULE ~

Excerpt from the UIL Constitution and Contest Rules

Section 442: RESIDENCE IN SCHOOL DISTRICT AND ATTENDANCE ZONE

This section applies to the first calendar year of attendance in grades 9-12. Parent(s) in the context of this rule means parents or adoptive parents who adopted the student prior to the student's first entry in the ninth grade.

(a) PRESUMPTION OF RESIDENCE OF STUDENT, PARENT(S), SPOUSE. The residence of a single, divorced or widowed student is presumed to be that of the parents of the student. The residence of a married student is presumed to be that of his or her spouse.

(b) GUARDIAN OF PERSON. If a student's parents are alive but a guardian of his or her person was appointed by appropriate authority and recorded in the county clerk's office more than one year ago, the residence of the student is presumed to be that of the guardian if the student has continuously resided with the guardian for a calendar year or more. If no legal guardianship has been taken out, three years' residence with and support of a contestant establishes guardianship within the meaning of this rule.

(c) GUARDIAN. If a student's parents are dead and a guardian of his or her person has been appointed by appropriate authority, the residence of the student is presumed to be that of the guardian.

(d) RELATIVE; SUPPORTER. If a student's parents are dead and a guardianship of his or her person has not been appointed, the residence of the student is presumed to be that of the grandparent, aunt, uncle, adult brother or sister or other person with whom the student is living and by whom the student is supported.

(e) CUSTODIAL. The residence of a student assigned by appropriate authority to a foster home or a home licensed by the state as a child care boarding facility, or placed in a home by the Texas Youth Commission, is presumed to be at the home. If a student's parent(s) move the student to a foster home in another school district, the student is not eligible, but may apply for a waiver.

(f) DIVORCED PARENTS. The residence of a student whose parents are divorced is presumed to be that of either parent.

(g) SEPARATED PARENTS.
  (1) If a student's parents separate (and are not divorced), and if one parent remains in the attendance zone where the student has been attending school, the student's residence is presumed to be that of the parent who did not move.
  (2) If a student transfers to a new school with a separated (but not divorced) parent, the student is ineligible for one calendar year, but may apply for a waiver.

(h) CRITERIA OF RESIDENCE. The intent of this section is to insure that unless circumstances fit one of the exceptions above, any relocation of residence is a complete and permanent move for the family. The

residence shall be the domicile which is a fixed, permanent and principal home for legal purposes. The residence is not bona fide under UIL rules unless it complies with all of the following criteria.

(1) Does the student's parent, guardian or other person whose residence determines the student's residence own a house or condominium or rent a house, apartment or other living quarters in the school district and attendance zone? *Parents must provide documentation to verify the purchase, lease or rental of a home located in the new attendance zone. A lease agreement or rental agreement should be for a reasonable duration.*

(2) Do the student and the parent or guardian have their furniture and personal effects in the district and attendance zone? *There should be no personal effects or furniture belonging to the family in the previous residence.*

(3) Do the student and the parent or guardian receive their mail (other than office mail) in the district and attendance zone? *The family should have submitted a change of mailing address to the Post Office.*

(4) Are the parents or guardians registered to vote in the district and attendance zone? *If either of the parents was registered to vote at the previous address, they should have applied for a new voter registration card at the new address.*

(5) Do the parents or guardians regularly live in the district and attendance zone and intend to live there indefinitely? *The new residence should accommodate the entire family. The former house should be on the market at a reasonable market price or sold, or the lease or rental agreement terminated. All utilities and telephone service should be disconnected or no longer in the family's name. All licensed drivers in the household should have complied with DPS regulations for changing their address.*

(6) Do parents live in the district and attendance zone for the first calendar year? *If the parents of a contestant move from the district or school zone before the student has been in attendance for one year, the student loses athletic eligibility in the school district from which the parents move, and remains ineligible there for varsity athletics until a year is up.*

~ CHANGING SCHOOLS FOR ATHLETIC PURPOSES ~

Excerpt from the UIL Constitution and Contest Rules

Section 443: CHANGING SCHOOLS FOR ATHLETIC PURPOSES

(a) DETERMINATION BY DISTRICT EXECUTIVE COMMITTEE. The district executive committee is to determine whether or not a student changed schools for athletic purposes, when considering each student who changed schools and has completed the eighth grade, whether or not the student has represented a school in grades nine through twelve.

(b) COMMON INDICATORS. District executive committees should look closely to determine if a student is changing schools for any athletic purpose. Some common indicators committees should include in their considerations include, but are not limited to: checking to see if a student was recruited; ascertaining whether a student was in good standing in the previous school, either academically or in a sports program; determining if a student was unhappy with a coach in the previous school; determining if a student played on a non-school team and is transferring to the school where members of the non-school team attend; determining if a student played on a non-school team and is transferring to the school where the non-school team coach or a relative of the non-school team coach, is the school coach; and determining if a student received individual or team instruction from a school coach and is transferring to the school of that coach.

(c) INELIGIBLE. A student who changes schools for athletic purposes is not eligible to compete in varsity League athletic contest(s) at the school to which he or she moves for at least one calendar year, even if both parents move to the new school district attendance zone. See (e) below.

(d) LENGTH OF INELIGIBILITY. The district executive committee for the district into which the student moves shall determine when or if a student who moves for athletic purposes becomes eligible. See (c) above and (f) (3) below.

(e) PREVIOUS ATHLETIC PARTICIPATION FORM (PAPF). An individual is presumed to have changed schools for athletic purposes if he or she participated with his or her former school in any League athletic contest or practice in grades eight through twelve during any previous school year until:

(1) the student's parents change their residence to the new school or attendance zone; (see Section 442 (g) for a student who changes residence with a separated parent); and

(2) the superintendent (or designated administrator) and principal and/or coach of the previous school sign a PAPF stating that the student was not recruited to the new school and did not change schools or attendance zones for athletic purposes; and

(3) the superintendent (or designated administrator) of the new school signs a PAPF stating that the student was not recruited and is not changing schools for athletic purposes; and

(4) the parents sign a PAPF either in front of the new school's administrator or a notary public that they reside in the new school district or attendance zone and the change was not made for their child's athletic purposes; and

(5) the district executive committee approves the completed PAPF.

NOTE: The district executive committee is not bound to determining only the status of students who participated at another school the previous or current year, as it relates to changing schools for athletic purposes.

(f) ELIGIBILITY DETERMINATION BY DISTRICT EXECUTIVE COMMITTEE.

(1) If the district executive committee where the student attends school finds that the student did not change schools for athletic purposes and meets all the criteria listed in Section 442, it shall declare the student eligible if he/she meets all other eligibility requirements.

(2) If the district executive committee where the student now attends school finds that the student did not change schools for athletic purposes, it may declare that student eligible even though the school district from which he or she moved refused to sign the PAPF. (Extreme caution should be used in granting eligibility under this condition.)

(3) If the district executive committee where the student now lives finds at any time that the change was made for athletic purposes, it shall declare that student ineligible to participate in athletic contests for one year. This may include a student who did not compete at the previous school. If the committee decides that the period of ineligibility should be longer than one year, the committee shall transfer the case to the State Executive Committee.

(4) When officials from both the sending and receiving schools agree that a student changed schools for athletic purposes, the State Executive Committee will not hear or grant an appeal.

(g) MINIMUM PENALTY. If a Previous Athletic Participation Form was not filed prior to competition and it was an inadvertent error and the student is actually eligible under Subchapter M of the Constitution, the district executive committee is not required to demand forfeiture or to rule the student ineligible. The committee may assess the minimum penalty of reprimand.

(h) NO PREVIOUS ATHLETIC PARTICIPATION FORM REQUIRED. The Previous Athletic Participation Forms are not required if the student did not practice or participate with his or her former school in grades eight through twelve during any previous school year in any athletic activity or if the student was required to change schools because the school district or attendance zone lines were changed by the school board or other appropriate authority.

NOTE: (d) and (f) above speak to the applicability of the Previous Athletic Participation Form as it relates to students who have or have not represented another school in grades nine through twelve in either varsity or subvarsity competition. Section 440 (d) prohibits students from changing schools for athletic purposes.

~ ATHLETICS BEYOND HIGH SCHOOL ~

Estimated Probability of Competing in Athletics Beyond the High School Interscholastic Level

Student-Athletes	*Men's Basketball*	*Women's Basketball*	*Football*	*Baseball*	*Men's Ice Hockey*	*Men's Soccer*
High School Student-Athletes	535,289	435,885	1,095,993	474,219	35,732	411,757
High School Senior Student-Athletes	152,940	124,539	313,141	135,491	10,209	117,645
NCAA Student-Athletes	17,890	16,134	69,643	31,999	3,891	22,987
NCAA Freshman Roster Positions	5,111	4,610	19,898	9,143	1,112	6,568

NCAA Senior Student-Athletes	3,976	3,585	15,476	7,111	865	5,108
NCAA Student-Athletes Drafted	51	31	253	693	10	37
Percent High School to NCAA	3.3%	3.7%	6.4%	6.7%	10.9%	5.6%
Percent NCAA to Professional	1.3%	0.9%	1.6%	9.7%	1.2%	0.7%
Percent High School to Professional	0.03%	0.02%	0.08%	0.51%	0.10%	0.03%

Note: These percentages are based on estimated data and should be considered approximations of the actual percentages.

Source: www.ncaa.org

~ REGULATIONS FOR NON-SCHOOL PARTICIPATION/SCHOOL CAMPS ~

I. The Constitution and Contest Rules state:

Section 1209

(A) REQUIRED PARTICIPATION PROHIBITED. Students shall not be required to play on a non-school team in any sport as a prerequisite to playing on a school team.

(B) OFF-SEASON SCHOOL FACILITY USE. See Section 1206.

(C) BASEBALL, BASKETBALL, FOOTBALL, SOCCER, SOFTBALL AND VOLLEYBALL CAMPS WHERE SCHOOL PERSONNEL WORK WITH THEIR OWN STUDENTS. After the last day of the school year in May, June, July and prior to the second Monday in August, on non-school days, all students other than students who will be in their second, third or fourth year of high school may attend one camp in each team sport, held within the boundaries of their school district, in which instruction is given in that team sport, and in which a 7th-12th grade coach from their school district attendance zone works with them, under the following conditions:

(1) Number of Days. Attendance at each type of sports camp is limited to no more than six consecutive days.

(2) Prohibited Activities. Students shall not attend football camps where contact activities are permitted.

(3) Fees. The superintendent or a designee shall approve the schedule of fees prior to the announcement or release of any information about the camp. The Texas Education Code requires school districts to adopt procedures for waiving fees charged for participation if a student is unable to pay the fee, and the procedures must be made known to the public. Fees for all other students shall be paid by the students and/or their parents.

(4) School Equipment. Schools may furnish, in accordance with local school district policies, school-owned equipment, with the following restrictions:

(a) Schools may not furnish any individual baseball, basketball, football, soccer, softball or volleyball player equipment, including uniforms, shoes, caps, gloves, etc., but may furnish balls and court equipment including nets, standards, goals, etc., for volleyball, basketball and soccer camps.

(b) For football camps, schools may furnish hand dummies, stand-up dummies, passing and kicking machines and footballs. Use of any other football equipment, including contact equipment, is prohibited.

(c) For baseball and softball camps, schools may furnish balls, bats, bases, pitching and batting machines, batting helmets and catcher protective equipment. Use of any other baseball and/or softball equipment is prohibited.

(D) BONA FIDE SUMMER CAMPS. The provisions of the summer camp rules do not apply to bona fide summer camps giving an overall activity program to the participants.

(E) CHANGE OF RESIDENCE FROM OUT OF STATE. The provisions of the summer camp rules do not apply in the case of a person who attends an athletic training camp which is allowed under the rules of the state in which the student then lives, and then makes a bona fide change of residence to Texas, provided that there has been no deliberate attempt to circumvent the rule.

(F) OFF-SEASON PARTICIPATION IN NON-SCHOOL TEAM SPORTS.

(1) School coaches shall not coach 7-12 grade students from their own attendance zone on a non-school team or in a non-school camp or clinic, with the exception of their own adopted or birth children.

(2) School equipment shall not be used for non-school teams/leagues.

(G) COACHING RESTRICTIONS. For non-school competition, school coaches shall not schedule matched games for students in grades 7-12 from their attendance zone. School coaches may assist in organizing, selecting players and coaches, and may supervise school facilities for non-school league play. School coaches shall not coach or instruct 7-12 grade students from their school district attendance zone in the team sports of baseball, basketball, football, soccer, softball or volleyball. School coaches shall not supervise facilities for non-school activities on school time. See Section 1201.

(H) COLLEGE AND UNIVERSITY TRYOUTS. UIL member school facilities shall not be used for college/university tryouts. Neither schools nor coaches shall provide equipment or defray expenses for students who are attending college tryouts. Neither schools nor coaches shall provide transportation for students with any remaining eligibility in the involved sport who are attending college tryouts. Any contest at which a higher admission fee is charged to college coaches than is charged to parents or other adults is considered to be a college tryout.

II. Team Sports

Football, Volleyball, Basketball, Soccer, Baseball, Softball

In accordance to Section 1201, 1206 and 1209 regarding non-school competition (leagues, camps, clinics, clubs, tournaments, 7 on 7, lineman challenges) coaches:

The C&CR prohibits the following:

1) Shall not instruct any student in 7th – 12th grade from his/her own attendance zone unless the student is his/her own biological or adopted child.
2) Shall not schedule matched games/scrimmages, practices, or contests.
3) Shall not transport students.
4) Shall not use school athletic equipment, school uniforms and school health/first aid supplies.
5) Shall not use school or booster funds for any expenses associated with the activity.
6) Shall not be the primary director.
7) Shall abstain from any practice which would bring financial gain to the coach by using a student's participation in a camp, clinic, league, or other non-school athletic event, such as a rebate for each player sent to a particular camp or from each player using a particular product (Section 120l [b, 9]).
8) Shall abstain from any practice that makes a student feel pressured to participate in non-school activities (Section 120l [b, 10]).
9) Should not participate with their athletes in the athlete's sport (Section 1206 [i]).

In accordance to Section 1209 regarding non-school competition (leagues, camps, clinics, clubs, tournaments, 7 on 7) coaches or a group of coaches:

The C&CR allows the following:

1) Can supervise facilities.
2) Can assist with organization to include, but not limited to: assignment of officials, helping to secure facilities, development of schedules, scheduling of facilities, assisting with registration process, helping to secure equipment.
3) Can assist the primary coordinator or point of contact with the selection of coaches, but cannot assign coaches to teams.
4) Can assist the primary coordinator or point of contact with the selection of players, but cannot determine who can play on what teams.
5) Can distribute information regarding the details of the non-school event for informational purposes. Distribution of such materials should be in accordance to the policies and procedures of the local school district regarding non-school activities.
6) Can collect registration fees for coordination purposes only. No checks may be made payable to the

school or the coach and no funds shall be deposited in any school or coaches account.

III. Individual Sports:

Cross Country, Golf, Swimming, Tennis, Track and Field and Wrestling
(Guidelines are also applicable to team sports)

A. Preseason Practice Regulations-Activities Outside the School Year
Pre season practice regulations for sorts that begin practice prior to the school year (including summer for individual sports) are as follows:

1. Students-athletes shall not engage in more than three hours of practice activities on those days during which one practice is conducted.

2. Student-athletes shall not engage in more than five hours of practice activities on those days during which more than one practice is conducted.

3. The maximum length of any single practice session is three hours.

4. On days when more than one practice is conducted, there shall be, at a minimum, **TWO hours of rest/recovery time** between the end of one practice and the beginning of the next practice.

5. **Schools shall not schedule more than one practice on consecutive days, and student-athletes shall not participate in multiple practices on consecutive days. (Exception - Volleyball)**

When determining how to count times spent as "practice activities" please consult the following chart:

What Counts	*What Doesn't Count*
Actual on field/court practice	*Meetings*
Sport specific skill instruction	*Weight training**
Mandatory conditioning	*Film study*
	Water breaks
	Rest breaks
	Injury treatment
	*Voluntary conditioning**

*Does not count towards practice time, but cannot be done during the two hour rest/recovery time.

In reference to the minimum TWO hour rest/recovery time between the end of one practice and the beginning of the next practice (on days when more than one practice is scheduled), there can be no practice activities at all during this time. This time is exclusively for students to rest/recover for the following practice session, whether that session is an actual on field/court practice or a mandatory conditioning period.

B. During the school year

1. Coaches of individual sports are allowed to work with student athletes from their attendance zone in non-school practice during the school year with limitations. Coaches should be aware that any time spent working with a student-athlete from their attendance zone in grades 7-12, whether in school or non-school practice, will count as part of the eight hours of practice allowed outside of the school day during the school week under state law.
2. Coaches should abstain from any practice which would bring financial gain to the coach by using a student's participation in a camp, clinic, league, or other non-school athletic event, such as a rebate for each player sent to a particular camp or from each player using a particular product (Section 120l [b, 9]).
3. Coaches shall not charge a fee for private instruction to student-athletes during the school year. The restriction on charging fees for private instruction applies only to those students who are in grades 9-12, from the coach's attendance zone and participating in the sport for which the coach is responsible (Section 120l [b, 9]).

4. Coaches should abstain from any practice that makes a student feel pressured to participate in non-school activities (Section 120l [b, 10]).

C. Outside of the school year

1. Outside of the school year, the restrictions are somewhat reduced. Coaches are allowed to coach student-athletes from their own attendance zone.
2. The use of school funds, school equipment, school uniforms or school transportation is prohibited. Exception: School administrators may authorize the use of facilities, including scoreboards, implements, cross bars, poles, discus, shot puts, nets, etc. for school programs which are open to all students.
3. School coaches can work with students from his/her own attendance zone in summer recreational programs (i.e. They coach in meets and tournaments with permission from superintendent or superintendent's designee).
4. Coaches should abstain from any practice which would bring financial gain to the coach by using a student's participation in a camp, clinic, league, or other non-school athletic event, such as a rebate for each player sent to a particular camp or from each player using a particular product (Section 120l [b, 9]).
5. Coaches should abstain from any practice that makes a student feel pressured to participate in non-school activities (Section 120l [b, 10]).
6. The superintendent or superintendent's designee shall pre-approve all dates and times of summer workouts for high school individual sports conducted by any coach from the student's school attendance zone (Section 21 [j]).
7. Workout sessions, which involve meals and/or overnight lodgings, are prohibited.
8. School-sponsored practices for middle school students shall not begin prior to the first day of school.

Questions and Answers

Q: May a school coach determine on which non-school team students from their attendance zone may participate?
A: No. School coaches may recommend but not require or demand student-athletes to participate on any particular non-school team.

Q: Can a school coach serve as a facility supervisor for non-school activities?
A: Yes, provided they are there to monitor and open and close the facility.

Q: Can a school coach officiate for non-school activities?
A: Yes, however it is recommended they not officiate students in grades 7-12 from their own attendance zone.

Q: Can school sponsored camps be held for students sixth grade and below from a school's own attendance zone during the school year?
A: No. According to Section 1209, school camps can only be held after the last day of the school year in May, June, July and prior to the second Monday in August.

Q: Can student-athletes in grades 9th-12th serve as camp coaches or instructors for school sponsored camps or leagues?
A: No. Students can't receive direct instruction from their school coach.

Q: Can student-athletes in grades 9th-12th serve as volunteers for non-school sponsored camps or leagues?
A: Yes, as long as their school coaches are not involved. Students can't receive direct instruction from their school coach.

Q: Can a school coach instruct a student-athlete in his/her sport in a non-school activity if that student has no remaining eligibility in that particular sport?
A: No. According to Section 1209 (g), school coaches shall not coach or instruct any 7-12 grade students from their school attendance zone in team sports of baseball, football, soccer, softball or volleyball.

Q: Are athletes permitted to play in non-school all-star contests?
A: Yes. Student athletes who are selected for all-star teams based on participation in non-school competi-

tion may be provided lodging, meals, transportation, game jerseys, shoes, etc. in conjunction with these events. Student-athletes are responsible for protecting their own amateur status. Student athletes in grades 9-12 are prohibited from accepting anything other than symbolic awards (medals, ribbons, trophies, plaques) for winning or placing in non-school activities.

Q: May students who have completed their high school eligibility in a particular sport compete in other all-star contests such as TABC, TGCA, and THSCA?
A: Yes. Students who are selected for all-star may have items such as lodging, meals, transportation, game jerseys, and shoes provided for all-star team participation. Students who have completed eligibility in the involved sport, with school superintendent approval, may also use school individual player protective equipment in any all-star game.

Q: Can an athlete receive a scholarship or collect donations for participation in a non-school activity?
A: Yes, provided these funds are not from school funds or booster club funds.

Q: Can schools or school booster clubs contribute to any of the athlete's expenses or equipment associated with a non-school activity?
A: Schools and school boosters are prohibited from providing transportation, equipment, or funds for any non-school activities.

Q: May schools or school booster clubs sponsor non-school all-star contests?
A: Schools and school booster clubs are prohibited from sponsoring any non-school all-star contests.

Q: Can a local business contribute to a student-athlete's expense for a non-school activity?
A: Yes, a local business can provide money to cover expenses for a non-school activity.

Q: Can coaches or school employees contribute to a student's non-school fundraiser?
A: Yes, provided the contributions are from their own personal funds and not from booster funds, activity accounts, school soft drink accounts or any other accounts associated with the school.

Q: Can an equipment company give athletic equipment or apparel to members of a school team?
A: No, but a school may accept donations of money or equipment, and the equipment may in turn be used by student-athletes. These items should be presented with the principal's knowledge (or athletic director's knowledge in multiple-high school districts). All equipment becomes school property to be used accordingly.

Q: Can student-athletes be provided with equipment by non-school organizations? (For example, equipment companies that provided tennis rackets or apparel to athletes who are ranked in a sport.)
A: Yes, if receipt of these items is based on rankings and not specifically on winning or placing in a competition. It would be a violation for an athlete to accept merchandise for winning or placing in a specific tournament or competition.

Q: What type of awards may a student in grades 9-12 receive for participation in school related activities?
A: Symbolic awards student athletes may accept include medals, trophies, plaques, certificates, etc. Student athletes may not accept T-shirts, gift certificates, equipment or other valuable consideration for participation in school sponsored athletic events. (Refer to Section 480)

Q: When may students take private instruction?
A: A student may take private a lesson anytime except during the school day, including the athletic period or during school practice sessions. Schools shall not pay for these private lessons.

Q: Can student-athletes raise funds for non-school activities?
A: Yes, provided the fundraising activities are not related to the school and the student-athletes do all of the fundraising on their own or with the assistance of their parents.

~ BOOSTER CLUB GUIDELINES ~

Role of Competition

Participation teaches that it is a privilege and an honor to represent one's school. Students learn to win without boasting and to lose without bitterness.

Self-motivation and intellectual curiosity are essential to the best academic participants. Artistic commitment and a desire to excel are traits found in music participants. Physical training and good health habits are essential to the best athletes. Interscholastic competition is a fine way to encourage youngsters to enrich their education and expand their horizons.

Leadership and citizenship experiences through interschool activities help prepare students for a useful and wholesome life. Plus, competition is fun!

Superintendent Responsible for UIL Activities

UIL rules are made by the member schools and include penalties to schools, school district personnel, and student participants. The superintendent is solely responsible for the entire UIL program. All activities, events, and personnel are under the jurisdiction of the superintendent. It is imperative that booster clubs recognize this authority and work within a framework prescribed by the school administration.

Role of Booster Clubs

Booster clubs are formed by school patrons to help enrich the school's participation in extracurricular activities. It is a violation of the UIL athletic amateur rule for booster club funds to be used for non-school purposes. The fundraising role of booster clubs is particularly crucial in today's economic climate.

The majority of activities supported by booster clubs are related to UIL activities. Since UIL rules regulate what UIL participants, sponsors, and coaches may and may not accept, it is important that booster clubs are aware of these rules.

Relationship with the School

- The superintendent or a designee has approval authority over booster clubs and should be invited to all meetings.
- Booster clubs do not have authority to direct the duties of a school district employee. The schedule of contests, rules for participation, method of earning letters, and all other criteria dealing with interschool programs are under the jurisdiction of the local school administration.
- All meetings should be open to the public.
- Minutes should be taken at each meeting and kept on file at the school.
- School administration should keep booster clubs informed concerning all school activities.

Expenditure of Funds

- Booster club funds shall not be used to support athletic camps, clinics, private instruction, or any activity outside of the school.
- Booster groups or individuals may donate money or merchandise to the school with prior approval of the administration. These kinds of donations are often made to cover the cost of commercial transportation and to cover costs for out of town meals. It would be a violation for booster groups or individuals to pay for such costs directly.
- To avoid violation of the UIL athletic amateur rule, money given to a school cannot be earmarked for any particular expense. Booster clubs may make recommendations, but cash or other valuable consideration must be given to the school to use at its discretion.
- Coaches and directors of UIL academics, athletics and fine arts may not accept a petty cash fund or a miscellaneous discretionary fund. All funds must be given to the school administrator and spent at the discretion of the school, with the approval of the school board.
- Coaches and directors of UIL academics, athletics and fine arts may not accept more than $500 in money, product, or service from any source in recognition of or appreciation for coaching, directing or sponsoring UIL activities. The $500 limit is cumulative for a calendar year and is not specific to any one particular gift. The district may pay a stipend (fixed at the beginning of the year) as part of the annual employment contract.
- Booster clubs cannot give anything to students, including awards. Check with school administrators before giving anything to a student, school sponsor or coach. Schools must give prior approval for any banquet or get-together given for students.

- Individuals should be informed of the seriousness of violating the athletic amateur rule. The penalty to a student athlete is forfeiture of varsity athletic eligibility in the sport in which the violation occurred for one calendar year from the date of the violation. Student athletes are prohibited from accepting valuable consideration for participation in school athletics (anything that is not given or offered to the entire student body on the same basis that it is given or offered to an athlete). Valuable consideration is defined as tangible or intangible property or service, including anything that is wearable, useable or saleable. Saleable food items or trinkets given to athletes by students, cheerleaders, drill team members, little/big sisters, school boosters, parents of other students, teachers, or others violate this rule.
- Homemade "spirit signs" made from paper and normal supplies a student purchases for school use may be placed on students' lockers or in their yards. Trinkets and food items cannot be attached. Yard signs made of commercial quality wood, plastic, etc., must be purchased or made by the individual player's parents or returned after the season.
- For purposes of competing in an athletic contest the school may continue to provide meals in association with contests held away from the home school. If the school does not pay for meals, then individual parents need to purchase their own child's food. Parents may purchase anything they wish for their own child, but may not provide food or other items of valuable consideration for their child's teammates without school approval.
- Parties for athletes are governed by the following State Executive Committee interpretation of Section 441:

Interpretation of the UIL Athletic Amateur Rule, section 441 of the UIL Constitution and Contest Rules:

(a) VALUABLE CONSIDERATION SCHOOL TEAMS AND ATHLETES MAY ACCEPT:

1. Pre-Season. School athletic teams may be given pre-season meals, if approved by the school.
2. Post-Season. School athletic teams may be given post-season meals if approved by the school. Banquet favors or gifts are considered valuable consideration and are subject to the Awards and Amateur Rules if they are given to a student athlete at any time.
3. Other. If approved by the school, school athletic teams and athletes may be invited to and may attend functions where free admission is offered, or where refreshments and/or meals are served. Athletes or athletic teams may be recognized at these functions, but may not accept anything, other than food items, that is not given to all other students.

(b) Additional VALUABLE CONSIDERATION THAT SCHOOL TEAMS AND ATHLETES MAY ACCEPT:

Examples of additional items deemed allowable under this interpretation if approved by the school, include but are not limited to:

1. Meals, snacks or snack foods during or after practices;
2. Parties provided by parents or other students strictly for an athletic team

Local school district superintendents continue to have the discretion to allow student athletes to accept small "goodie bags" that contain candy, cookies or other items that have no intrinsic value and are not considered valuable consideration.

Fund Raising

- Funds are to be used to support school activities. To provide such funding for non-school activities would violate UIL rules and the public trust through which funds are earned.
- Fund raising projects are subject to state law. Non-profit status may be obtained from the IRS.
- Community-wide sales campaigns should be coordinated through the school administration to minimize simultaneous sales campaigns.
- Sales campaigns should be planned carefully to insure that the projects provide dollar value for items sold, and that most of the money raised stays at home; otherwise donations are often more rewarding than letting the major part of the money go to outside promoters.
- **The UIL reserves the right to sell game and tournament programs and merchandise at all UIL state championship events. Booster Clubs are not allowed to sell programs or merchandise at these events**.

Fund raising activities should support the educational goals of the school and should not exploit students. Activities and projects should be investigated carefully before committing the school's support.

Written Policies

Booster clubs should develop and annually review policies to cover the following areas:

- How to plan and publicize meetings.
- Methods of financing the club; compliance with tax laws; administering funds; method of bookkeeping.
- Election of officers.
- Taking, distributing and filing minutes.
- Effective communication — press releases, etc.
- Proper interaction with fine arts directors and academic and athletic coaches through the lines of authority as established by the school board.
- Sportsmanship code governing behavior of booster club members and fans at contests, treatment of officials, guests, judges, etc.
- Plans to support the school regardless of success in competition, keeping the educational goals of competition at the forefront of all policies.

What Parents and Fans Can Do

Help the school conduct fair and equitable competition: adhere to rules, uphold the law, and respect authority.
Remember that officials are human and make mistakes, and respect their decisions.
Delegate authority to the school, then back up the decisions made by the school.
Set standards by which you expect children to conduct themselves, and live by those standards yourself.
Be aware of capabilities and limitations of young people; don't have unrealistic expectations.
Let your children live their own lives — not relive your life.
Be involved in areas in which your own child is not involved , thus contributing to school unity and spirit.
Show respect to the opponents of your children.
Praise — don't criticize — all youngsters.
Be attentive to the needs of students.
Help your children and their friends develop integrity through the intensity of competitive activity.
Remember — The classroom comes first!

SUDDEN CARDIAC ARREST

What is Sudden Cardiac Arrest?

- Occurs suddenly and often without warning.
- An electrical malfunction (short-circuit) causes the bottom chambers of the heart (ventricles) to beat dangerously fast (ventricular tachycardia or fibrillation) and disrupts the pumping ability of the heart.
- The heart cannot pump blood to the brain, lungs and other organs of the body.
- The person loses consciousness (passes out) and has no pulse.
- Death occurs within minutes if not treated immediately.

What causes Sudden Cardiac Arrest?

- **Conditions present at birth**
  - ***Inherited*** *(passed on from parents/relatives)* ***conditions of the heart muscle:***
    - **Hypertrophic Cardiomyopathy** – hypertrophy (thickening) of the left ventricle; the most common cause of sudden cardiac arrest in athletes in the U.S.
    - **Arrhythmogenic Right Ventricular Cardiomyopathy** – replacement of part of the right ventricle by fat and scar; the most common cause of sudden cardiac arrest in Italy.
    - **Marfan Syndrome** – a disorder of the structure of blood vessels that makes them prone to rupture; often associated with very long arms and unusually flexible joints.
  - ***Inherited conditions of the electrical system:***
    - **Long QT Syndrome** – abnormality in the ion channels (electrical system) of the heart.
    - **Catecholaminergic Polymorphic Ventricular Tachycardia and Brugada Syndrome –** other types of electrical abnormalities that are rare but run in families.
  - ***NonInherited*** *(not passed on from the family, but still present at birth)* ***conditions:***
    - **Coronary Artery Abnormalities** – abnormality of the blood vessels that supply blood to the heart muscle. The second most common cause of sudden cardiac arrest in athletes in the U.S.
    - **Aortic valve abnormalities** – failure of the aortic valve (the valve between the heart and the aorta) to develop properly; usually causes a loud heart murmur.
    - **Non-compaction Cardiomyopathy** – a condition where the heart muscle does not develop normally.
    - **Wolff-Parkinson-White Syndrome** –an extra conducting fiber is present in the heart's electrical system and can increase the risk of arrhythmias.

- **Conditions not present at birth but acquired later in life:**
  - **Commotio Cordis** – concussion of the heart that can occur from being hit in the chest by a ball, puck, or fist.
  - **Myocarditis** – infection/inflammation of the heart, usually caused by a virus.
  - **Recreational/Performance-Enhancing drug use**.
- **Idiopathic**: Sometimes the underlying cause of the Sudden Cardiac Arrest is unknown, even after autopsy.

What are the symptoms/warning signs of Sudden Cardiac Arrest?

- Fainting/blackouts (especially during exercise)
- Dizziness
- Unusual fatigue/weakness
- Chest pain
- Shortness of breath
- Nausea/vomiting
- Palpitations (heart is beating unusually fast or skipping beats)
- Family history of sudden cardiac arrest at age < 50

ANY of these symptoms/warning signs that occur while exercising may necessitate further evaluation from your physician before returning to practice or a game.

What is the treatment for Sudden Cardiac Arrest?

- Time is critical and an immediate response is vital.
- **CALL 911**
- **Begin CPR**
- **Use an Automated External Defibrillator (AED)**

What are ways to screen for Sudden Cardiac Arrest?

- The American Heart Association recommends a pre-participation history and physical including 12 important cardiac elements.
- **The UIL *Pre-Participation Physical Evaluation – Medical History* form includes ALL 12 of these important cardiac elements and is mandatory annually**.
- Additional screening using an electrocardiogram and/or an echocardiogram is readily available to all athletes, but is not mandatory.

Where can one find information on additional screening?

- American Heart Association (www.heart.org)
- AugustHeart (www.augustheart.org)
- Championship Hearts Foundation (www.championshipheartsfoundation.org)
- Cypress ECG Project (www.cypressecgproject.org)
- Parent Heart Watch (www.parentheartwatch.com)

Frequently Asked Questions And Resources Document

Regarding Implementation of House Bill 2038 ~ Natasha's Law,

Texas Education Code, Chapter 38, Subchapter D

Prevention, Treatment, and Oversight of Concussions Affecting Student Athletes

Acknowledgement

State Representative Four Price, author of the H.B. 2038, and Senator Bob Deuell, the sponsor of H.B. 2038, express their gratitude to the following organizations for the tremendous collaborative spirit and amount of time collectively devoted to this document – crafting the Frequently Asked Questions through a number of stakeholder meetings and for providing the list of Resources: The University Interscholastic League, the Texas High School Coaches Association, the Texas Girls Coaches Association, the Texas Charter Schools Association, Texas Association of School Administrators, the Texas Association of School Boards, the Texas Medical Association, and the Texas State Athletic Trainers Association.

Frequently Asked Questions And Resources Document

Regarding Implementation of H.B. 2038, Natasha's Law, Texas Education Code, Chapter 38, Subchapter D, Prevention, Treatment, and Oversight of Concussions Affecting Student Athletes

1. What schools are required to comply with the new law?

The new law applies to an interscholastic athletic activity, including practice and competition, sponsored or sanctioned by: (1) a school district, including a home-rule district, or a public school, including any school for which a charter has been granted under Chapter 12; or (2) the University Interscholastic League (hereinafter referenced as UIL).

2. Does the law require each school district and each charter school, mentioned above, to have a Concussion Oversight Team (COT)?

Yes. Each school district and each charter school must establish its own Concussion Oversight Team (COT).

Note: Neither the UIL's Medical Advisory Committee nor any association's committee involved with subject matter of concussions may fulfill the function of a school district's COT or charter school's COT.

3. When is the Concussion Oversight Team (COT) required to be in place?

The law became effective in May when it passed both houses of the Texas Legislature by at least two-thirds vote in the House (127 to 7) and in the Senate (31-0). Governor Perry signed the law on June 17, 2011.

The new law provides that it applies beginning with the 2011-2012 school year.

Note: Persons required under Education Code, Section 38.158(c), to take a training course in the subject of concussions must initially complete the training course not later than September 1, 2012.

4. What is the role of the Texas Education Agency (TEA) regarding the new law?

The Commissioner of Education may adopt rules as necessary to administer this new law. It is not known whether rules will be proposed regarding this new law. If you have any questions related to the rules at TEA, please contact the legal services division within the Texas Education Agency (TEA). Email: legalsrv@tea.state.tx.us
Telephone: 512-463-9720.

5. Who must serve on the Concussion Oversight Team (COT)?

The COT must at least have one member, a Texas licensed physician. There can be multiple Texas licensed physicians on the same COT.

Additionally, to the greatest extent practicable, school districts and charter schools must also include one or more of the following on the COT: a Texas licensed athletic trainer, a Texas licensed advanced practice nurse, a Texas licensed neuropsychologist, or a Texas licensed physician assistant. The factors to be considered include: 1) the population of the metropolitan statistical area in which the school district or charter school is located, 2) the district or charter school student enrollment, and 3) the availability of and access to licensed health care professionals in the district or charter school area. “Licensed health care professional” means an advanced practice nurse, athletic trainer, neuropsychologist, or physician assistant, as those terms are defined under the new law (H.B. 2038).

Note: Irrespective of any of the above factors, if a school district or charter school employs one or more Texas licensed athletic trainers, then the school district's COT or the charter school's COT must include at least one of the athletic trainers as a member of the COT, in addition to the Texas licensed physician member(s) of the COT.

Examples (not exhaustive as to every scenario that may be possible):

Example A: ABC School District, irrespective of ABC School District's location, must have on its COT at least one member and that member must be a Texas licensed physician.

Example B: ABC School District employs one or more Texas licensed athletic trainers then at least one of the employed Texas licensed athletic trainers must also be on the COT in addition to the Texas licensed physician.

ABC School District may also name to its COT one or more licensed athletic trainers not employed by the district, one or more licensed advanced practice nurses, one or more licensed neuropsychologists, and/or one or more licensed physician assistants.

Example C: ABC School District does not employ a Texas licensed athletic trainer; however, ABC School District is located in an urban area with access to Texas licensed health care professionals (an athletic trainer, an advanced practice nurse, a neuropsychologist, or a physician assistant). ABC School District must include, to the greatest extent practicable, at least one of those licensed health professionals, in addition to the Texas licensed physician, on its COT.

6. Must the members of the COT reside and/or have their place of business or place of employment within the geographic boundaries of the school district or charter school?

No. School districts and charter schools are allowed, but not required, to utilize the licensed Texas physicians, licensed Texas athletic trainers, licensed Texas advanced practice nurses, licensed Texas neuropsychologists, and licensed Texas physician assistants within their communities. The members of a COT may be from any location or combination of locations provided they have Texas licensure.

Exception: A school district or charter school that employs a Texas licensed athletic trainer must appoint the athletic trainer to the COT.

Note: While neither the UIL's Medical Advisory Committee nor any association's committee involved with the subject matter of concussions may fulfill the function of a school district's COT or charter school's COT, individuals serving on such non-school committees may serve on a school district's COT or charter school's COT provided the individuals meet the statutory requirements of the new law. In that event, the individuals serve two separate roles.

7. How is a Concussion Oversight Team (COT) established/formed?

The governing body of each school district and open-enrollment charter school with students enrolled who participate in an interscholastic athletic activity shall appoint or approve a COT. Each member of the concussion oversight team must have had training in the evaluation, treatment, and oversight of concussions at the time of appointment or approval as a member of the team. The new law does not prohibit a member of a COT from serving on more than one COT.

Note: Neither the UIL's Medical Advisory Committee nor any association's committee involved with subject matter of concussions may fulfill the function of a school district's COT or charter school's COT.

Examples (not exhaustive as to every scenario that may be possible):

Example A: The Board of Trustees of ABC School District appoints members to the Concussion Oversight Team in an open meeting. The COT develops the written concussion protocol for the district. The COT may decide to share its concussion protocol with the ABC's Board of Trustees in an open meeting. This provides trustees with an opportunity to learn more about the COT's protocol in an open meeting. (There are board minutes, and the meeting is a vehicle to raise awareness with parents and the community). At that time, the Board of Trustees could ask questions or provide non-medical input, including appointing additional Texas licensed health care professionals to the COT. The Board of Trustees is free to choose to formally adopt the COT's protocol as ABC School District's policy even though the law does not require it to adopt a policy. Keep in mind that the COT can change the overall protocol as medical science progresses.

Example B: ABC School District has a COT in place that meets all legal requirements. ABC School District's COT has established a concussion protocol. 123 School District has also appointed a COT. 123 School District's COT wishes to adopt all or part of ABC COT's protocol. May it do so? Yes, 123 School District's COT may use all or part of ABC COT's protocol.

Note: A number of school district COTs and charter school COTs have adopted the concussion protocols established by another school district's COT.

Example C: ABC School District has a COT in place that meets all legal requirements. 123 School District wishes to appoint to its COT all or some of the member's of ABC School District's COT. May it do so? Yes, 123 School District may do so, provided the membership of 123 School District meets all legal requirements, and provided the members of the ABC School District's COT are able and willing to do so. 123 School District's COT may adopt the same protocol or develop another protocol.

Exception: A school district or charter school that employs a Texas licensed athletic trainer must appoint the athletic trainer to the COT.

8. Who must take a required training course pursuant to Section 38.158?

Concussion Oversight Team Members: All licensed health care professionals who serve on a Concussion Oversight Team (COT), whether on a volunteer basis, or as an employee, representative, or agent of a school district or charter school, are required to satisfactorily complete the required training. Each member of the concussion oversight team must have had training in the evaluation, treatment, and oversight of concussions at the time of appointment or approval as a member of the team.

Coaches: The UIL shall approve for coaches of interscholastic activities training courses that provide for not less than two hours of training in the subject matter of concussions, including evaluation, prevention, symptoms, risks, and long-term effects. Coaches of an interscholastic activity must take such a training course from an authorized training provider at least once every two years. The UIL shall maintain an updated list of individuals and organizations authorized by the UIL to provide the training.

9. Can administrators, coaches, and other school officials serve as a member of the concussion oversight team?

No. Only Texas licensed physician(s) and the Texas licensed health care professionals as listed in the law can serve on the team.

10. Are student athletes suspected of suffering a concussion required to see the Concussion Oversight Team's physician?

No. The law specifies the student athlete must be evaluated by a treating physician of the student athlete and parents/guardians choosing. The law does not prohibit a COT's physician from serving as the treating physician. In that case the physician has two different roles.

11. Is the Concussion Oversight Team's physician required to approve or certify the athlete's return to play from a concussion?

No. The student athlete's treating physician must provide a written statement that in his or her professional judgment it is safe for the student to return-to-play. The law does not prohibit a COT's physician from serving as the treating physician. In that case the physician has two different roles.

12. Before a student athlete is allowed to participate in an interscholastic activity for a school year, will each student athlete and their parent/guardian be required to sign, for that school year, a form acknowledging that both the student athlete and parent/guardian have received and read written information that explains concussion prevention, symptoms, treatment, and oversight and that includes guidelines for safely resuming participation in an athletic activity following a concussion?

Yes. The form mentioned above must be approved by the UIL.

13. When is the student athlete removed from activity if a concussion is suspected?

A student athlete shall be removed from a practice or competition **immediately** if a coach, a physician, a licensed health care professional, or the student's parent or guardian or another person who has authority to make legal decision for the student believes the student athlete might have sustained a concussion. Coach means the coach of the student's team.

Coaches are encouraged to use the utmost caution regarding a suspected concussion, including calling the student athlete over to the sideline so that the coach can form a belief that the student may have suffered a concussion. The act of calling a player over to the sideline does not by itself constitute a belief that the student athlete might have sustained a concussion. (See attached legislative intent letter from the author and the sponsor of the new law).

14. When is the student athlete allowed to return to activity?

A student athlete shall not return to practice or competition until the student athlete has been evaluated and cleared in writing by his or her treating physician and all other notice and consent requirements have been met. The student athlete must satisfactorily complete the protocol established by the school district's COT or charter school's COT.

15. How many times does the student athlete have to be evaluated by the treating physician?

Treatment decisions are solely within the physician/patient relationship.

16. May a licensed health care professional sign the treating physician's written release?

No, the law requires that written release must be signed by the treating physician. Treatment decisions are solely within the physician/patient relationship.

17. When a student athlete has been removed from practice or competition because of a suspected concussion, what information must the student athlete and his parent/guardian provide prior to the student athlete being allowed to return to play?

The student athlete and the parent/guardian must:

- ✓ Provide the student athlete's treating physician written statement

indicating that in the treating physician's professional judgment, it is safe for the student to return to play.

- ✓ Provide their written acknowledgement that the student athlete has completed the requirements of the return-to-play protocol.
- ✓ Sign a consent form in which the student athlete and parent/guardian indicate:
  - consent to return to play in accordance with the COT's protocol;
  - understand the risks associated with returning to play;
  - consent to the disclosure to appropriate persons, consistent with the Health Insurance Portability and Accountability Act of 1996, of the treating physician's written statement and, if any, the return-to-play recommendations of the treating physician;
  - understanding of the immunity provisions under Section 38.159 of the Education Code.

18. Is the school's athletic trainer required to sign a return to play statement?

No.

19. Can a coach monitor a student athlete's compliance with the return-to-play protocol if the school district does not employ an athletic trainer?

Yes.

The superintendent or his/her designee has supervisory responsibilities of the athletic trainer, coach (as outlined above), or other person responsible for the compliance with the return-to-play protocol. This provides a second person for checks and balances purposes. The superintendent or his/her designee is also responsible for distributing and collecting the required forms, including the physician's written authorization for return to play.

Note: A superintendent is not able to appoint a coach as the supervisory designee because Education Code, Section 38.158(c) specifically, in part, states: "The person who has supervisory responsibilities of under this subsection may not be a coach of an interscholastic athletics team."

20. Can a coach authorize the return to play of the student athlete?

No, under no circumstance can a coach authorize a student athlete's return to play. Education Code, Section 38.158(b).

21. May an athlete, who is believed to have sustained a concussion, start the return-to-play protocol without seeing a treating physician?

No.

An athlete suspected of having a concussion must be evaluated by his or her treating physician The student athlete's treating physician must provide a written statement that in his or her professional judgment it is safe for the student to return-to-play before the student athlete may begin the school district's COT return-to-play protocol.

22. Will coaches be required to document completion of two hours concussion education every two years?

Yes.

The UIL shall approve for coaches training courses that provide not less than two hours of training in the subject matter of concussions, including evaluation, prevention, symptoms, risks, and long-term effects. The UIL is required to maintain an updated list of individuals and organizations authorized by the UIL to provide the training.

Coaches will provide proof of attendance every two years to their respective superintendent or the superintendent's designee.

23. Will athletic trainers be required to document completion of two hours of concussion education every two years?

Yes, if they: (1) serve as on a COT as either an employee of a school district or charter school or act as a representative or as an agent of the district or charter school, or (2) serve as a volunteer member on the COT and are not an employee.

Athletic trainers can fulfill the two hour requirement by either completing a course approved by the Department of State Health Services Advisory Board of Athletic Trainers or completing a course concerning the subject matter of concussions that has been approved for continuing education credit by the appropriate licensing authority for athletic trainers.

Athletic trainers will provide proof of attendance every two years to their respective superintendent or the superintendent's designee.

24. Will the neuropsychologists, advanced nurse practitioners and physician assistants be required to document completion of concussion continuing education?

Yes, if they serve on a COT.

These licensed health care professionals, as that term is defined in Education Code Section 38.151(5), may take courses approved for coaches, athletic trainers, or their respective licensing authority's approved continuing education course(s).

Texas licensed advanced practice nurses, Texas licensed neuropsychologists, and Texas licensed physician assistants who serve on COT's must provide proof of attendance every two years to their respective school district's superintendent or the superintendent's designee.

25. Will the concussion oversight team physician be required to acquire concussion management continuing education?

No. Physicians are not required to take specific training or submit proof of completion; however, Education Code, Section 158(d), provides that a physician, who serves as a member of a COT shall, to the greatest extent practicable, periodically take an appropriate continuing education course in the subject matter of concussions.

Resources

Protocol Resources (not a complete listing of all potential resources):

American Academy of Neurology Position Statement
http://journals.lww.com/neurologynow/Fulltext/2011/07010/A_New_Game_Plan_for_Concussion__As_new_research_on.11.aspx

American Academy of Pediatrics Clinical Report – Sport Related Concussions in Children and Adolescents
http://aappolicy.aappublications.org/cgi/reprint/pediatrics;126/3/597.pdf

American College of Sports Medicine Team Physician Consensus Statement – Sport Related Concussions
http://www.acsm.org/AM/Template.cfm?Section=Clinicians1&Template=/CM/ContentDisplay.cfm&ContentID=4362

Brainline.org
http://www.brainline.org/

Center for Disease Control
http://www.cdc.gov/concussion/sports/

Clinics in Sports Medicine – University of Pittsburg Concussion Statement
http://www.whsaa.org/forms/concussion/clinicsinsportsmedicinepublished2004.pdf

Current Sport Related Concussion Teaching and Clinical Practices in Sports Medicine
http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2707074/

National Athletic Trainer's Association Position Statement on Sport Related Concussion
http://www.nata.org/sites/default/files/MgmtOfSportRelatedConcussion.pdf

Prague Conference Position Statement
http://www.athletictherapy.org/docs/PragueConcussionArticle.pdf

Zurich Conference Position Statement
http://sportconcussions.com/html/Zurich%20Statement.pdf

Organizations (not a complete listing of all organizations):

Texas Education Agency www.tea.state.tx.us

Texas Medical Association http://www.texmed.org/

Texas Pediatric Society http://txpeds.org

Brain Injury Association of Texas http://www.biatx.org/

Brain Injury Association of America http://www.biausa.org/

Centers for Disease Control http://www.cdc.gov/concussion/sports/

National Institutes of Health http://www.nih.gov/

National Federation of State High School Associations http://www.nfhs.org/

Texas High School Coaches Association http://www.thsca.com/

Texas Girls Coaches Association http://www.austintgca.com/

Texas Association of School Boards http://www.tasb.org/

Texas Association of school Administrators http://www.tasanet.org/

Texas Charter Schools Association www.txcharterschools.org

National Collegiate Athletic Association (NCAA)
http://www.ncaa.org/wps/wcm/connect/public/NCAA/Student-Athlete+Experience/Student-Athlete+Well+Being/Concussions

University Interscholastic League http://www.uiltexas.org/

Texas State Athletic Trainers Association http://www.tsata.com/

University Interscholastic League
Implementation Information for
Chapter 38, Sub Chapter D of the Texas Education Code

When In Doubt, Sit Them Out!

Introduction
Concussions received by participants in sports activities are an ongoing concern at all levels. Recent interest and research in this area has prompted reevaluations of treatment and management recommendations from the high school to the professional level. Numerous state agencies throughout the U.S. responsible for developing guidelines addressing the management of concussion in high school student-athletes have developed or revised their guidelines for concussion management. The present document will provide information on compliance with Chapter 38. Sub Chapter D of the Texas Education Code (TEC).

Definition of Concussion
There are numerous definitions of concussion available in medical literature as well as in the previously noted "guidelines" developed by the various state organizations. The feature universally expressed across definitions is that concussion 1) is the result of a physical, traumatic force to the head and 2) that force is sufficient to produce altered brain function which may last for a variable duration of time. For the purpose of this program the definition presented in Chapter 38, Sub Chapter D of the Texas Education Code is considered appropriate:

"Concussion" means a complex pathophysiological process affecting the brain caused by a traumatic physical force or impact to the head or body, which may:
(A) include temporary or prolonged altered brain function resulting in physical, cognitive, or emotional symptoms or altered sleep patterns; and
(B) involve loss of consciousness.

Concussion Oversight Team (COT):
According to TEC Section 38.153:
'The governing body of each school district and open-enrollment charter school with students enrolled who participate in an interscholastic athletic activity shall appoint or approve a concussion oversight team.

Each concussion oversight team shall establish a return-to-play protocol, based on peer-reviewed scientific evidence, for a student's return to interscholastic athletics practice or competition following the force or impact believed to have caused a concussion.'

According to TEC Section 38.154:
'Sec. 38.154. CONCUSSION OVERSIGHT TEAM: MEMBERSHIP.
(a) Each concussion oversight team must include at least one physician and, to the greatest extent practicable, considering factors including the population of the

metropolitan statistical area in which the school district or open-enrollment charter school is located, district or charter school student enrollment, and the availability of and access to licensed health care professionals in the district or charter school area, must also include one or more of the following:

(1) an athletic trainer;
(2) an advanced practice nurse;
(3) a neuropsychologist; or
(4) a physician assistant.

(b) If a school district or open-enrollment charter school employs an athletic trainer, the athletic trainer must be a member of the district or charter school concussion oversight team.

(c) Each member of the concussion oversight team must have had training in the evaluation, treatment, and oversight of concussions at the time of appointment or approval as a member of the team.'

Responsible Individuals:

At every activity under the jurisdiction of the UIL in which the activity involved carries a potential risk for concussion, there should be a designated individual who is responsible for identifying student-athletes with symptoms of concussion injuries. That individual should be a physician or an advanced practice nurse, athletic trainer, neuropsychologist, or physician assistant, as defined in TEC section 38.151, with appropriate training in the recognition and management of concussion in athletes. In the event that such an individual is not available, a supervising adult approved by the school district with appropriate training in the recognition of the signs and symptoms of a concussion in athletes could serve in that capacity. When a licensed athletic trainer is available such an individual would be the appropriate designated person to assume this role. The individual responsible for determining the presence of the symptoms of a concussion is also responsible for creating the appropriate documentation related to the injury event.

Manifestation/Symptoms

Concussion can produce a wide variety of symptoms that should be familiar to those having responsibility for the well being of student-athletes engaged in competitive sports in Texas. Symptoms reported by athletes may include: headache; nausea; balance problems or dizziness; double or fuzzy vision; sensitivity to light or noise; feeling sluggish; feeling foggy or groggy; concentration or memory problems; confusion.

Signs observed by parents, friends, teachers or coaches may include: appears dazed or stunned; is confused about what to do; forgets plays; is unsure of game, score or opponent; moves clumsily; answers questions slowly; loses consciousness; shows behavior or personality changes; can't recall events prior to hit; can't recall events after hit.

Any one or group of symptoms may appear immediately and be temporary, or delayed and long lasting. The appearance of any one of these symptoms should alert the responsible personnel to the possibility of concussion.

Response to Suspected Concussion

According to TEC section 38.156, a student 'shall be removed from an interscholastic athletics practice or competition immediately if one of the following persons believes the student might have sustained a concussion during the practice or competition:

(1) a coach;
(2) a physician;
(3) a licensed health care professional; or
(4) the student's parent or guardian or another person with legal authority to make medical decisions for the student.'

Return to Activity/Play Following concussion

According to TEC section 38.157:
'A student removed from an interscholastic athletics practice or competition under TEC Section 38.156 (believed that they might have sustained a concussion) may not be permitted to practice or compete again following the force or impact believed to have caused the concussion until:

(1) the student has been evaluated; using established medical protocols based on peer-reviewed scientific evidence, by a treating physician chosen by the student or the student's parent or guardian or another person with legal authority to make medical decisions for the student;
(2) the student has successfully completed each requirement of the return-to-play protocol established under TEC Section 38.153 necessary for the student to return to play;
(3) the treating physician has provided a written statement indicating that, in the physician's professional judgment, it is safe for the student to return to play; and
(4) the student and the student's parent or guardian or another person with legal authority to make medical decisions for the student:

(A) have acknowledged that the student has completed the requirements of the return-to-play protocol necessary for the student to return to play;
(B) have provided the treating physician's written statement under Subdivision (3) to the person responsible for compliance with the return-to-play protocol under Subsection (c) and the person who has supervisory responsibilities under Subsection (c); and
(C) have signed a consent form indicating that the person signing:

(i) has been informed concerning and consents to the student participating in returning to play in accordance with the return-to-play protocol;
(ii) understands the risks associated with the student returning to play and will comply with any ongoing requirements in the return-to-play protocol;
(iii) consents to the disclosure to appropriate persons, consistent with the Health Insurance Portability and Accountability Act of 1996 (Pub. L.

No. 104-191), of the treating physician's written statement under Subdivision (3) and, if any, the return-to-play recommendations of the treating physician; and
(iv) understands the immunity provisions under TEC Section 38.159.'

Guidelines For Safely Resuming Participation Following a Concussion

TEC section 38.155 requires the UIL to provide guidelines for safely resuming participation in an athletic activity following a concussion. TEC 38.153 indicates that: 'Each concussion oversight team shall establish a return-to-play protocol, based on peer-reviewed scientific evidence, for a student's return to interscholastic athletics practice or competition following the force or impact believed to have caused a concussion.'

A student athlete, if it is believed that they might have sustained a concussion, shall not return to practice or competition until the student athlete has been evaluated and cleared in writing by his or her treating physician and all other notice and consent requirements have been met. From that point, the student athlete must satisfactorily complete the protocol established by the school district's or charter school's Concussion Oversight Team.

The current 'peer reviewed scientific evidence' suggests that, after complying with the clearance, notice and consent requirements noted above, a 'step-by-step' return to play protocol that includes a progressive exercise component is indicated for high school participants.

Reducing/Preventing Head and Neck Injuries in Football

1. Complete preseason physical exams and medical histories for all participants in accordance with established rules. Identify during the physical exam those athletes with a history of previous head or neck injuries. If the physician has any questions about the athlete's readiness to participate, the athlete should not be allowed to play.
2. A physician should be present at all games. If it is not possible for a physician to be present at all games and practice sessions, emergency measures must be provided. The total staff should be organized in that each person will know what to do in case of head or neck injury in a game or practice. Have a plan ready and have your staff prepared to implement that plan. Prevention of further injury is the main objective.
3. Coaches should drill the athletes in the proper execution of the fundamentals of football skills, particularly blocking and tackling. **Keep the head out of football.**
4. Coaches and officials should discourage the players from using their heads as battering rams. The rules prohibiting spearing and helmet-to-helmet contact should be enforced in practice and in games. The players should be taught to

respect the helmet as a protective device and that the helmet should not be used as a weapon.
5. All coaches, physicians, and trainers should take special care to see that each player's equipment is properly fitted, particularly the helmet.
6. Strict enforcement of the rules of the game by both coaches and officials may help reduce serious injuries.
7. When a player has experienced or shown signs of head trauma (loss of consciousness, visual disturbances, headache, inability to walk correctly, obvious disorientation, memory loss) they should receive immediate medical attention and should not be allowed to return to practice or game without permission from the proper medical authorities.

For additional information, consult the 'Frequently Asked Questions And Resources Document Regarding Implementation of House Bill 2038' that is available on Health and Safety Section of the UIL web site.

Effective August 1, 2013 as passed by the UIL Legislative Council, students participating in cheerleading must comply with Chapter 38, Subchapter D, of the Texas Education Code related to the prevention, treatment, and oversight of concussions. Additionally, cheer coaches and sponsors will be required to complete training related to safety guidelines for cheer and other training programs designed to minimize risks associated with participation in the activity.

FAQ's – Cheerleading Safety

1. Who must comply with the cheerleading safety requirements pursuant to the revised UIL Constitution and Contest Rules section 1208 (y) and (z)?

   The rule change applies to any person designated by the school as a cheer coach or sponsor.

2. When is the safety and concussion training required to be in place?

   The revised rule is effective August 1, 2013, so as soon as possible or prior to contact with cheerleading participants following the effective date.

3. How does a cheer sponsor/coach meet the requirements for concussion education and cheer risk minimization training?

   A cheer sponsor or coach must complete the described training and education and must provide written documentation to be filed with school district personnel annually. Additional information in this regard is provided below.

4. How often will cheer sponsors/coaches be required to complete the required training?

   This will vary depending on the provider of the training. A risk minimization course will have requirements that vary from course to course for completion and certification. Documentation must be submitted and kept on file by the school administration.

   The concussion education requirements include completion of two hours of concussion education every two years. Documentation must be submitted and kept on file by the school administration.

5. Do cheerleaders and a parent/guardian need to sign the UIL Concussion Acknowledgement Form?

   Yes. All cheerleading program participants must complete the UIL Concussion Acknowledgement Form and file it with school district personnel for the current school year.

6. Will a cheerleader, who is believed to have a sustained concussion, be required to complete a return-to-play protocol?

   Yes. Under the revised UIL rule, cheer participants will follow the same concussion rules as athletes. Any student participating in a cheerleading program suspected of having a concussion must be evaluated by his or her treating physician. The participant's treating physician must provide a written statement that in his or her professional judgment it is safe for the student to return-to-play before the participant may begin the school districts COT return-to-play.

7. What is the penalty for a school that does not comply with the UIL C & CR section 1208(y)(z) and/or the TEC Section 38.158?

   The range of penalties as described under the UIL C & CR section 29 that the District Executive Committee can impose.

8. Where do staff members locate a qualified training course for concussion education or safety/risk minimization for cheerleading?

   For purposes of compliance with the TEC section 38.158, the UIL authorizes all Continuing Professional Education (CPE) providers that are approved and registered by the State Board for Educator Certification (SBEC) and Texas Education Agency (TEA) as approved individuals and organization to provide education training. A current list of providers are found on the TEA website and the TEA link can be found on the UIL website:
   http://www.tea.state.tx.us/index2.aspx?id=2147486144&menu_id=2147483671&menu_id2=794

   Concussion training can also be located online through either:
   Texas High School Coaches Association www.thsca.com
   Texas Girls Coaches Association www.austintgca.com

   Cheer safety and risk minimization courses are available through the National Federation of High Schools website. NFHS has two specific online courses available to meet the UIL requirement prescribed for cheer safety:
   The Cheer and Dance: Fundamentals of Coaching Cheer and Dance ($50)
   AACCA Spirit Safety Certification ($75)
   NFHS education and training courses are located here:
   http://www.nfhslearn.com/sportDetail.aspx?sport=spirit

   Any other organization that provides equivalent training and certification through workshops or online training may be accepted. A list of additional cheerleading information resources (not exhaustive) is provided below:

   The America Association of Cheerleading Coaches and Administrators
   www.aacca.org

   Universal Cheerleaders Association
   www.uca.varsity.com

   National Cheerleaders Association
   www.nca.varsity.com

United States Cheer
www.usacheer.net

United Spirit Association
www.varsity.com

United States Centers for Disease Control and Prevention
www.cdc.gov

National Cheer Safety Foundation
www.nationalcheersafety.com

Heat-related Illness

By Cary S. Keller, M.D., FACSM

- Thermoregulation depends primarily on the evaporation of sweat to dissipate the heat produced by exercise.
- Predisposing factors that increase an athlete's risk for heat illness include: dehydration, heat acclimatization, clothing/equipment, fitness level, recent or current illness, medication use, obesity, age and prior heat illness.
- Prevention of heat illness includes designing an environmental action plan, modifying activity time (including intensity and duration) and increasing frequency and length of rest periods, providing and monitoring adequate hydration, minimizing clothing and equipment, ensuring adequate heat acclimatization, early recognition of signs and symptoms and appropriate sports medicine care.

SIGNIFICANCE

Heat illness is the leading cause of preventable death in high school athletes. These heat stroke deaths mainly occur in the summer months, at the beginning of conditioning for fall sports. Heat production during intense exercise is 15 to 20 times greater than at rest and can raise body core temperature one to two degrees Fahrenheit every five minutes unless heat is dissipated.

Figure 10. Heat Index Chart.

Temperature in °F/°C	Relative Humidity (%) 40	45	50	55	60	65	70	75	80	85	90	95	100
110 (47)	136 (58)												
108 (43)	130 (54)	137 (58)											
106 (41)	124 (51)	130 (54)	137 (58)										
104 (40)	119 (48)	124 (51)	131 (55)	137 (58)									
102 (39)	114 (46)	119 (48)	124 (51)	130 (54)	137 (58)								
100 (38)	109 (43)	114 (46)	118 (48)	124 (51)	129 (54)	136 (58)							
98 (37)	105 (41)	109 (43)	113 (45)	117 (47)	123 (51)	128 (53)	134 (57)						
96 (36)	101 (38)	104 (40)	108 (42)	122 (44)	116 (47)	121 (49)	126 (52)	132 (56)					
94 (34)	97 (34)	100 (38)	103 (39)	106 (41)	110 (43)	114 (46)	119 (48)	124 (51)	129 (54)	135 (57)			
92 (33)	94 (34)	96 (36)	99 (37)	101 (38)	105 (41)	108 (42)	112 (44)	116 (47)	121 (49)	126 (52)	131 (55)		
90 (32)	91 (33)	93 (34)	95 (35)	97 (36)	100 (38)	103 (39)	106 (41)	109 (43)	113 (45)	117 (47)	122 (50)	127 (53)	132 (56)
88 (31)	88 (31)	89 (32)	91 (33)	93 (34)	95 (35)	98 (37)	100 (38)	103 (39)	106 (41)	110 (43)	113 (45)	117 (47)	121 (49)
86 (30)	85 (29)	87 (31)	88 (31)	89 (32)	91 (33)	93 (34)	95 (35)	97 (36)	100 (39)	102 (39)	105 (41)	108 (42)	112 (44)
84 (29)	83 (28)	84(29)	85 (29)	86 (30)	88 (31)	89 (32)	90 (32)	92 (33)	94 (34)	96 (36)	98 (37)	100 (38)	103 (39)
82 (28)	81 (27)	82 (28)	83 (28)	84 (29)	84 (29)	85 (29)	86 (30)	88 (31)	89 (32)	90 (32)	91 (33)	93 (34)	95 (35)
80 (27)	80 (27)	80 (27)	81 (27)	81 (27)	82 (28)	82 (28)	83 (28)	84 (29)	84 (29)	85 (29)	86 (30)	86 (30)	87 (31)

Category	Heat index	Possible heat disorders
Extreme Danger	130°F or higher (54°C or higher)	Heat stroke or sunstroke likely
Danger	105°-129°F (41°-54°C)	"Sunstroke, muscle cramps, and/or heat exhaustion likely. Heatstroke possible with prolonged" exposure and/or physical activity.
Extreme Caution	90°-105°F (32°-41°C)	"Sunstroke, muscle cramps, and/or heat exhaustion possible with prolonged exposure and/or" physical activity
Caution	80°-90°F (27°-32°C)	Fatigue possible with prolonged exposure and/or physical activity.

* Reproduced from NWS, 2008

BACKGROUND

Thermoregulation

Athletes lose heat by evaporation, conduction, convection and radiation. Heat is lost from the skin by evaporation of sweat. *Conduction* is passive transfer of heat from warmer to cooler objects by direct contact. Heat transfer from the core to the peripheral muscles and skin and from skin to an ice bag is by conduction. *Convection* is the warming of air next to the body and the displacement of that warm air by cool air. Wind accelerates convection. *Radiation* is the loss of heat from the warmer body to the cooler environment by electromagnetic waves. At rest, 20 percent of body heat loss is by evaporation and 50 percent by radiation. With exercise, up to 90 percent of heat loss is by evaporation. Thus, thermoregulation during exercise relies primarily on evaporation. Radiation becomes a more important source of heat loss during exercise as the air temperature falls significantly below body temperature.

The body normally maintains core temperature within the range of 95 to 104 degrees Fahrenheit. Brain temperature is always slightly higher than body temperature. The removal of body heat is controlled centrally by the hypothalamus and spinal cord and peripherally by centers in the skin and organs. The body compensates for the increased heat produced during exercise by increasing blood flow to the skin and increasing sweat production so as to increase heat loss by evaporation. Importantly, evaporation is less effective at high humidity and when sweat production decreases due to dehydration. When heat production exceeds the ability to dissipate the heat, then core temperature, along with brain temperature, rises excessively. The result is further decompensation of normal thermoregulation, decreased heat dissipation, decreased cerebral blood flow and decreased muscular strength. This sets the stage for heat illness.

Acclimatization

An effective protection against heat illness is acclimatization. Proper acclimatization requires progressively increasing the duration and intensity of exercise during the first 10 to 14 days of heat exposure. However, full heat acclimatization may require up to 12 weeks of exposure. With repeated exposure to heat, there is an increase in skin blood flow rate, more rapid onset of sweating, an increase in plasma volume and a decrease in metabolic rate. Equipment and clothing should be minimized during acclimatization. Heat acclimatization can be lost over two weeks without ongoing heat exposure, but the loss may be slower in better-conditioned athletes.

Measuring Environmental Risk of Heat Illness

As humidity increases, perspiration evaporates less readily. Heat loss by sweating can be dramatically impaired when the humidity is greater than 60 percent. The Heat Index is a calculation of the danger of heat illness based on ambient temperature and humidity. The Heat Index can be determined by entering the zip code at your location at this Web site: http://www.osaa.org/heatindex/default.asp. As the Heat Index rises, so does the risk of heat illness (Figure 10).

Wet bulb globe temperature (WBGT) is the most effective method for determining environmental heat risk, because it takes into account not only ambient temperature and humidity, but also solar radiation. WBGT employs a dry bulb thermometer that measures ambient temperature, a wet bulb thermometer that measures humidity and a black globe thermometer that measures radiant heat.

As WBGT increases, the risk for heat illness increases (Table 11). WBGT less than 65 is low risk. WBGT 65 to 73 is moderate risk, WBGT 73 to 82 is high risk, and WBGT greater than 82 is extreme risk of heat illness. Experts recommend that distance races should be cancelled if WBGT is 80 or above. Only acclimatized, fit, low-risk athletes should undertake limited exercise at WBGT 86 to 90. Exercise should absolutely be cancelled for everyone when WBGT is 90 or more. The WBGT Risk Indices were developed for athletes wearing only a T-shirt and light pants. Therefore, safe values should be adjusted downwards in the presence of equipment and clothing that inhibit evaporation.

MANAGEMENT AND PREVENTION

Practices and Contests

The greater the risk of heat illness, the more steps should be taken to safeguard the athletes, and the greater consideration should be given to cancellation or postponement of a practice or contest. An Environmental Action Plan should be in effect, covering every athletic practice and competition, and it must delegate responsibility for decision-making (see Emergency Action Planning chapter).

1. Measure the WBGT when possible. If not, then determine the heat index. Re-measure several times throughout the event or practice. Infrared thermometers can be used to measure playing surface temperature. The greater the intensity and duration of an event, the greater the risk of heat illness. Long-distance endurance events place athletes at more risk than sports that have frequent breaks during play. Consideration should be given to reducing playing time, extending rest periods and creating regular stoppage of play for rest and hydration. Practices and contests should not be scheduled during the hottest part of the day (commonly 11 a.m. to 6 p.m.).
2. Minimize clothing and equipment (football or lacrosse practice without shoulder pads and helmets).
3. Provide unlimited opportunities for hydration (see Fluid Replacement and Dehydration chapter). Provide extra water for wetting clothes, hair and face. Hydration should never be withheld as a punishment!
4. In multi-session or multi-day events, monitor for cumulative dehydration by repeated measurement of body weight.
5. Allow a minimum of three, and preferably six, hours for recovery and rehydration between exercise sessions during "daily doubles."
6. Assure acclimatization prior to high endurance/intensity exercise in heat.
7. Consider providing shade, air conditioning or fans on sidelines during contests and practices.
8. If at all possible, practices should be attended by an athletic trainer or team physician who is prepared to manage heat-related emergencies.
9. Identify athletes whose medical history places them at increased risk (see Risk Factors below).

Table 11. Wet Bulb Globe Temperature and Risk of Heat Illness.

<65°F	Low risk
65-73°F	Moderate risk
73-82°F	High risk
>82°F	Very high risk
>90°F	Cancel Activity

RISK FACTORS FOR HEAT ILLNESS

1. **Dehydration.** Fluid loss during exercise occurs primarily by perspiration and respiration. Dehydration during exercise occurs more rapidly in hot environments, when perspiration exceeds oral fluid replacement. Moderate dehydration (three to five percent body weight) reduces exercise performance and makes the athlete more susceptible to fatigue and muscle cramps. With severe dehydration, sweat production and cutaneous blood flow decrease and the athlete is less able to dissipate the heat produced by exercise. Water deficits of six to 10 percent can occur with exercise in hot environments, reducing exercise tolerance and heat dissipation by decreasing cardiac output, sweat production, and skin and muscle perfusion.

   In addition to losing fluid with sweating, electrolytes (salt or sodium and chloride) are also lost. The percentage of salt lost in sweat usually decreases with an improving level of heat acclimatization. Salt depletion can be a significant factor in muscle cramps. While cold water is a good fluid replacement during short duration exercise, a sports drink with six to eight percent carbohydrate is preferable during continuous activity lasting 45 minutes or more. Regular, scheduled fluid replacement is important because athletes typically do not become thirsty until they have already lost two percent of body weight in fluid. (See Fluid Replacement and Dehydration chapter).

   An athlete may begin an activity in a dehydrated state due to inadequate rehydration following previous exercise, attempts to lose weight rapidly, diuretic medication, febrile illness, or gastrointestinal illness with vomiting or diarrhea. Measurement of body weight before and after activity is a good estimate of hydration status changes. Rehydration should be with a fluid volume that meets the weight lost with activity, ideally not exceeding 48 ounces per hour. Urine volume and color are another means by which to estimate hydration with lower volume and darker color representing greater dehydration.
2. **Clothing and Equipment.** Clothing and equipment inhibit heat loss from the body and increase the risk for heat illness. Dry clothing and equipment absorb sweat and prevent evaporative heat loss. Dark clothing or equipment produces radiant heat gain. Clothing and equipment decrease convective heat loss by interfering with air contact with the body. During periods of high WBGT or Heat Index, the risk of heat illnesses increases when clothing and equipment are worn. Thus, risk may be minimized through removing equipment and participating in drills wearing shirts and shorts only. Given that a great deal of heat is radiated from the head, helmets should be removed early on in hot and humid conditions.
3. **Fitness.** Physical training and improved cardiovascular fitness reduce the risk of heat illness.
4. **Febrile Illness.** A fever increases core temperature and decreases the ability of the body to compensate. It is dangerous to exercise with a fever, especially when WBGT is high. Athletes with a fever, respiratory illness, vomiting or diarrhea should not exercise, especially in a hot environment.
5. **Medications.** Amphetamines (including ADHD medications), ephedrine, synephrine, ma huang and other stimulants increase heat production. Some medications have anti-cholinergic actions (amitriptyline, Atrovent) resulting in decreased sweat production. Diuretics can produce dehydration. Athletes taking medication for ADHD should be monitored closely for signs and symptoms of heat illness.
6. **Obesity.** Athletes with a high percentage of body fat are at increased risk for heat illness, as fat acts to insulate the body and decreases the body's ability to dissipate heat.
7. **Sickle Cell Trait.** Athletes with sickle cell trait (SCT) are at increased risk for a sickling crisis with exercise during hot weather. Special precautions should be taken in hot and humid conditions for athletes with SCT (see Sickle Cell Trait chapter).
8. **A prior episode of heat illness** is a risk factor for a subsequent heat illness. After an episode of heat stroke, most athletes demonstrate normal thermoregulation within two months, but the rate of recovery is highly variable and may require up to a year or more. Decreased heat tolerance may affect 15 percent of athletes with a history of previous heat illness.

STAGES OF HEAT ILLNESS

1. **Exercise-associated Muscle Cramps (EAMC).** Painful muscle spasms following prolonged exercise, often, but not always, in a hot environment. These are sometimes called "heat cramps."
   Recognition: The cramps can occur without warning, can be excruciatingly painful, and may last several minutes or longer. They may be replaced by the onset of a cramp in another location. Severe episodes can last up to six to eight hours. Commonly, heat cramps affect the calf, but the thighs, hamstrings, abdomen and arms may be involved. Core temperature may be normal or increased and signs and symptoms of dehydration such as thirst, sweating and tachycardia may occur.

   EAMC are usually associated with exercise-induced muscular fatigue, dehydration and a large loss of sodium through sweat. Sweat sodium losses that are incompletely replaced result in a total body sodium deficit. Low extracellular (outside of the cells in our body) sodium concentration is thought to alter nerve and muscle resting potential, resulting in EAMC. EAMC is more likely in athletes with high salt sweat content. Athletes with high salt sweat content or "salty sweaters" may be noticeable by salt staining on hats and clothing.
   Management: EAMC usually responds to rest, prolonged stretching of involved muscle groups, and sodium replacement in fluid or food (e.g., one quarter teaspoon of table salt or one to two salt tablets in 500 ml of water or sports drink, tomato juice or salty snacks). In the case of severe full body cramps, the athlete should be transported by EMS to a hospital to receive intravenous fluids. Protracted cramping in the absence of signs of dehydration suggests dilutional hyponatremia (low sodium) and serum sodium levels should be measured prior to administering intravenous fluids.
2. **Heat Exhaustion.** Heat exhaustion is the inability to continue to exercise and can occur at any temperature, and is not necessarily associated with collapse. Heat exhaustion associated with dehydration is more common in a hot, humid environment.

   During high intensity exercise, blood flow to organs and skin decreases as blood flow to exercising muscle increases. When exercise, dehydration and humidity combine to make evaporative heat loss ineffective, the core body temperature increases. As core temperature rises, central controls of blood flow distribution begin to fail and the body attempts to increase blood flow to the skin in an effort to increase radiant and convective heat loss. The result is a loss of the original decrease in blood flow to the internal organs and to the skin. Through a series of complex physiological events, the pooled blood in the skin and extremities is unable to transport heat from the core to the skin. Muscular fatigue, decreased urine output, decreased cerebral flow, increased core temperature and fainting (syncope) can result.
   Recognition: Signs and symptoms of heat exhaustion include tachycardia, fatigue, weakness, piloerection (goose bumps), muscle cramps, nausea, vomiting, dizziness, syncope, headache, poor coordination and confusion. Rectal temperature is elevated, but below 104 degrees Fahrenheit (40 C). The skin may still be cool and sweating, or may be hot and dry. Decreased cerebral perfusion may produce confusion or syncope. Heat exhaustion can be confused with other causes of depressed mental status in the athlete, including concussion, cardiac causes, infection, drug use, hypoglycemia and hyponatremia. Heat exhaustion is characterized by an elevated core body temperature. Any athlete with altered mental state of unknown etiology must be removed from activity and further evaluated.
   Management: While heat exhaustion may present similarly to other conditions, heat exhaustion should be assumed if any of the signs and symptoms are present. Elevate the legs to increase venous return and cardiac preload, rehydrate to correct volume depletion, and transfer to a cool, shaded location. Aggressive decrease in core temperature is indicated to prevent progression to heat stroke. If a team physician or athletic trainer is unavailable to assess the athlete, EMS should be activated so the athlete can be transported to an emergency facility. There should be no same-day return to activity for athletes with syncope, altered mental status, neurologic symptoms or core temperature greater than 104 degrees Fahrenheit. Adequate time for full recovery is necessary prior to returning to play.

3. **Exertional Heat Stroke (EHS)** is defined by the presence of a rectal temperature greater than 104 degrees Fahrenheit (40C) combined with altered mental status. As heat production continues to exceed the body's capacity to dissipate the heat, then core temperature rises to a level that disrupts organ function.
   Recognition: There is usually sweat-soaked, pale skin. Hyperventilation, tachycardia, vomiting, diarrhea and shock frequently progress to arrhythmia, acute renal failure, rhabdomyolysis (the release of muscle potassium, acid and enzymes into the blood as muscle cells break open and die), pulmonary edema, disseminated intravascular coagulopathy (coagulation of blood throughout the vessels) and cardiac arrest. Often, central nervous system signs are the first to appear: altered mental status, confusion, seizures and coma.
   Management: EHS is a medical emergency and EMS must be activated. Successful treatment requires early recognition. Rapid reduction in core temperature is the key to prevention of organ failure. This is best accomplished by immersion in ice water. Less effective substitutes include ice packs to the groin and armpits, cool mist fans and alcohol rubs. If optimal cooling can be provided in the field, if there are no other life-threatening complications and if there is the ability to monitor the athlete during cooling, then cooling may be completed prior to transport. Otherwise, while efforts at cooling may be initiated in the field, they should not delay "load and go" EMS transport to a facility capable of comprehensive care.

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Cold-related Illness

By Cary S. Keller, M.D., FACSM

- Cold temperature, especially in combination with wet conditions or wind, poses the risk for cold injuries such as frostbite and hypothermia.
- Treat frostbite by getting the affected individual to a warm place and re-warm the extremities.
- Suspected hypothermia calls for EMS activation.

SIGNIFICANCE

Cold weather is typically not a barrier to outdoor practices and competitions. However, team and individual sports played in the late fall, winter and early spring place athletes at risk for cold injury. Environmental changes as simple as sunset, a rainstorm or an increase in wind speed can shift the body's thermal balance suddenly. As part or all of the body cools, there can be diminished exercise performance, frostbite, hypothermia, and even death.

BACKGROUND

Athletes lose heat by evaporation, conduction, convection and radiation. Heat is lost from the skin by evaporation of sweat. Conduction is the passive transfer of heat from warmer to cooler objects by direct contact, such as through the loss of heat from the core to the peripheral muscles and skin and the gain of heat from a hand warmer to the fingers. Convection is the warming of the air next to the body and the displacement of that warm air by cool air. Insulating clothing decreases heat loss by convection, while wind accelerates heat loss by convection. Radiation is loss of heat from the warmer body to the cooler environment.

At rest, 20 percent of body heat loss is by evaporation and 50 percent by radiation. With exercise in a warm environment, up to 90 percent of heat loss is by evaporation. Thus, evaporation from wet clothing in a cold environment has great potential to upset thermoregulation during exercise. In the cold, radiation becomes a progressively more important source of heat loss during exercise as ambient temperature falls further below body temperature.

Cold exposure produces peripheral vasoconstriction, decreasing peripheral blood flow, and decreasing convective heat loss from the body's core to its shell (skin, fat, muscle). The peripheral vasoconstriction, therefore, predisposes to cold injury, especially in the fingers and toes. In response to this cooling of the extremities, there is cold-induced vasodilation (CIVD), a transient increase in blood flow and warming which helps to protect against peripheral cold injury. As the core body temperature falls, CIVD is suppressed, and frostbite becomes more likely.

Cold exposure also elicits increased heat production through skeletal muscle activity. This occurs through involuntary shivering (which can increase heat production up to six times basal metabolic rate) and through voluntary increased activity. Athletes exposed to cold repeatedly can exhibit cold acclimatization. The most common acclimatization pattern is habituation, in which both cold-induced vasoconstriction and shivering are blunted, sometimes actually predisposing to hypothermia. Compared to heat acclimatization, cold acclimatization is less pronounced, slower to develop and less effective in maintaining normal body temperature and preventing cold illness.

RECOGNITION

Frostbite, the most common cold injury, occurs when tissue freezes. Frostbite can occur in exposed skin (nose, ears, cheeks), but also can affect the hands and feet, as peripheral vasoconstriction lowers peripheral tissue temperature significantly. Numbness or a "wooden" feeling is usually the first symptom of frostbite in the hands and feet. With frostbite to exposed facial skin, however, there can be a burning feeling. Both cooling and ischemia (decreased blood flow) result in numbing of the skin, so the freezing of the tissue is often relatively painless. Skin color is initially red and then becomes a waxy white. Re-warming is accompanied by sharp, aching pain and persistent loss of light touch sensation.

The risk of frostbite increases as temperature decreases. With appropriate precautions, the risk of frostbite can be less than five percent when ambient temperature is above 5 degrees F. But increased surveillance of athletes is appropriate when wind chill temperature (WCT) falls below minus 18 degrees F, as exposed facial skin then freezes in 30 minutes or less. At these temperatures, consideration should be given to postponing or cancelling athletic events. A

close approximation of the WCT should be available from your local weather station.

Hypothermia is defined by a core body temperature below 95 degrees F (35 degrees C). In mild hypothermia, an athlete feels cold, shivers, is apathetic and withdrawn, and demonstrates impaired athletic and mental performance. Coaches and athletes must recognize and respond to these early symptoms to avoid more severe hypothermia. As core temperature continues to fall, there is confusion, sleepiness, slurred speech, and irrational thinking and behavior. In severe hypothermia, the heart rate may become irregular and there is a risk of cardiac arrest. Efforts at resuscitation must persist until re-warming has been achieved.

Exercising athletes produce heat by muscular activity, which helps maintain core temperature, and are at less risk for cold exposure injury. At the end of an event, or when exercise stops due to injury, heat is no longer being generated by exercise, but heat loss continues, and rapid cooling may result. Dehydration may further impair maintenance of core temperature.

Figure 9. Wind Chill Index.

Temperature (°F)

Wind (mph) / Calm	40	35	30	25	20	15	10	5	0	-5	-10	-15	-20	-25	-30	-35	-40
5	36	31	25	19	13	7	1	-5	-11	-16	-22	-28	-34	-40	-46	-52	-57
10	34	27	21	15	9	3	-4	-10	-16	-22	-28	-35	-41	-47	-53	-59	-66
15	32	25	19	13	6	0	-7	-13	-19	-26	-32	-39	-45	-51	-58	-64	-71
20	30	24	17	11	4	-2	-9	-15	-22	-29	-35	-42	-48	-55	-61	-68	-74
25	29	23	16	9	3	-4	-11	-17	-24	-31	-37	-44	-51	-58	-64	-71	-78
30	28	22	15	8	1	-5	-12	-19	-26	-33	-39	-46	-53	-60	-67	-73	-80
35	28	21	14	7	0	-7	-14	-21	-27	-34	-41	-48	-55	-62	-69	-76	-82
40	27	20	13	6	-1	-8	-15	-22	-29	-36	-43	-50	-57	-64	-71	-78	-84
45	26	29	12	5	-2	-9	-16	-23	-30	-37	-44	-51	-58	-65	-72	-79	-86
50	26	19	12	4	-3	-10	-17	-24	-31	-38	-45	-52	-60	-67	-74	-81	-88
55	25	18	11	4	-3	-11	-18	-25	-32	-39	-46	-54	-61	-68	-75	-82	-89
60	25	17	10	3	-4	-11	-19	-26	-33	-40	-48	-55	-62	-69	-76	-84	-91

Frostbite Times: 30 minutes, 10 minutes, 5 minutes

*Reproduced from NWS – 2001

Prevention of Cold Injury

1. EVENT MANAGEMENT

a. **Assess environmental risk factors:** temperature, wind, rain, direct sunlight, altitude. Be alert to changes in these conditions so that athletes can be advised to modify clothing or seek shelter and event managers can consider shortening, moving or cancelling an event. The Wind Chill Index (WCI) integrates temperature and wind to estimate cooling power. The WCI predicts the risk of frostbite to exposed facial skin in a person moving at walking speed, but not the risk of frostbite in the extremities. The wind effect of the athlete moving at higher speed (run, ski, bike, skating) is not considered when calculating WCI.

b. **Assess athletes' risk factors:** exercise demands, fitness, fatigue, health, body fat, age, and nutritional status. (see Table 10).

c. **Prepare appropriately:** adequate training, clothing, water, food, scheduled clothing changes, provision of shelter and re-warming, planned monitoring of weather conditions and of athlete tolerance of the cold, and action plans to care for those who are having difficulty staying warm.

Table 10. Risk factors for Hypothermia and Frostbite.

1. Exercising in water, rain and wind significantly increases risk of hypothermia. Hypothermia can occur rapidly following unexpected immersion in cold water. The heat transfer coefficient of water is 70 times that of air.
2. Lean athletes have more difficulty maintaining core temperature and are at increased risk for cold injury. Athletes with a high body fat percentage and high muscle mass are better insulated and more protected against cold injury.
3. Individuals older than 60 years of age are at increased risk of hypothermia due to reduced vasoconstriction and sometimes decreased fitness.
4. Children and adolescents are at greater risk of hypothermia than adults due to greater surface-to-mass ratio and less subcutaneous fat.
5. Low blood sugar impairs muscular activity and shivering, decreases heat production, and predisposes to hypothermia. Fatigue, energy depletion, sleep deprivation and certain chronic medical conditions result in decreased heat production.
6. Some skin disorders, such as eczema, may increase heat loss.
7. Physical fitness and strength training do not improve thermoregulatory response to cold, but greater fitness allows longer exercise at high intensity and thereby longer muscular heat production and maintenance of core temperature. Poor fitness thereby predisposes to cold injury.

2. CLOTHING

Metabolic rate (exercise intensity) and ambient temperature determine clothing (insulation) requirements during exercise. Hats are useful, as up to 50 percent of heat loss at rest is from the head. Layering of clothing is highly recommended. The inner layer acts to wick perspiration, a middle insulating layer which allows moisture transfer, and an outer layer, worn when necessary, to repel wind and rain, but is capable of transfer of perspiration to the air. Layering allows adjustment in insulation to prevent overheating and sweating, while remaining dry in wet conditions. Glove liners can provide wicking and insulation for the hands. Mittens provide significantly more insulation than gloves. Clothing that constricts fingers or toes predisposes to cold injury in the hands and feet. Wet clothing should be removed quickly and replaced, including socks and gloves.

3. FOOD AND FLUID INTAKE

Exercise in cold environments can increase energy expenditure and fluid loss. Insufficient carbohydrate reserves to maintain core temperature risks cold injury. Dehydration affects neither shivering or vasoconstriction, but significant loss in volume decreases perfusion. In cold, as in all temperatures, carbohydrate availability and dehydration are limiting factors in performance. Athletes can sustain exercise in cold by ingesting six- to eight-percent carbohydrate beverages. Carbohydrate rich foods are appropriate for prolonged exercise in the cold.

Management of Cold Injury

1. FROSTBITE

Seek shelter and insulation. Maintain core temperature and attempt to reverse vasoconstriction by re-warming. Re-warming is best accomplished with body heat of the afflicted individual or someone else's (e.g., placing the cold hand under the arm pit). Warm water at 104 to 109 degrees Fahrenheit (40 to 43 degrees C) can also be used for re-warming. Do not use warmer water as it produces greater injury, swelling and tissue death. Once re-warming begins, avoid additional freezing. It is better to tolerate some additional time with frozen tissue while awaiting transport to a medical facility than to re-warm and then suffer refreezing during extrication from the cold environment. Rubbing the injured body part adds mechanical damage to thermal damage, and is to be avoided.

2. HYPOTHERMIA

a. **Conscious athlete.** Hypothermic athletes should have wet clothing removed and should be insulated with whatever warming material is available. If possible, evacuate to a warm building/bus/car/shower. Encourage the drinking of large volumes of warm, sweet liquids to improve circulating volume and available energy. Encourage exercise to promote heat production by muscular activity. Such athletes usually respond to peripheral re-warming, but transport to medical care is a precaution against further deterioration.

b. **Unconscious athlete.** Hypothermic athletes should be insulated and transported by the emergency medical system (EMS). Field re-warming and field CPR are usually ineffective and should not delay transport to a medical facility for central re-warming. Warm intravenous fluids and positive pressure, warm, humidified oxygen can be useful but will, alone, be inadequate. The medical facility can provide rapid core re-warming, prevention of arrhythmia, respiratory support, and fluid and electrolyte management.

COLD-INDUCED ASTHMA SYMPTOMS

Exercise-induced asthma (EIA) is a transient narrowing of the airways which is provoked by exercise (see Asthma chapter). Cold-weather athletes have an increased prevalence of EIA. High intensity exercise, high ventilation rate and exercise in indoor rinks predisposes athletes to EIA. EIA with cold exposure is believed to be due to a combination of breathing dry air and reflex response to facial cooling. Impaired air quality in indoor skating rinks is implicated as an additional factor (see Air Quality chapter).

COLD ENVIRONMENT MODIFIES EMERGENCY ACTION PLANS

The assessment and management of the injured athlete in a cold environment follows basic First Aid and CPR/AED protocols. (See Emergency Action Plan chapter). This begins with the assessment of the safety of the scene of injury. In a cold environment, the scene is not safe by virtue of the cold itself. Depending on the severity of the cold, the risk it represents to the injured athlete and to the rescuers, and the availability of warm shelter, the protocol may be modified. The major difference in cold weather is that initial attempts at resuscitation can be delayed in order to get the athlete to a warmer place.

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Asthma

By Gayathri Chelvakumar, M.D. and Paula Cody, M.D.

- Asthma is a chronic lung disease that affects many high school athletes.
- Exercise commonly triggers asthma symptoms.
- Coughing, wheezing and difficulty breathing can all be symptoms of asthma.
- Early recognition and treatment of asthma symptoms is essential.

SIGNIFICANCE

Nearly 20 percent of high school students in the U.S. have been diagnosed with asthma. Asthma that is well-controlled should not prevent anyone from participating in organized sports or exercising, but early symptom recognition and treatment is essential. Uncontrolled asthma can be deadly. It is the responsibility of coaches, athletic trainers, parents and athletes to be knowledgeable about the different medications prescribed to treat and manage asthma and how those medications are to be used.

BACKGROUND

Asthma is a chronic disease that affects the lungs. It is characterized by inflammation, airway reactivity/sensitivity and increased mucous production. Common symptoms include coughing, wheezing, chest tightness and shortness of breath (Table 27). Asthma can be triggered by respiratory infections (see Common Illnesses chapter), exercise, pollutants (see Air Quality chapter) and allergens (dust mites, animal dander, mold and pollen). Early recognition of the signs and symptoms of asthma can prevent serious complications and even death.

Asthma symptoms often worsen with exercise. Some athletes have symptoms only with exercise (exercise-induced asthma, EIA). Exercise-induced symptoms occur commonly and are often more intense in cold weather. Symptoms typically develop 10 to 15 minutes after a brief period of exercise or about 15 minutes into prolonged exercise. Symptoms usually resolve with rest for 30 to 60 minutes.

Table 27. Signs and symptoms of asthma.

- High-pitched wheezing sounds when breathing out
- Recurrent chest tightness, wheezing or difficulty breathing
- Spasmodic or persistent coughing during or after exercise
- Cough that is worse at night
- Symptoms occur or get worse when the athlete exercises, or when exposed to various triggers that might include dust, mold, animals with fur, smoke, pollen, airborne pollutants, strong odors or changes in the weather

More subtle symptoms associated with exercise-induced asthma may include:

- Perceived lack of endurance
- Undue fatigue or perception of being "out of shape" or poorly conditioned
- Symptoms triggered by some sports (i.e., running) but not by others (i.e., swimming)

RECOGNITION

Athletes with well-controlled asthma, by definition, will have no symptoms at rest or with activity. They should have no cough, wheeze, chest tightness or shortness of breath during the day or night and be able to do daily activities and exercise without problems.

When asthma symptoms worsen ("asthma attack"), the athlete may experience coughing, wheezing, chest tightness or shortness of breath (Table 28). He or she may also complain of coughing that is worse at night. Athletic performance and endurance is likely to be greatly affected. Asthma attacks that require medical attention occur when the person is very short of breath and unable to do usual activities, "rescue inhalers" are not helping, or symptoms last longer than 24 hours.

Table 28. Recognition of an acute "asthma attack."

- Wheezing or spasmodic/persistent coughing
- Chest tightness or discomfort
- Rapid and shallow respiration
- Rapid pulse
- Use of accessory muscles in shoulders and neck to aid breathing
- Assuming tripod position (e.g., forward-leaning posture with hands on knees) to improve airflow
- Cyanosis (blue lips and finger nails) if severe
- Difficulty breathing out of proportion to activity intensity and aerobic fitness level

MANAGEMENT

It is important that all athletes with asthma are known to the medical staff, coaches and athletic administration. Athletes who have been diagnosed with asthma or who have asthma symptoms should be identified during the pre-participation exam (see Preparticipation Physical Evaluation chapter). The athletes must work with their primary care provider or asthma specialist, sports medicine staff and coaches to understand their asthma treatment plan. It is also essential for schools to have an Emergency Action Plan addressing asthma and other chronic medical conditions (see Emergency Action Planning chapter) as symptoms can worsen at anytime.

There are several medications available to treat asthma. Most medications are inhaled into the lungs, but a few are taken as pills. Asthma medicines come in two types: quick-relief (rescue medications) and medications that provide long-term control. Everyone with asthma needs regular medical follow-up to maintain symptom control and reassess their management plan.

Certain people with asthma require long-term control medications to treat inflammation in the lungs and prevent symptoms and attacks. These anti-inflammatory medicines, typically inhaled corticosteroids, are most effective when taken daily, even if the person is not experiencing any symptoms. These medicines are not effective at treating acute asthma attacks. Asthma symptoms can usually be controlled and attacks prevented if the medications are taken exactly as prescribed.

The use of an albuterol inhaler 15 minutes prior to exercise will usually control the symptoms of EIA. There is also evidence that EIA can be controlled in some athletes without using medication. Many individuals have a "refractory period" during which constriction of the lungs appears to relax and breathing is easier for a period of time. This is similar to a "second wind." If an athlete recognizes this, warm-ups can be designed to begin the intense exercise in advance of competition so that the refractory period coincides with the contest period. Monitoring air quality is also important (see Air Quality chapter)

For an asthma attack, a quick-relief rescue medicine is used, most commonly the quick-acting medicine albuterol. Proper use of the inhaler is essential to relieving asthma symptoms (Table 29). This medicine rapidly relaxes tightened muscles around the airways to improve airflow. A rescue medicine should be taken at the first sign of asthma symptoms. If symptoms quickly resolve, the athlete may return to activity. If symptoms do not resolve, or flare-up again during the same practice or contest, the athlete should be removed from activity and be told to contact his or her primary care provider, or asthma specialist. If the person has difficulty walking or talking due to shortness of breath or his or her lips are blue, this is indicative of a medical emergency and EMS must be activated (Table 28).

Table 29. Proper use of a metered dose inhaler (from NIH Guidelines, 1997).

1. Remove cap and hold inhaler upright.
2. Shake the inhaler.
3. Tilt head back slightly and breathe out slowly through the mouth.
4. Position the inhaler one to two inches away from the mouth or use a holding chamber or spacer.
5. Press down once on the inhaler to release medication as the athlete begins to breathe in slowly.
6. Continue to breathe in slowly and evenly for three to five seconds during and after pressing down on the inhaler.
7. Hold breath for 10 seconds to allow the medication to reach deep into the lungs.
8. Repeat puff as directed. It is recommended to wait one minute before second puff to allow for optimal penetration into the lungs.
9. When possible, athletes should use a spacer when delivering medication to ensure optimal delivery. These chambers are hollow tubes or other reservoirs with the inhaler on one end and the athlete's mouth on the other end. Many times failure to improve with treatment can be reversed simply by the use of spacers and better technique. Recent studies have shown that "spacers" increase the amount of medication that reaches the lungs and decrease the amount of medication deposited in the mouth or throat.

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Sickle Cell Trait

By Dan Martin, Ed.D., ATC

- It is estimated that eight percent of the U.S. African-American population has sickle cell trait (SCT).
- SCT does not necessarily preclude an individual from sport participation.
- Signs and symptoms of a sickling crisis must be recognized early to prevent complications, including the risk of death.
- Basic precautions will greatly decrease the risk of a sickling crisis.

SIGNIFICANCE

Sickle cell trait (SCT) is not a disease, but a description of a type of hemoglobin gene. Hemoglobin carries oxygen in the bloodstream. SCT differs from sickle cell anemia in that the trait is present when one gene for sickle hemoglobin is inherited from one parent while a normal hemoglobin gene is inherited from the other. If a sickle cell gene is inherited from each parent, the child will then have sickle cell anemia.

Sickle cell anemia is a serious disorder which typically causes severe medical problems early in childhood which continue into adulthood. People with SCT rarely have any symptoms of the condition. However, they may develop problems under extreme physical stress or with low oxygen levels (high-altitude).

People with ancestors from Africa, Mediterranean countries, India, South or Central America, and Saudi Arabia are at increased risk for having SCT. SCT occurs in about eight percent of the African-American population in the U.S.

SCT exercise-related deaths do occur in both athletics and in the military. Individuals with SCT participating in intense exercise are particularly vulnerable to the effects of heat and dehydration. The potential for a sickling collapse can be decreased if the athlete takes preventative measures. Early recognition of the signs and symptoms by the athlete, coaches and medical staff, with stopping all activity and initiating appropriate treatment will greatly reduce the potential for long-term consequences or death.

BACKGROUND

The U.S. military first linked SCT to an increased risk of sudden death during extreme physical exertion decades ago. SCT has also been linked to several deaths which have occurred during off-season conditioning in collegiate football players over the past decade. Currently, SCT does not appear to be a prominent issue in high school athletes. This is likely due to the fact that the intensity and duration of physical activity in high school athletes does not reach that seen in collegiate conditioning drills.

SCT generally does not present problems with daily activities. The vast majority of athletes with the trait compete at the high school, college, and professional levels without complications. However, there is always the possibility that a sickling collapse can occur with intense exertion, potentially resulting in death.

PHYSIOLOGY

During intense exertion, red blood cells can change from the typical donut-shaped appearance to a "sickle" or a "quarter-moon" shape. In this shape, these cells no longer carry oxygen efficiently and become rather stiff and sticky. These "sickle cells" can then stick together and block normal blood flow to any tissue or organ. This can produce pain, weakness, swelling of the arms or legs, muscle cramping and shortness of breath. Kidney and other vital organ function can also be affected.

Even what appears to be a mild exertional distress can turn lethal in an individual with SCT. The kidneys and spleen may be damaged and exercise-related rhabdomyolysis (skeletal muscle breakdown) may also occur. Asthma (see Asthma chapter), acute illness, dehydration (see Fluid Replacement and Dehydration chapter), heat stress (see Heat-related Illness chapter) and high altitude can predispose an individual with SCT to a sickling crisis during intense physical exertion.

IDENTIFYING THE ATHLETE WITH SICKLE CELL TRAIT

The preparticipation evaluation form (see Preparticipation Evaluation chapter) should have a question about the athlete's sickle cell status. If the athlete or parents are unaware of the athlete's status, they may very likely be able to find the information from their primary care provider or state newborn screening records. The NCAA currently recommends that the SCT status of all athletes be determined. Most states in the U.S. have been conducting newborn SCT screening for more than 20 years, thus many athletes may already know, or be able to find out, their status. There is currently no medical organization calling for the universal screening of SCT in high school athletes. Parents who are interested in having their child screened for SCT should discuss it with their primary care provider.

When an athlete with SCT is identified, it is important that the athlete and his or her parents are educated about SCT. It is important to not discourage the athlete from sports participation. However, the athlete must be educated on preventive measures and the potential dangers. It is vital that coaches and the sports medicine staff be aware of the athlete's SCT status, but it is also important to protect the student's privacy as much as possible.

RECOGNITION

If an athlete exhibits any signs or has symptoms of a sickling collapse, he or she must be removed from activity. Continuing to exercise will lead to worsening symptoms, additional serious internal organ damage, or even death. However, if the proper steps are taken, these symptoms are generally easy to manage and will normally subside within a few minutes. The athlete's symptoms typically resolve when he or she is hydrated and rests. During hot weather, the athlete should also be taken into a cool, controlled environment to prevent overheating. If at any time the athlete collapses, (sickling collapse) the episode must be treated as a medical emergency and Emergency Medical System activated (see Emergency Action Planning chapter).

Signs and Symptoms of a pending sickling crisis

- Appears dazed or confused
- Appears weak
- Not keeping up with other team members (undue fatigue)
- Having difficulty breathing
- Muscle pain, weakness and/or cramping

MANAGEMENT

Athletes with SCT can generally perform at the same physical level as their teammates, but may not be able to do it for an extended amount of time. For example, athletes with SCT should not run timed, sustained 100-yard sprints, or timed, sustained "suicides" or shuttle runs. The athlete with SCT can still run sprints and suicides, but must be given rest breaks between sprints. Coaches and the athlete with SCT must be aware of his or her physical limits. If the athlete is feeling exhausted, or is showing symptoms of physical distress, he or she must immediately stop, hydrate and rest.

If an athlete is known to have SCT, the following precautions are suggested during physical activity:

- Set own pace
- Engage in slow and gradual preseason conditioning regimen
- Use adequate rest and recovery between intense drills
- Stop activity immediately upon struggling or experiencing muscle pain, abnormal weakness, undue fatigue, or shortness of breath
- Stay well hydrated
- Seek prompt medical care when experiencing unusual distress

Though caution must be taken, the athlete with SCT should always be allowed to compete in all sports and should be treated the same as the other athletes. It needs to be emphasized that athletes with SCT normally do not have problems, except if put under extreme physical duress. The precautions and training modifications discussed in this chapter are intended to allow the athlete with SCT to participate in athletics as safely as possible.

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Resources

National Heart Lung and Blood Institute: http://www.nhlbi.nih.gov/health/dci/Diseases/Sca/SCA_WhatIs.html
Sickle Cell Disease Association of America: https://www.sicklecelldisease.org/about_scd/index.phtml
Sickle Cell information center: www.scinfo.org

POSITION STATEMENT AND RECOMMENDATIONS FOR HYDRATION TO MINIMIZE THE RISK FOR DEHYDRATION AND HEAT ILLNESS

National Federation of State High School Associations (NFHS)
Sports Medicine Advisory Committee (SMAC)

DEHYDRATION, ITS EFFECTS ON PERFORMANCE, AND ITS RELATIONSHIP TO HEAT ILLNESS:

- Appropriate hydration before, during, and after physical activity is an important ingredient to healthy and successful sports participation.
- Weight loss during exercise and other physical activity represents primarily a loss of body water. A loss of just 1 to 2% of body weight (1.5 to 3 pounds for a 150-pound athlete) can negatively impact performance. A loss of 3% or more of body weight can significantly increase the risk for exertional heat-related illness. If an athlete is already dehydrated prior to beginning activity, these effects will occur even sooner.
- Athletes should be weighed (in shorts and T-shirt) before and after warm or hot weather practice sessions and contests to assess their hydration status.
- Athletes with high body fat percentages can become significantly dehydrated and over-heat faster than athletes with lower body fat percentages while working out under the same environmental conditions.
- Athletes have different sweating rates and some lose much more salt through their sweat than others. "Salty sweaters" will often have noticeable salt stains on clothing after workouts, and often have a higher risk of developing exertional muscle cramps.
- Poor heat acclimatization/fitness levels can greatly contribute to an athlete's heat intolerance and heat illness risk.
- Certain medications, or fever, can negatively affect an athlete's hydration status and temperature regulation, increasing the risk for heat illness.
- Environmental temperature and humidity each independently contribute to dehydration and heat illness risk.
- Clothing that is dark or bulky, as well as protective equipment (such as helmets, shoulder pads, and other padding and coverings), can increase body temperature, sweat loss and subsequent dehydration and heat illness risk.

- Even naturally dry climates can have high humidity on the field if irrigation systems are scheduled to run prior to early morning practices start. This temporary increase in humidity will continue until the water completely soaks into the ground or evaporates.

- A heat index chart should be followed to help determine if practices/contests should be modified or canceled. The NOAA National Weather Service's heat index chart can be found at: http://www.weather.gov/om/heat/index.shtml

    - On-site wet-bulb temperature should be measured 10-15 minutes before practices or contests. The results should be used with a heat index to determine if practices or contests should be started, modified, or stopped.

    - If wet-bulb temperature measurement is not available, the heat index for your approximate location can be determined by entering your postal zip code: http://www.osaa.org/heatindex/

Example of the effects of relative humidity on the risk for dehydration and heat illness:

- A relative humidity of 40 percent and a temperature of 95 degrees Fahrenheit are associated with a *likely risk* of incurring heat illness if strenuous physical activity is conducted. However, even with a *lower air temperature* of only 85 degrees Fahrenheit, the risk for exertional heat illness could be the *same or greater with a higher relative humidity* of 70 percent.

WHAT TO DRINK DURING EXERCISE AND OTHER PHYSICAL ACTIVITY:

- For most exercising athletes, water is appropriate and sufficient for pre-hydration and rehydration. Water is quickly absorbed, well-tolerated, an excellent thirst quencher and cost-effective.

- Traditional sports drinks with an appropriate carbohydrate and sodium formulation may provide additional benefit in the following general situations:
    - Prolonged continuous or intermittent activity of greater than 45 minutes
    - Intense, continuous or repeated exertion
    - Warm-to-hot and humid conditions

- Traditional sports drinks with an appropriate carbohydrate and sodium formulation may provide additional benefit for the following individual conditions:
    - Poor hydration prior to participation
    - A high sweat rate or "salty sweater"
    - Poor caloric intake prior to participation
    - Poor acclimatization to heat and humidity

- A 6 to 8% carbohydrate formulation is the maximum that should be utilized in a sports drink. Any greater concentration will slow stomach emptying and potentially cause the athlete to feel bloated. An appropriate sodium concentration (0.4–1.2 grams per liter) will help with fluid retention and distribution and decrease the risk of exertional muscle cramping.

WHAT NOT TO DRINK DURING EXERCISE:

- Fruit juices with greater than 8 percent carbohydrate content and carbonated soda can both result in a bloated feeling and abdominal cramping.

- Athletes should be aware that nutritional supplements are not limited to pills and powders as many of the new "energy" drinks contain stimulants such as caffeine and/or ephedrine.
    - These stimulants may increase the risk of heat illness and/or heart problems with exercise. They can also cause anxiety, jitteriness, nausea, and upset stomach or diarrhea.

    - Many of these drinks are being produced by traditional water, soft drink and sports drink companies which can cause confusion in the sports community. As is true with other forms of supplements, these "power drinks", "energy drinks", or "fluid supplements" are not regulated by the FDA. Thus, the purity and accuracy of contents on the label is not guaranteed.

    - Many of these beverages which claim to increase power, energy, and endurance, among other claims, may have additional ingredients that are not listed. Such ingredients may be harmful and may be banned by governing bodies like the NCAA, USOC, or individual state athletic associations.

    - See the **NFHS Position Statement and Recommendations for the use of Energy Drinks by Young Athletes** for further information.

HYDRATION TIPS AND FLUID GUIDELINES:

- Many athletes do not voluntarily drink enough water to prevent significant dehydration during physical activity.

- Drink regularly throughout all physical activities. An athlete cannot always rely on his or her sense of thirst to sufficiently maintain proper hydration.

- Drink before, during, and after practices and games. For example:
    - Drink 16 ounces of fluid 2 hours before physical activity.

    - Drink another 8 to 16 ounces 15 minutes before physical activity.

    - During physical activity, drink 4 to 8 ounces of fluid every 15 to 20 minutes (some athletes who sweat considerably can safely tolerate up to 48 ounces per hour).

    - After physical activity, drink 16 to 20 ounces of fluid for every pound lost during physical activity to achieve normal hydration status before the next practice or competition.

- The volume and color of your urine is an excellent way of determining if you're well hydrated. Small amounts of dark urine means that you need to drink more, while a "regular" amount of light-colored or nearly clear urine generally means you are well-hydrated. A Urine Color Chart can be accessed at: http://at.uwa.edu/admin/UM/urinecolorchart.doc

- Hyponatremia is a rare, but potentially deadly disorder resulting from the over consumption of water. It is most commonly seen during endurance events, such as marathons, when participants consume large amounts of water over several hours, far exceeding fluid lost through sweating. The opposite of dehydration, hyponatremia is a condition where the sodium content of the blood is diluted to dangerous levels. Affected

individuals may exhibit disorientation, altered mental status, headache, lethargy, and seizures. The diagnosis can only be made by testing blood sodium levels. Suspected hyponatremia is a medical emergency and EMS (Emergency Medical Services) must be activated. It is treated by administering intravenous fluids containing high levels of sodium.

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Revised and Approved October 2011

Chemical Abuse Programs

Schools are strongly encouraged to develop alcohol and drug prevention education programs. The UIL staff will provide assistance to coaches, sponsors and administrators in developing educational programs and referral procedures.

Illegal Steroid Use

- Texas state law prohibits possessing, dispensing, delivering or administering a steroid in a manner not allowed by state law.
- Texas state law also provides that body building, muscle enhancement or the increase in muscle bulk or strength through the use of a steroid by a person who is in good health is not a valid medical purpose.
- Texas state law requires that only a medical doctor may prescribe a steroid for a person.
- Any violation of state law concerning steriods is a criminal offense punishable by confinement in jail or imprisonment in the Texas Department of Criminal Justince.
- As a prerequisite to participation in UIL athletic activities, student-athletes must agree that they will not use anabolic steroids as defined in the UIL Anabolic Steroid Testing Program Protocol and that they understand that they may be asked to submit to testing for the presence of anabolic steroids in their body. Additionally, as a prerequisite to participation in UIL athletic activities, student-athletes must agree to submit to such testing and analysis by a certified laboratory if selected.

  Also, as a prerequisite to participation by a student in UIL athletic activities, their parent or guardian must certify that they understand that their student must refrain from anabolic steroid use and that the student may be asked to submit to testing for the presence of anabolic steroids in his/her body. The parent or guardian also must agree to submit their child to such testing and analysis by a certified laboratory if selected.

  The results of the steroid testing will only be provided to certain individuals in the student's high school as specified in the UIL Anabolic Steroid Testing Program Protocol which is available on the UIL website at www.uil.utexas.edu. Additionally, results of steroid testing will be held confidential to the extent required by law.

Health Consequences Associated with Anabolic Steriod Abuse (source: National Institute on Drug Abuse)

- *In boys and men*, reduced sperm production, shrinking of the testicles, impotence, difficulty or pain in urinating, baldness, and irreversible breast enlargement (gynecomastia).
- In girls and women, development of more masculine characteristics, such as decreased body fat and breast size, deepening of the voice, excessive growth of body hair, and loss of scalp hair.
- In adolescents of both sexes, premature termination of the adolescent growth spurt, so that for the rest of their lives, abusers remain shorter than they would have been without the drugs.
- In males and females of all ages, potentially fatal liver cysts and liver cancer; blood clotting, cholesterol changes, and hypertension, each of which can promote heart attack and stroke; and acne. Although not all scientists agree, some interpret available evidence to show that anabolic steroid abuse-particularly in high doses-promotes aggression that can manifest itself as fighting, physical and sexual abuse, armed robbery, and property crimes such as burglary and vandalism. Upon stopping anabolic steroids, some abusers experience symptoms of depressed mood, fatigue, restlessness, loss of appetite, insomnia, reduced sex drive, headache, muscle and joint pain, and the desire to take more anabolic steroids.
- In injectors, infections resulting from the use of shared needles or nonsterile equipment, including HIV/AIDS, hepatitis B and C, and infective endocarditis, a potentially fatal inflammation of the inner lining of the heart. Bacterial infections can develop at the injection site, causing paid and abscess.

Emergency Medical Procedures

Schools should have written procedures for medical emergencies at athletic contests. All schools cannot have physicians present. This makes it mandatory that emergency procedures be understood by administrators and coaches. Such procedures include:

1. Immediate, on-the-spot first aid by an adequately trained individual.
2. A telephone or other communication device to contact a doctor, ambulance, or emergency clinic.
3. A designated emergency vehicle. If an ambulance is not available, another suitable vehicle should be ready for quick utilization.
4. Notification of parents of injured player.
5. Proper arrangements at hospital or clinic to insure complete care of injured student.

Any plan of action should be carefully covered in advance with responsibilities of each party specified. Trainers, coaches, vehicle drivers, school administrators, and local law officers should function as an informed, effective team. Communication is the key to an effective athletic emergency care plan. Everyone - school personnel, medical professionals, transportation staff - must know exactly what is to be done in an emergency and who is responsible for each task.

If a definite procedure is adopted and followed, everyone will know that the health, safety and welfare of participants is a top priority.

Lightning Safety

Lightning may be the most frequently encountered severe storm hazard endangering physically active people each year. Millions of lightning flashes strike the ground annually in the United States, causing nearly 100 deaths and 400 injuries. Three quarters of all lightning casualties occur between May and September, and nearly four fifths occur between 10:00 am and 7:00 pm, which coincides with the hours for most athletic events.

RECOMMENDATIONS FOR LIGHTNING SAFETY

1. Establish a chain of command that identifies who is to make the call to remove individuals from the field.

2. Name a designated weather watcher (A person who actively looks for the signs of threatening weather and notifies the chain of command if severe weather becomes dangerous).

3. Have a means of monitoring local weather forecasts and warnings.

4. Designate a safe shelter for each venue. See examples below.

5. Use the Flash-to-Bang count to determine when to go to safety. By the time the flash-to-bang count approaches thirty seconds all individuals should be already inside a safe structure. See method of determining Flash-to-Bang count below.

6. Once activities have been suspended, wait at least thirty minutes following the last sound of thunder or lightning flash prior to resuming an activity or returning outdoors.

7. Avoid being the highest point in an open field, in contact with, or proximity to the highest point, as well as being on the open water. Do not take shelter under or near trees, flagpoles, or light poles.

8. Assume that lightning safe position (crouched on the ground weight on the balls of the feet, feet together, head lowered, and ears covered) for individuals who feel their hair stand on end, skin tingle, or hear "crackling" noises. Do not lie flat on the ground.

9. Observe the following basic first aid procedures in managing victims of a lightning strike:
   •Activate local EMS
   •Lightning victims do not "carry a charge" and are safe to touch.
   •If necessary, move the victim with care to a safer location.
   •Evaluate airway, breathing, and circulation, and begin CPR if necessary.

   •Evaluate and treat for hypothermia, shock, fractures, and/or burns.

10. All individuals have the right to leave an athletic site in order to seek a safe structure if the person feels in danger of impending lightning activity, without fear of repercussions or penalty from anyone.

DEFINITIONS
Safe Shelter:

1. A safe location is any substantial, frequently inhabited building. The building should have four solid walls (not a dug out), electrical and telephone wiring, as well as plumbing, all of which aid in grounding a structure.

2. The secondary choice for a safer location from the lightning hazard is a fully enclosed vehicle with a metal roof and the windows completely closed. It is important to not touch any part of the metal framework of the vehicle while inside it during ongoing thunderstorms.

3. It is not safe to shower, bathe, or talk on landline phones while inside of a safe shelter during thunderstorms (cell phones are ok).

Flash-to-Bang:
To use the flash-to-bang method, begin counting when sighting a lightning flash. Counting is stopped when the associated bang (thunder) is heard. Divide this count by five to determine the distance to the lightning flash (in miles). For example, a flash-to-bang count of thirty seconds equates to a distance of six miles. Lightning has struck from as far away as 10 miles from the storm center.

Postpone or suspend activity if a thunderstorm appears imminent before or during an activity or contest (irrespective of whether lightning is seen or thunder heard) until the hazard has passed. Signs of imminent thunderstorm activity are darkening clouds, high winds, and thunder or lightning activity.

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