JACKSON SCHOOL DISTRICT
ATHLETIC PARTICIPATION CONSENT FORMS
HARD COPY - 2026-2027

The information and acknowledgements below are required in order for a student to participate in Jackson School District athletic programs. You are accessing and returning this hard copy of this form because you do not have a Portal account.

(Note: To get access to the Parent Portal, contact the technology office at 732-833-4600, ext. 4347 or email Portalsupport@jacksonsd.org)

These forms must be reviewed by BOTH parents/guardians AND students (as many questions require the acknowledgement of both parties). These acknowledgements are due annually prior to the student-athlete's first official practice of the school year. They go into effect immediately and also cover the 2026-2027 School Year and any summer practices held prior to the release of new Athletic Consent Forms.

PLEASE PRINT THIS FORM - REVIEW THE INFORMATION ON THE FOLLOWING PAGES TO ACKNOWLEDGE THAT YOU AND YOUR STUDENT ATHLETE HAVE RECEIVED AND UNDERSTAND THEM. If you cannot print the packet, you can pick up a copy at Jackson Township High School, 125 N. Hope Chapel Road.

Return ALL of these Forms to the Athletic Office of Your Child's School

STUDENT'S FULL NAME _____

STUDENT'S GRADE as of September 2026: _____

SELECT SCHOOL BELOW:

_____ Jackson Township HIGH SCHOOL

_____ Jackson Township MIDDLE SCHOOL

By signing this form and signing all the forms in this document, I am certifying that myself and my student-athlete have reviewed them, understand them, and agree to be bound by the terms of them.

PARENT/GUARDIAN NAME (Printed) _____

PARENT/GUARDIAN SIGNATURE _____

STUDENT SIGNATURE _____

Date _____

2026-2027 Sudden Cardiac Death in Young Athletes Information Acknowledgement Form

Sudden cardiac death is the result of an unexpected failure of proper heart function, usually (about 60% of the time) during or immediately after exercise without trauma. Since the heart stops pumping adequately, the athlete quickly collapses, loses consciousness, and ultimately dies unless normal heart rhythm is restored using an automated external defibrillator (AED).

The district is required by law to share important information and to have parents and student-athletes acknowledge that you have received it. The information is included in this packet on subsequent pages following this sign off sheet. After you and your student-athlete have reviewed it, please complete the sign off below.

By signing below, you are certifying that both the PARENT AND THE STUDENT ATHLETE have reviewed and understand the SUDDEN CARDIAC DEATH IN YOUNG ATHLETES INFORMATION in this packet (all documents at end of packet).

Parent/Guardian Signature _____

Student Signature _____

Date: _____

2026-2027 Use and Misuse of Opioid Drugs Fact Sheet and Student-Athlete and Parent/Guardian Sign-Off

In accordance with N.J.S.A. 18A:40-41.10, public school districts, approved private schools for students with disabilities, and nonpublic schools participating in an interscholastic sports program must distribute this OPIOID USE and MISUSE EDUCATIONAL FACT SHEET to all student-athletes and cheerleaders. In addition, schools and districts must obtain a signed acknowledgement of receipt of the fact sheet from each student-athlete and cheerleader, and for students under age 18, the parent or guardian must also sign.

The district is required by law to share important information and to have parents and student-athletes acknowledge that you have received it. The information is included in this packet on subsequent pages following this sign off sheet. After you and your student-athlete have reviewed it, please complete the sign off below.

By signing below, you are certifying that both the PARENT AND THE STUDENT ATHLETE have reviewed and understand the USE AND MISUSE OF OPIOID DRUGS FACT SHEET in this packet.

Parent/Guardian Signature _____

Student Signature _____

Date: _____

2026-2027 OPIOID VIDEO ACKNOWLEDGEMENT

To address the increased risk of opioid abuse among high school athletes, the Office of the New Jersey Coordinator for Addiction Responses and Enforcement Strategies (NJCARES) and the New Jersey State Interscholastic Athletic Association (NJSIAA) created a partnership to educate student-athletes and their parents/guardians on addiction risks associated with sports injuries and opioid use.

This educational initiative, spearheaded by Attorney General Gurbir Grewal and approved by the Executive Committee of the NJSIAA, is a collaborative effort to use video programming to raise awareness among high school athletes that they face a higher risk of becoming addicted to prescription pain medication than their fellow students who do not play sports.

All parents/guardians and student-athletes are required to watch an educational video about the risks of opioid use as it relates to student-athletes.

The video must be watched once per year. The district is required to gather a signed acknowledgement that both parents and students have watched the video. This online form accomplishes that acknowledgement.

WATCH THE OPIOID VIDEO THROUGH THE LINK ADDRESS BELOW:

(You can type the address below into your web browser.

Or, the link is also available on the Athletics Page of the District Website)

https://youtu.be/_4wMz23cW_c?si=Mn8gIHvx7v7BzCDr

By signing below and submitting this form, the PARENT/GUARDIAN is acknowledging that BOTH the PARENT/GUARDIAN and the STUDENT have viewed the NJ CARES educational video on the risks of opioid use for high school athletes

AND that BOTH the PARENT/GUARDIAN and the STUDENT understand the NJSIAA policy that requires students, and their parents(s)/guardian(s) if a student is under the age of 18, to view this video and sign this acknowledgement.

Parent/Guardian Signature _____

Student Signature _____

Date: _____

2026-2027 Consent to Random Drug Testing - NJSIAA Steroid Testing Policy Consent Form

In Executive Order 72, issued December 20, 2005, Governor Richard Codey directed the New Jersey Department of Education to work in conjunction with the New Jersey State Interscholastic Athletic Association (NJSIAA) to develop and implement a program of random testing for steroids, of teams and individuals qualifying for championship games. Beginning in the Fall, 2006 sports season, any student-athlete who possesses, distributes, ingests or otherwise uses any of the banned substances on the attached page, without written prescription by a fully-licensed physician, as recognized by the American Medical Association, to treat a medical condition, violates the NJSIAA's sportsmanship rule, and is subject to NJSIAA penalties, including ineligibility from competition.

Athletes may submit supplements and medications to Drug Free Sport AXIS to receive information regarding banned substances or safety issues. Athletes or parents may login to the NJSIAA account at www.dfsaxis.com using the password "njsports".

The NJSIAA will test certain randomly selected individuals and teams that qualify for a state championship tournament or state championship competition for banned substances. The results of all tests shall be considered confidential and shall only be disclosed to the student, his or her parents and his or her school. No student may participate in NJSIAA competition unless the student and the student's parent/guardian consent to random testing.

By acknowledging this form, the PARENT AND STUDENT ATHLETE consent to random testing in accordance with the NJSIAA steroid testing policy. By signing and submitting this form you are stating you understand that, if the student or the student's team qualifies for a state championship tournament or state championship competition, the student may be subject to testing for banned substances.

Parent/Guardian Signature _____

Student Signature _____

Date: _____

2026-2027 Concussion and Sports-Related Eye Injury Information Acknowledgement Form

This information can help protect student-athletes from concussions or other serious brain injury or eye injury. It also includes key information for parents and students on how to recognize the symptoms of concussion. The district is required by law to share important information and to have parents and student-athletes acknowledge that you have received it.

By acknowledging this form, you are certifying that both the PARENT AND THE STUDENT ATHLETE have reviewed and understand the CONCUSSION AND SPORTS-RELATED EYE INJURY INFORMATION.

The district is required by law to share important information and to have parents and student-athletes acknowledge that you have received it. The information is included in this packet on subsequent pages.

By signing below, you are certifying that both the PARENT AND THE STUDENT ATHLETE have reviewed and understand the CONCUSSION AND SPORTS-RELATED EYE INJURY INFORMATION in this packet.

Parent/Guardian Signature _____

Student Signature _____

Date: _____

2026-2027 Permission to Administer ImPact (Immediate Post Concussion Assessment) Testing

The Jackson School District Athletic Department, in efforts to provide the highest level of healthcare to our student-athletes, utilizes an innovative head injury management plan. As part of this plan, students who compete in football, soccer, field hockey, cheerleading, ice hockey, wrestling and lacrosse will be required to take a computerized neuro-cognitive exam known as ImPact (Immediate Post Concussion Assessment and Cognitive Testing). This is a baseline test taken prior to the athletic season and under the direct supervision of the Athletic Department.

If a student-athlete is believed to have suffered a concussion during competition, the exam is taken again and the data from the post-injury test is compared to the baseline test. This information is then used as a tool to assist the sports medicine team in determining the extent of the injury, monitoring recovery, and in making safe return to play decisions. The baseline exam takes about 25-30 minutes and is non-invasive. It is set up in a “video-game” format and tracks neuro-cognitive information such as memory, reaction time, brain processing speed, and concentration. It is a simple exam and most who take it enjoy the challenge of the test. Founded by the University of Pittsburgh Medical Center’s Sports Concussion Program, this software is quickly becoming the “Gold Standard” in recognizing and managing head injuries. Countless colleges and school districts use the program across the country as do professional sports and the Olympics. General information about the test can be found at: www.impacttest.com.

The baseline test is not intended to identify a present concussion. Students who have suffered a recent concussion or have not recovered from a diagnosed concussion should not take the ImPact baseline test. Instead please notify the athletic trainers or your physician immediately for a thorough evaluation. Student-athletes must receive full, unrestricted clearance from appropriate medical personnel before taking the baseline test. Additionally, athletes who are fatigued, feeling ill, or suffering injury should postpone the baseline test until feeling better.

As a parent/guardian, you play a very important role in the management of head injuries. It’s therefore vital that you’re aware of what a concussion is defined as, the signs and symptoms of a concussion and the extreme dangers of returning to play before complete recovery. Additional head injury information can be found under the sports medicine link on the Jackson School District website. You are always welcome to contact the athletic department if you have any additional questions or concerns.

By signing below, you are certifying that both the PARENT AND THE STUDENT ATHLETE have reviewed and understand the Permission to Administer ImPact (Immediate Post Concussion Assessment) Testing and grant permission to administer this testing.

Parent/Guardian Signature _____

Student Signature _____

Date: _____

2026-2027 Student Conduct/Sportsmanship Agreement / Release Form if Using Private Transportation / Parental Authorization for Student to Participate

Student Conduct/Sportsmanship Agreement

I voluntarily agree to abide by the following conditions of my participation in the athletic programs of the Jackson School District.

1. My participation is a privilege. As such, the coach/advisor, as well as school administrators, has the right to revoke this privilege and terminate my participation if I fail to conduct myself in an appropriate manner.

2. I am a representative of the Jackson School District and the Jackson Township community, and therefore, understand that I must maintain high standards for my conduct and behavior. Because my participation is a reflection of my school program, I must always conduct myself in an acceptable manner. Failure to do so may result in disciplinary action consistent with the school discipline code, which may affect my eligibility to participate in this and other activities.

3. I agree to conduct myself in an appropriate and acceptable manner according to:
-- the rules instituted by my coach/advisor
-- the laws of the state
-- the rules set forth by any governing body specific to this activity
-- any other rules and requirements set forth by the Jackson Board of Education and by my school

4. I agree not to engage in any substance abuse. “Substance abuse” includes but is not limited to:
-- use or possession of controlled dangerous substances as defined in NJSA18A: 40A-9
-- use or possession of alcoholic beverages
-- use or possession of performance enhancing drugs
-- unlawful use or possession of any substance prohibited by law

I understand that any violation of the substance abuse conditions listed above shall result in the assignment of penalties or the offense committed in accordance with Jackson Board of Education Policies 5570 and 5600.

Release Form if Using Private Transportation

If I choose private transportation for my child in lieu of district-provided transportation, I agree to release and hold harmless the Jackson Board of Education and its employees, both collectively and individually, from all liability for personal injury and/or property damage sustained or caused by this voluntary, private transportation of my child to/from district-sponsored athletic events.

(continued on next page)

Parental Authorization for Student to Participate

I authorize the Principals of the Jackson School District to permit my child to participate in interscholastic athletics during the 2026-2027 school year. By doing so I:

a. Release the Board of Education and its employees of any liability whatsoever for any accidents that may occur to my child during participation.
b. Grant permission for the Sports Medicine Team (district physicians, nurses and athletic trainers) to assess, diagnose, treat and rehabilitate injuries that my child may suffer as a result of participation.
c. Authorize the exchange of my child's confidential medical records among the sports medicine team, guidance department and administration if such information is pertinent to providing appropriate health care.
d. Grant permission for my child to travel off school grounds for the purpose of participating in team activities and events. I do this knowing full well that medical personnel may not accompany my child's team off school grounds. In the event of a medical emergency, I authorize the Jackson Board of Education employee that is responsible for my child to obtain appropriate medical care and further authorize any appropriate medical personnel to render all necessary medical treatment (to include drug and alcohol testing).
e. Understand that all medications being taken while traveling and participating in interscholastic athletics, including over-the-counter medications, must be approved with the school nurse in accordance with Board Policy #5141.211. This includes treatment of asthma, allergies, diabetes and all chronic medical conditions that require medication.

BY SIGNING BELOW YOU ARE CERTIFYING THAT THE PARENT/GUARDIAN AND THE STUDENT ATHLETE HAVE REVIEWED AND UNDERSTAND THE INFORMATION ABOVE (Student Conduct/Sportsmanship Agreement, Release Form if Using Private Transportation and Parental Authorization for Student to Participate) AND AGREE TO BE BOUND BY THE TERMS.

Parent/Guardian Signature _____

Student Signature _____

Date: _____

REQUIREMENT
STUDENT AND PARENT ACKNOWLEDGEMENT OF SPECTATOR CODE OF CONDUCT

The NJSIAA requires districts to establish policies and procedures related to sportsmanship and to identify responsibilities of administrators, coaches, and students to ensure their observance. The district must annually inform parents and student-athletes about this policy and its expectations - and have both the PARENT/GUARDIAN and the STUDENT acknowledge their understanding of the provisions of the policy.

This policy details what is considered unsportsmanlike conduct of a fan or spectator, the disciplinary framework if actions are determined to be prohibited by the policy, the appeals process and the way the policy will be implemented.

STUDENT and PARENT GUARDIAN: You are required to view the Jackson School District Policy 9163 - Spectator Code of Conduct for Interscholastic Events. After you have reviewed it, please use the pull-down below to acknowledge your understanding of the provisions of this policy.

BY SIGNING BELOW YOU ARE CERTIFYING THAT THE PARENT/GUARDIAN AND THE STUDENT ATHLETE HAVE BOTH REVIEWED AND UNDERSTAND THE INFORMATION ABOVE REGARDING THE JACKSON SCHOOL DISTRICT'S SPECTATOR CODE OF CONDUCT FOR INTERSCHOLASTIC EVENTS AND AGREE TO BE BOUND BY THE TERMS.

Parent/Guardian Signature _____

Student Signature _____

Date: _____

2026-2027 ATHLETICS and ACTIVITIES PARTICIPATION FEES

Since 2010, the Jackson School District has implemented an athletic and activity “Participation Fee” at the middle school and high school levels to help create revenue to sustain district athletic and extra-curricular programming.

The rates as of the 2026-2027 school year are reflected below:

- **$100 Athletic Fee (per person, per sport)**
- **$50 Activity Fee**
- **$350 Maximum Family Cap**

Students will not be provided a uniform until these fees are received.

Full details of this participation fee, including information about fees for students who qualify for free or reduced meals, are available at: **https://www.jacksonsd.org/participationfee**

BY SIGNING BELOW YOU ARE CERTIFYING THAT THE DISTRICT HAS MADE YOU AWARE OF YOUR RESPONSIBILITIES TO PAY THE DISTRICT PARTICIPATION FEE FOR ATHLETICS AND ACTIVITIES.

Parent/Guardian Signature _____

Date: _____

Website Resources

- Sudden Death in Athletes
  http://tinyurl.com/m2gjmvq
- Hypertrophic Cardiomyopathy Association
  www.4hcm.org
- American Heart Association www.heart.org

Collaborating Agencies:

American Academy of Pediatrics
New Jersey Chapter
3836 Quakerbridge Road, Suite 108
Hamilton, NJ 08619
(p) 609-842-0014
(f) 609-842-0015
www.aapnj.org

American Heart Association
1 Union Street, Suite 301
Robbinsville, NJ, 08691
(p) 609-208-0020
www.heart.org

New Jersey Department of Education
PO Box 500
Trenton, NJ 08625-0500
(p) 609-292-5935
www.state.nj.us/education/

New Jersey Department of Health
P. O. Box 360
Trenton, NJ 08625-0360
(p) 609-292-7837
www.state.nj.us/health

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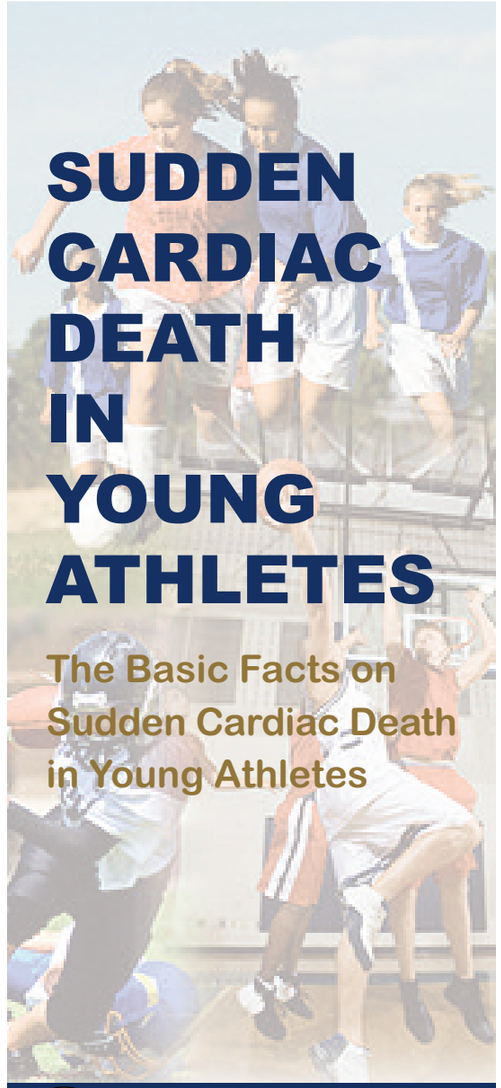


SUDDEN CARDIAC DEATH IN YOUNG ATHLETES

The Basic Facts on Sudden Cardiac Death in Young Athletes

STATE OF NEW JERSEY
DEPARTMENT OF EDUCATION

American Academy of Pediatrics
DEDICATED TO THE HEALTH OF ALL CHILDREN™

American Heart Association
Learn and Live

SUDDEN CARDIAC DEATH IN YOUNG ATHLETES

Sudden death in young athletes between the ages of 10 and 19 is very rare. What, if anything, can be done to prevent this kind of tragedy?

What is sudden cardiac death in the young athlete?

Sudden cardiac death is the result of an unexpected failure of proper heart function, usually (about 60% of the time) during or immediately after exercise without trauma. Since the heart stops pumping adequately, the athlete quickly collapses, loses consciousness, and ultimately dies unless normal heart rhythm is restored using an automated external defibrillator (AED).

How common is sudden death in young athletes?

Sudden cardiac death in young athletes is very rare. About 100 such deaths are reported in the United States per year. The chance of sudden death occurring to any individual high school athlete is about one in 200,000 per year.

Sudden cardiac death is more common: in males than in females; in football and basketball than in other sports; and in African-Americans than in other races and ethnic groups.

What are the most common causes?

Research suggests that the main cause is a loss of proper heart rhythm, causing the heart to quiver instead of pumping blood to the brain and body. This is called ventricular fibrillation (ven- TRICK-you-lar fib-roo-LAY-shun). The problem is usually caused by one of several cardiovascular abnormalities and electrical diseases of the heart that go unnoticed in healthy-appearing athletes.

The most common cause of sudden death in an athlete is hypertrophic cardiomyopathy (hi-per-TRO-fic CAR- dee-oh-my-OP-a-thee) also called HCM. HCM is a disease of the heart, with abnormal thickening of the heart muscle, which can cause serious heart rhythm problems and blockages to blood flow. This genetic disease runs in families and usually develops gradually over many years.

The second most likely cause is congenital (con-JEN-it-al) (i.e., present from birth) abnormalities of the coronary arteries. This means that these blood vessels are connected to the main blood vessel of the heart in an abnormal way. This differs from blockages that may occur when people get older (commonly called "coronary artery disease," which may lead to a heart attack).

Other diseases of the heart that can lead to sudden death in young people include:

- Myocarditis (my-oh-car-DIE-tis), an acute inflammation of the heart muscle (usually due to a virus).
- Dilated cardiomyopathy, an enlargement of the heart for unknown reasons.
- Long QT syndrome and other electrical abnormalities of the heart which cause abnormal fast heart rhythms that can also run in families.
- Marfan syndrome, an inherited disorder that affects heart valves, walls of major arteries, eyes and the skeleton. It is generally seen in unusually tall athletes, especially if being tall is not common in other family members.

Are there warning signs to watch for?

In more than a third of these sudden cardiac deaths, there were warning signs that were not reported or taken seriously. Warning signs are:

- Fainting, a seizure or convulsions during physical activity;
- Fainting or a seizure from emotional excitement, emotional distress or being startled;
- Dizziness or lightheadedness, especially during exertion;
- Chest pains, at rest or during exertion;
- Palpitations - awareness of the heart beating unusually (skipping, irregular or extra beats) during athletics or during cool down periods after athletic participation;
- Fatigue or tiring more quickly than peers; or
- Being unable to keep up with friends due to shortness of breath (labored breathing).

What are the current recommendations for screening young athletes?

New Jersey requires all school athletes to be examined by their primary care physician ("medical home") or school physician at least once per year. The New Jersey Department of Education requires use of the specific Preparticipation Physical Examination Form (PPE).

This process begins with the parents and student-athletes answering questions about symptoms during exercise (such as chest pain, dizziness, fainting, palpitations or shortness of breath); and questions about family health history.

The primary healthcare provider needs to know if any family member died suddenly during physical activity or during a seizure. They also need to know if anyone in the family under the age of 50 had an unexplained sudden death such as drowning or car accidents. This information must be provided annually for each exam because it is so essential to identify those at risk for sudden cardiac death.

The required physical exam includes measurement of blood pressure and a careful listening examination of the heart, especially for murmurs and rhythm abnormalities. If there are no warning signs reported on the health history and no abnormalities discovered on exam, no further evaluation or testing is recommended.

Are there options privately available to screen for cardiac conditions?

Technology-based screening programs including a 12-lead electrocardiogram (ECG) and echocardiogram (ECHO) are noninvasive and painless options parents may consider in addition to the required PPE. However, these procedures may be expensive and are not currently advised by the American Academy of Pediatrics and the American College of Cardiology unless the PPE reveals an indication for these tests. In addition to the expense, other limitations of technology-based tests include the possibility of "false positives" which leads to unnecessary stress for the student and parent or guardian as well as unnecessary restriction from athletic participation.

The United States Department of Health and Human Services offers risk assessment options under the Surgeon General's Family History Initiative available at http://www.hhs.gov/familyhistory/index.html.

When should a student athlete see a heart specialist?

If the primary healthcare provider or school physician has concerns, a referral to a child heart specialist, a pediatric cardiologist, is recommended. This specialist will perform a more thorough evaluation, including an electrocardiogram (ECG), which is a graph of the electrical activity of the heart. An echocardiogram, which is an ultrasound test to allow for direct visualization of the heart structure, will likely also be done. The specialist may also order a treadmill exercise test and a monitor to enable a longer recording of the heart rhythm. None of the testing is invasive or uncomfortable.

Can sudden cardiac death be prevented just through proper screening?

A proper evaluation should find most, but not all, conditions that would cause sudden death in the athlete. This is because some diseases are difficult to uncover and may only develop later in life. Others can develop following a normal screening evaluation, such as an infection of the heart muscle from a virus.

This is why screening evaluations and a review of the family health history need to be performed on a yearly basis by the athlete's primary healthcare provider. With proper screening and evaluation, most cases can be identified and prevented.

Why have an AED on site during sporting events?

The only effective treatment for ventricular fibrillation is immediate use of an automated external defibrillator (AED). An AED can restore the heart back into a normal rhythm. An AED is also life-saving for ventricular fibrillation caused by a blow to the chest over the heart (commotio cordis).

N.J.S.A. 18A:40-41a through c, known as "Janet's Law," requires that at any school-sponsored athletic event or team practice in New Jersey public and nonpublic schools including any of grades K through 12, the following must be available:

- An AED in an unlocked location on school property within a reasonable proximity to the athletic field or gymnasium; and
- A team coach, licensed athletic trainer, or other designated staff member if there is no coach or licensed athletic trainer present, certified in cardiopulmonary resuscitation (CPR) and the use of the AED; or
- A State-certified emergency services provider or other certified first responder.

The American Academy of Pediatrics recommends the AED should be placed in central location that is accessible and ideally no more than a 1 to $1^1/_2$ minute walk from any location and that a call is made to activate 911 emergency system while the AED is being retrieved.

OPIOID USE AND MISUSE EDUCATIONAL FACT SHEET

Keeping Student-Athletes Safe

School athletics can serve an integral role in students' development. In addition to providing healthy forms of exercise, school athletics foster friendships and camaraderie, promote sportsmanship and fair play, and instill the value of competition.

Unfortunately, sports activities may also lead to injury and, in rare cases, result in pain that is severe or long-lasting enough to require a prescription opioid painkiller.[1] It is important to understand that overdoses from opioids are on the rise and are killing Americans of all ages and backgrounds. Families and communities across the country are coping with the health, emotional and economic effects of this epidemic.[2]

This educational fact sheet, created by the New Jersey Department of Education as required by state law (*N.J.S.A.* 18A:40-41.10), provides information concerning the use and misuse of opioid drugs in the event that a health care provider prescribes a student-athlete or cheerleader an opioid for a sports-related injury. Student-athletes and cheerleaders participating in an interscholastic sports program (and their parent or guardian, if the student is under age 18) must provide their school district written acknowledgment of their receipt of this fact sheet.

How Do Athletes Obtain Opioids?

In some cases, student-athletes are prescribed these medications. According to research, about a third of young people studied obtained pills from their own previous prescriptions (i.e., an unfinished prescription used outside of a physician's supervision), and 83 percent of adolescents had unsupervised access to their prescription medications.[3] It is important for parents to understand the possible hazard of having unsecured prescription medications in their households. Parents should also understand the importance of proper storage and disposal of medications, even if they believe their child would not engage in non-medical use or diversion of prescription medications.

What Are Signs of Opioid Use?

According to the National Council on Alcoholism and Drug Dependence, 12 percent of male athletes and 8 percent of female athletes had used prescription opioids in the 12-month period studied.[3] In the early stages of abuse, the athlete may exhibit unprovoked nausea and/or vomiting. However, as he or she develops a tolerance to the drug, those signs will diminish. Constipation is not uncommon, but may not be reported. One of the most significant indications of a possible opioid addiction is an athlete's decrease in academic or athletic performance, or a lack of interest in his or her sport. If these warning signs are noticed, best practices call for the student to be referred to the appropriate professional for screening,[4] such as provided through an evidence-based practice to identify problematic use, abuse and dependence on illicit drugs (e.g., Screening, Brief Intervention, and Referral to Treatment (SBIRT)) offered through the New Jersey Department of Health.

What Are Some Ways Opioid Use and Misuse Can Be Prevented?

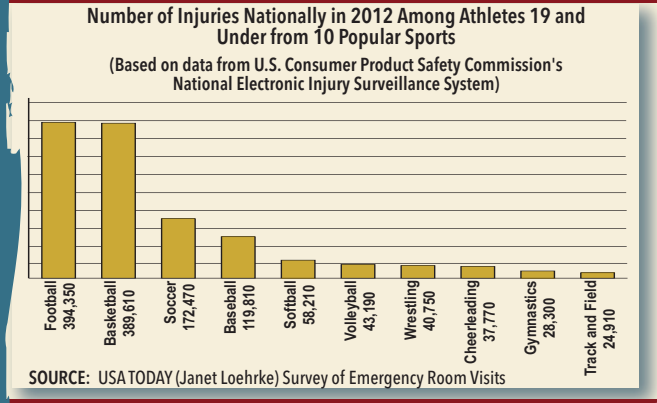
According to NJSIAA Sports Medical Advisory Committee chair, John P. Kripsak, D.O., "Studies indicate that about 80 percent of heroin users started out by abusing narcotic painkillers."

According to the New Jersey State Interscholastic Athletic Association (NJSIAA) Sports Medical Advisory Committee chair, John P. Kripsak, D.O., "Studies indicate that about 80 percent of heroin users started out by abusing narcotic painkillers."

The Sports Medical Advisory Committee, which includes representatives of NJSIAA member schools as well as experts in the field of healthcare and medicine, recommends the following:

- **The pain from most sports-related injuries can be managed with non-narcotic medications such as acetaminophen, non-steroidal anti-inflammatory medications like ibuprofen, naproxen or aspirin. Read the label carefully and always take the recommended dose, or follow your doctor's instructions. More is not necessarily better when taking an over-the-counter (OTC) pain medication, and it can lead to dangerous side effects.[4]**
- **Ice therapy can be utilized appropriately as an anesthetic.**
- **Always discuss with your physician exactly what is being prescribed for pain and request to avoid narcotics.**
- **In extreme cases, such as severe trauma or post-surgical pain, opioid pain medication should not be prescribed for more than five days at a time;**
- **Parents or guardians should always control the dispensing of pain medications and keep them in a safe, non-accessible location; and**
- **Unused medications should be disposed of immediately upon cessation of use. Ask your pharmacist about drop-off locations or home disposal kits like Deterra or Medsaway.**

State of New Jersey
Department of Education
In consultation with
State of New Jersey
Department of Health
NJSIAA Sports Medical
Advisory Committee
Karan Chauhan
Parsippany Hills High School,
Permanent Student Representative
New Jersey State Board of Education



Even With Proper Training and Prevention, Sports Injuries May Occur

There are two kinds of sports injuries. Acute injuries happen suddenly, such as a sprained ankle or strained back. Chronic injuries may happen after someone plays a sport or exercises over a long period of time, even when applying overuse-preventative techniques.[5]

Athletes should be encouraged to speak up about injuries, coaches should be supported in injury-prevention decisions, and parents and young athletes are encouraged to become better educated about sports safety.[6]

What Are Some Ways to Reduce the Risk of Injury?[7]

Half of all sports medicine injuries in children and teens are from overuse. An overuse injury is damage to a bone, muscle, ligament, or tendon caused by repetitive stress without allowing time for the body to heal. Children and teens are at increased risk for overuse injuries because growing bones are less resilient to stress. Also, young athletes may not know that certain symptoms are signs of overuse.

The best way to deal with sports injuries is to keep them from happening in the first place. Here are some recommendations to consider:

PREPARE Obtain the preparticipation physical evaluation prior to participation on a school-sponsored interscholastic or intramural athletic team or squad.

PLAY SMART Try a variety of sports and consider specializing in one sport before late adolescence to help avoid overuse injuries.

TRAINING Increase weekly training time, mileage or repetitions no more than 10 percent per week. For example, if running 10 miles one week, increase to 11 miles the following week. Athletes should also cross-train and perform sport-specific drills in different ways, such as running in a swimming pool instead of only running on the road.

CONDITIONING Maintain a good fitness level during the season and offseason. Also important are proper warm-up and cooldown exercises.

ADEQUATE HYDRATION Keep the body hydrated to help the heart more easily pump blood to muscles, which helps muscles work efficiently.

REST UP Take at least one day off per week from organized activity to recover physically and mentally. Athletes should take a combined three months off per year from a specific sport (may be divided throughout the year in one-month increments). Athletes may remain physically active during rest periods through alternative low-stress activities such as stretching, yoga or walking.

PROPER EQUIPMENT Wear appropriate and properly fitted protective equipment such as pads (neck, shoulder, elbow, chest, knee, and shin), helmets, mouthpieces, face guards, protective cups, and eyewear. Do not assume that protective gear will prevent all injuries while performing more dangerous or risky activities.

Resources for Parents and Students on Preventing Substance Misuse and Abuse

The following list provides some examples of resources:

National Council on Alcoholism and Drug Dependence – NJ promotes addiction treatment and recovery.

New Jersey Department of Health, Division of Mental Health and Addiction Services is committed to providing consumers and families with a wellness and recovery-oriented model of care.

New Jersey Prevention Network includes a parent's quiz on the effects of opioids.

Operation Prevention Parent Toolkit is designed to help parents learn more about the opioid epidemic, recognize warning signs, and open lines of communication with their children and those in the community.

Parent to Parent NJ is a grassroots coalition for families and children struggling with alcohol and drug addiction.

Partnership for a Drug Free New Jersey is New Jersey's anti-drug alliance created to localize and strengthen drug-prevention media efforts to prevent unlawful drug use, especially among young people.

The Science of Addiction: The Stories of Teens shares common misconceptions about opioids through the voices of teens.

Youth IMPACTing NJ is made up of youth representatives from coalitions across the state of New Jersey who have been impacting their communities and peers by spreading the word about the dangers of underage drinking, marijuana use, and other substance misuse.

References

[1] Massachusetts Technical Assistance Partnership for Prevention
[2] Centers for Disease Control and Prevention
[3] New Jersey State Interscholastic Athletic Association (NJSIAA) Sports Medical Advisory Committee (SMAC)
[4] Athletic Management, David Csillan, athletic trainer, Ewing High School, NJSIAA SMAC
[5] National Institute of Arthritis and Musculoskeletal and Skin Diseases
[6] USA TODAY
[7] American Academy of Pediatrics

An online version of this fact sheet is available on the New Jersey Department of Education's Alcohol, Tobacco, and Other Drug Use webpage.
Updated Jan. 30, 2018.

A Fact Sheet for

YOUTH SPORTS PARENTS

HEADS UP CONCUSSION

This sheet has information to help protect your children or teens from concussion or other serious brain injury.

What Is a Concussion?

A concussion is a type of traumatic brain injury—or TBI—caused by a bump, blow, or jolt to the head or by a hit to the body that causes the head and brain to move quickly back and forth. This fast movement can cause the brain to bounce around or twist in the skull, creating chemical changes in the brain and sometimes stretching and damaging the brain cells.

How Can I Help Keep My Children or Teens Safe?

Sports are a great way for children and teens to stay healthy and can help them do well in school. To help lower your children's or teens' chances of getting a concussion or other serious brain injury, you should:

- Help create a culture of safety for the team.
  - Work with their coach to teach ways to lower the chances of getting a concussion.
  - Emphasize the importance of reporting concussions and taking time to recover from one.
  - Ensure that they follow their coach's rules for safety and the rules of the sport.
  - Tell your children or teens that you expect them to practice good sportsmanship at all times.
- When appropriate for the sport or activity, teach your children or teens that they must wear a helmet to lower the chances of the most serious types of brain or head injury. There is no "concussion-proof" helmet. Even with a helmet, it is important for children and teens to avoid hits to the head.

How Can I Spot a Possible Concussion?

Children and teens who show or report one or more of the signs and symptoms listed below—or simply say they just "don't feel right" after a bump, blow, or jolt to the head or body—may have a concussion or other serious brain injury.

Signs Observed by Parents

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

Symptoms Reported by Children and Teens

- Headache or "pressure" in head.
- Nausea or vomiting.
- Balance problems or dizziness, or double or blurry vision.
- Bothered by light or noise.
- Feeling sluggish, hazy, foggy, or groggy.
- Confusion, or concentration or memory problems.
- Just not "feeling right," or "feeling down."

Talk with your children and teens about concussion. Tell them to report their concussion symptoms to you and their coach right away. Some children and teens think concussions aren't serious or worry that if they report a concussion they will lose their position on the team or look weak. Remind them that *it's better to miss one game than the whole season.*

Centers for Disease Control and Prevention
National Center for Injury Prevention and Control

GOOD TEAMMATES KNOW:
IT'S BETTER TO MISS ONE GAME THAN THE WHOLE SEASON.

Concussions affect each child and teen differently. While most children and teens with a concussion feel better within a couple of weeks, some will have symptoms for months or longer. Talk with your children's or teens' health care provider if their concussion symptoms do not go away or if they get worse after they return to their regular activities.

Plan ahead.

What do you want your child or teen to know about concussion?

What Are Some More Serious Danger Signs to Look Out For?

In rare cases, a dangerous collection of blood (hematoma) may form on the brain after a bump, blow, or jolt to the head or body and can squeeze the brain against the skull. Call 9-1-1 or take your child or teen to the emergency department right away if, after a bump, blow, or jolt to the head or body, he or she has one or more of these danger signs:

- One pupil larger than the other.
- Drowsiness or inability to wake up.
- A headache that gets worse and does not go away.
- Slurred speech, weakness, numbness, or decreased coordination.
- Repeated vomiting or nausea, convulsions or seizures (shaking or twitching).
- Unusual behavior, increased confusion, restlessness, or agitation.
- Loss of consciousness (passed out/knocked out). Even a brief loss of consciousness should be taken seriously.

You can also download the CDC *HEADS UP* app to get concussion information at your fingertips. Just scan the QR code pictured at left with your smartphone.

What Should I Do If My Child or Teen Has a Possible Concussion?

As a parent, if you think your child or teen may have a concussion, you should:

1. Remove your child or teen from play.
2. Keep your child or teen out of play the day of the injury. Your child or teen should be seen by a health care provider and only return to play with permission from a health care provider who is experienced in evaluating for concussion.
3. Ask your child's or teen's health care provider for written instructions on helping your child or teen return to school. You can give the instructions to your child's or teen's school nurse and teacher(s) and return-to-play instructions to the coach and/or athletic trainer.

Do not try to judge the severity of the injury yourself. Only a health care provider should assess a child or teen for a possible concussion. You may not know how serious the concussion is at first, and some symptoms may not show up for hours or days. A child's or teen's return to school and sports should be a gradual process that is carefully managed and monitored by a health care provider.

Children and teens who continue to play while having concussion symptoms or who return to play too soon—while the brain is still healing—have a greater chance of getting another concussion. A repeat concussion that occurs while the brain is still healing from the first injury can be very serious and can affect a child or teen for a lifetime. It can even be fatal.

Revised 12/2015

Centers for Disease Control and Prevention
National Center for Injury Prevention and Control

To learn more, go to www.cdc.gov/HEADSUP

Sports-Related Concussion and Head Injury Fact Sheet and Parent/Guardian Acknowledgement Form

A concussion is a traumatic brain injury that can be caused by a blow to the head or body that disrupts the normal functioning of the brain. This sudden movement can cause the brain to bounce around or twist in the skull, creating chemical changes in the brain and sometimes stretching and damaging brain cells, disrupting the way the brain normally functions. Concussions can cause significant and sustained neuropsychological impairment affecting balance, reading (tracking), problem solving, planning, memory, attention, concentration, and behavior. Concussions can range from mild to severe. Having a concussion increases the risk of sustaining another concussion. Second-impact syndrome may occur when a person sustains a second concussion while still experiencing symptoms of a previous concussion. It can lead to severe impairment and even death.

Requirements addressing sports-related concussions and head injuries for student athletes and cheerleaders

- All school districts, charter, and non-public schools that participate in interscholastic sports are required to distribute this educational fact to all student athletes and cheerleaders and obtain a signed acknowledgment from each parent/guardian and student-athlete.
- Each school district, charter, and non-public school shall develop a written policy describing the prevention and treatment of sports-related concussion and other head injuries sustained by interscholastic student-athletes and cheerleaders.
- Any cheerleader or student-athlete who participates in an interscholastic sports program and is suspected of sustaining a concussion will be immediately removed from competition or practice. The student-athlete will not be allowed to return to competition or practice until they have written clearance from a physician trained in concussion treatment and have completed his/her district's graduated return-to-play protocol.

Quick Facts

- Most concussions do not involve loss of consciousness.
- You can sustain a concussion even if you do not hit your head.
- A blow elsewhere on the body can transmit an "impulsive" force to the brain and cause a concussion.
- Signs and symptoms of concussion can show up right after an injury or may not appear or be noticed until hours or days after the injury.

Signs of Concussions (Observed by Coach, Athletic Trainer, Parent/Guardian/Caregiver, Teammate, and others)

- Appears dazed or stunned
- Forgets plays or demonstrates short term memory difficulties (e.g., unsure of game, opponent)
- Exhibits difficulties with balance, coordination, concentration, and attention

- Answers questions slowly or inaccurately
- Is unable to recall events prior to or after the hit or fall

Symptoms of Concussion (Reported by Student-Athlete)

- Headache
- Nausea/vomiting
- Balance problems or dizziness
- Double vision or changes in vision - trouble reading
- Sensitivity to light/sound
- Feeling of sluggishness or fogginess - fatigue
- Difficulty with concentration, short term memory, and/or confusion

Dangerous Signs & Symptoms of a Concussion

- New onset of symptoms
- One pupil is larger than the other
- Drowsiness or inability to wake up
- A headache that gets worse and does not go away
- Slurred speech, weakness, numbness, or decreased coordination
- Repeated vomiting, nausea, or seizures (shaking or twitching)
- Unusual behavior, increased confusion, restlessness, or agitation
- Loss of consciousness (passed out/knocked out); even a brief loss of consciousness should be taken seriously.

What should a student-athlete do if they think they have a concussion?

- Do not hide it. Tell your athletic trainer, coach, school nurse, or parent/guardian.
- Report it. Do not return to competition or practice with symptoms of a concussion or head injury.
- Take time to recover. If you have a concussion, your brain needs time to heal. While your brain is healing you are much more likely to sustain a second concussion.

What can happen if a student-athlete continues to play with a concussion or returns to play to soon?

- Continuing to play with the signs and symptoms of a concussion leaves the student-athlete vulnerable to second impact syndrome.
- Second impact syndrome is when a student-athlete sustains a second concussion while still having symptoms from a previous concussion or head injury.
- Second impact syndrome can lead to severe impairment and even death in extreme cases.

Should there be any temporary academic accommodation made for student-athletes who have suffered a concussion?

- Most students will only need help through informal, academic adjustments as they recover from a concussion.
- Students may need to take rest breaks, spend fewer hours at school, be given extra time to complete assignments, as well as being offered other instructional strategies and classroom accommodations
- Contact the school nurse if symptoms persist to discuss whether additional accommodations are

necessary.

- To recover, cognitive rest is just as important as physical rest. Reading, texting, computer use and even watching movies can slow down recovery. Limit screen time during recovery.

Students who have sustained a concussion may not return to practice or competition until they receive written clearance from a physician trained in the evaluation and management of concussion and complete the graduated Six-step return to play protocol outlined by the CDC**:**

Step 1: Back to regular activities (such as school)

Athletes or cheerleaders are back to their regular activities (such as school).

Step 2: Light aerobic activity

Begin with light aerobic exercise only to increase an athlete's heart rate. This means about 5 to 10 minutes on an exercise bike, walking, or light jogging. No weightlifting at this point.

Step 3: Moderate activity

Continue with activities to increase an athlete's heart rate with body or head movement. This includes moderate jogging, brief running, moderate-intensity stationary biking, moderate-intensity weightlifting (less time and/or less weight from their typical routine).

Step 4: Heavy, non-contact activity

Add heavy non-contact physical activity, such as sprinting/running, high-intensity stationary biking, regular weightlifting routine, non-contact sport-specific drills (in 3 planes of movement).

Step 5: Practice & full contact

Athletes may return to practice and full contact (if appropriate for the sport) in controlled practice.

Step 6: Competition

Young athletes may return to competition.

For further information on Sports-Related Concussions and other Head Injuries, please visit:

- CDC Heads Up
- Keeping Heads Healthy

Student athlete's name (print)	Student athlete's signature	Date
Parent / Guardian name (print)	Parent / Guardian signature	Date

SPORTS-RELATED EYE INJURIES:

AN EDUCATIONAL FACT SHEET FOR PARENTS

Participating in sports and recreational activities is an important part of a healthy, physically active lifestyle for children. Unfortunately, injuries can, and do, occur. Children are at particular risk for sustaining a sports-related eye injury and most of these injuries can be prevented. Every year, more than 30,000 children sustain serious sports-related eye injuries. Every 13 minutes, an emergency room in the United States treats a sports-related eye injury.[1] According to the National Eye Institute, the sports with the highest rate of eye injuries are: baseball/softball, ice hockey, racquet sports, and basketball, followed by fencing, lacrosse, paintball and boxing.

Thankfully, there are steps that parents can take to ensure their children's safety on the field, the court, or wherever they play or participate in sports and recreational activities.

Prevention of Sports-Related Eye Injuries

Approximately 90% of sports-related eye injuries can be prevented with simple precautions, such as using protective eyewear.[2] **Each sport has a certain type of recommended protective eyewear, as determined by the American Society for Testing and Materials (ASTM). Protective eyewear should sit comfortably on the face. Poorly fitted equipment may be uncomfortable, and may not offer the best eye protection. Protective eyewear for sports includes, among other things, safety goggles and eye guards, and it should be made of polycarbonate lenses, a strong, shatterproof plastic. Polycarbonate lenses are much stronger than regular lenses.**[3]

Health care providers (HCP), including family physicians, ophthalmologists, optometrists, and others, play a critical role in advising students, parents and guardians about the proper use of protective eyewear. To find out what kind of eye protection is recommended, and permitted for your child's sport, visit the National Eye Institute at http://www.nei.nih.gov/sports/findingprotection.asp. Prevent Blindness America also offers tips for choosing and buying protective eyewear at http://www.preventblindness.org/tips-buying-sports-eye-protectors,and http://www.preventblindness.org/ recommended-sports-eye-protectors.

It is recommended that all children participating in school sports or recreational sports wear protective eyewear. Parents and coaches need to make sure young athletes protect their eyes, and properly gear up for the game. Protective eyewear should be part of any uniform to help reduce the occurrence of sports-related eye injuries. Since many youth teams do not require eye protection, parents may need to ensure that their children wear safety glasses or goggles whenever they play sports. Parents can set a good example by wearing protective eyewear when they play sports.

[1] National Eye Institute, National Eye Health Education Program, Sports-Related Eye Injuries: What You Need to Know and Tips for Prevention, www.nei.nih.gov/sports/pdf/sportsrelatedeyeInjuries.pdf, December 26, 2013.

[2] Rodriguez, Jorge O., D.O., and Lavina, Adrian M., M.D., Prevention and Treatment of Common Eye Injuries in Sports, http://www.aafp.org/afp/2003/0401/p1481.html, September 4, 2014; National Eye Health Education Program, Sports-Related Eye Injuries: What You Need to Know and Tips for Prevention, www.nei.nih.gov/sports/pdf/sportsrelatedeyeInjuries.pdf, December 26, 2013.

[3] Bedinghaus, Troy, O.D., Sports Eye Injuries, http://vision.about.com/od/emergencyeyecare/a/Sports_Injuries.htm, December 27, 2013.

Most Common Types of Eye Injuries

The most common types of eye injuries that can result from sports injuries are blunt injuries, corneal abrasions and penetrating injuries.

- **Blunt injuries:** Blunt injuries occur when the eye is suddenly compressed by impact from an object. Blunt injuries, often caused by tennis balls, racquets, fists or elbows, sometimes cause a black eye or hyphema (bleeding in front of the eye). More serious blunt injuries often break bones near the eye, and may sometimes seriously damage important eye structures and/or lead to vision loss.
- **Corneal abrasions:** Corneal abrasions are painful scrapes on the outside of the eye, or the cornea. Most corneal abrasions eventually heal on their own, but a doctor can best assess the extent of the abrasion, and may prescribe medication to help control the pain. The most common cause of a sports-related corneal abrasion is being poked in the eye by a finger.
- **Penetrating injuries:** Penetrating injuries are caused by a foreign object piercing the eye. Penetrating injuries are very serious, and often result in severe damage to the eye. These injuries often occur when eyeglasses break while they are being worn. Penetrating injuries must be treated quickly in order to preserve vision.[4]

Signs or Symptoms of an Eye Injury

- Pain when looking up and/or down, or difficulty seeing;
- Tenderness;
- Sunken eye;
- Double vision;
- Severe eyelid and facial swelling;
- Difficulty tracking;
- The eye has an unusual pupil size or shape;
- Blood in the clear part of the eye;
- Numbness of the upper cheek and gum; and/or
- Severe redness around the white part of the eye.

What to do if a Sports-Related Eye Injury Occurs

If a child sustains an eye injury, it is recommended that he/she receive immediate treatment from a licensed HCP (e.g., eye doctor) to reduce the risk of serious damage, including blindness. It is also recommended that the child, along with his/her parent or guardian, seek guidance from the HCP regarding the appropriate amount of time to wait before returning to sports competition or practice after sustaining an eye injury. The school nurse and the child's teachers should also be notified when a child sustains an eye injury. A parent or guardian should also provide the school nurse with a physician's note detailing the nature of the eye injury, any diagnosis, medical orders for the return to school, as well as any prescription(s) and/or treatment(s) necessary to promote healing, and the safe resumption of normal activities, including sports and recreational activities.

Return to Play and Sports

According to the American Family Physician Journal, there are several guidelines that should be followed when students return to play after sustaining an eye injury. For example, students who have sustained significant ocular injury should receive a full examination and clearance by an ophthalmologist or optometrist. In addition, students should not return to play until the period of time recommended by their HCP has elapsed. For more minor eye injuries, the athletic trainer may determine that it is safe for a student to resume play based on the nature of the injury, and how the student feels. No matter what degree of eye injury is sustained, it is recommended that students wear protective eyewear when returning to play and immediately report any concerns with their vision to their coach and/or the athletic trainer.

Additional information on eye safety can be found at http://isee.nei.nih.gov and http://www.nei.nih.gov/sports.

[4]Bedinghaus, Troy, O.D., Sports Eye Injuries, http://vision.about.com/od/emergencyeyecare/a/Sports_Injuries.htm, December 27, 2013.

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9163 - SPECTATOR CODE OF CONDUCT FOR INTERSCHOLASTIC EVENTS (M)

Section: Community
Date Created: April 2025
Date Edited: April 2025

M

The Board of Education promotes a physically and emotionally safe and healthy playing environment at interscholastic events and insists good sportsmanship be exhibited at all times by student athletes, coaches, officials, and spectators at such events.

The New Jersey State Interscholastic Athletic Association (NJSIAA) requires the Board to establish policies and procedures relating to sportsmanship and to identify responsibilities of administrators, coaches, and students to ensure their observance. The NJSIAA requires the Board to adopt a Spectator Code of Conduct Policy for all spectators attending an interscholastic event.

The district's high school(s) is a member school of the NJSIAA. The NJSIAA and the Board require high standards of courtesy, fair play, and sportsmanship be featured at school district and NJSIAA interscholastic events. Unsportsmanlike conduct by a person at an event shall subject the individual to disciplinary action.

For the purpose of this Policy, a "home event" shall mean any event occurring in the school district's buildings or on school grounds.

For the purpose of this Policy, "school grounds" also includes other recreational places owned by local municipalities, private entities, or other individuals during those times when the school district has exclusive use of a portion of the land.

1. Unsportsmanlike conduct includes, but is not limited to, actions of a fan or spectator who:

    a. Strikes or physically abuses an official, opposing coach, player, spectator, school staff member, or school security;

    b. Intentionally incites participants or spectators to violent or abusive action;

    c. Uses obscene gestures or profane or unduly provocative language or action toward officials, opponents, spectators, school staff members, or school security; or

    d. Engages in harassing verbal or physical conduct related to race, gender, ethnicity, disability, sexual orientation, or religion at an interscholastic event.

2. The Board prohibits unsportsmanlike conduct or actions by a spectator, which include, but are not limited to:

    a. The use of profanity, threatening comments, or biased language before, during, or after an interscholastic event;

    b. Verbal harassment of an official or participant (i.e., coaches or players from any participating school) by using names or uniform numbers;

    c. Entering the field of play before, during, or after an interscholastic event;

    d. Having a physical altercation with an official, coach, player, school staff, school security, or spectator before, during, or after an interscholastic event;

    e. The use of artificial noisemakers or other instruments intended to disrupt the interscholastic event or distract the participants during an interscholastic event; or

    f. Any additional unsportsmanlike conduct or actions determined by the Principal or designee to be unsportsmanlike conduct or action.

    g. If the unsportsmanlike conduct involves a potential criminal act, the Principal or designee shall immediately contact law enforcement.

3. Disciplinary Framework

    a. If the Principal or designee determines a person's conduct or actions are prohibited by this Policy, the person will be subjected to the following disciplinary actions:

        (1) Immediate removal from the interscholastic event and school grounds;

        (2) First Offense (365-day calendar starts)

            (a) Suspension from attending the next (1) one home event(s) for the activity from which the person was immediately removed from school grounds.

        (3) Second offense occurring within 365-day calendar days of the first offense

(a) Suspension from attending the next (3) three athletic home event(s) for the activity from which the person was immediately removed from school grounds.

(4) Third offense occurring within 365-day calendar days of the first offense or beyond

(a) Suspension from attending the -All home athletic event(s) for the activity from which the person was immediately removed from school grounds.

(5) The Superintendent or designee upon consultation with the Principal or designee may increase the disciplinary actions outlined in this Policy, depending on the severity of the offense.

b. If it is determined by the Principal or designee that a person exhibited unsportsmanlike conduct at a home interscholastic athletic event, but was not immediately removed from the interscholastic event or from school grounds at the time of the prohibited conduct, the person shall be subject to the disciplinary actions outlined in this Policy.

c. In the event it is determined by the Principal or designee that a person exhibited unsportsmanlike conduct at an interscholastic event not held in a school district building or on school grounds (away event), the person shall be subject to the disciplinary actions outlined in this Policy.

d. A person suspended by the Principal or designee for the third time in a calendar year from home interscholastic events for exhibiting conduct or actions that violate this Policy, regardless of the specific event or activity from which the person was suspended, shall be prohibited from attending any other home interscholastic events in the district's schools or on school grounds and shall be required to meet with the Principal or designee prior to being permitted to attend any additional home interscholastic events in the district's schools or on school grounds. The person shall be required to successfully complete an educational component as determined by the Principal or designee before the person is permitted to attend any future home events in school buildings or on school grounds. The educational component will include a program that addresses the unsportsmanlike conduct or actions that caused the person to be suspended from the interscholastic events.

e. A person who does not comply with the suspension requirements of this Policy or refuses to immediately leave the school building or school grounds for violating the provisions of this Policy may be reported to law enforcement to be removed from the school building or from school grounds.

4. Appeals

a. A person may appeal the decision of the Principal or designee to the Superintendent of Schools by submitting a written appeal to the Superintendent within three calendar days after receiving notice of the suspension from the event by the Principal or designee. The Superintendent shall make a decision on the written appeal within three business days upon receiving the written appeal. The Superintendent's decision may be appealed to the Board in accordance with the Board appeal provisions in Policy and Regulation 9130 – Public Complaints and Grievances.

This Policy shall be provided to the parent(s) of student-athletes participating in interscholastic programs in the district. The parent(s) shall be required to sign a document acknowledging receipt of this Policy and acknowledging their understanding of the provisions of this Policy. This document shall be provided to the parent(s) during the high school's sports registration process before each season.

This Policy shall be made available to NJSIAA staff upon request. NJSIAA staff may share a copy of this Policy with another member school when appropriate.

A list of unsportsmanlike conduct or actions will be posted at all venues hosting school district events to the extent reasonably possible.

Failure of a member school to enforce the provisions of this Policy may result in discipline by the NJSIAA. In addition to the penalties set forth by NJSIAA, a school that does not enforce its Policy may be prohibited by NJSIAA from hosting an NJSIAA State tournament event.

NJSIAA Spectator Code of Conduct Policy – Revised, May 8, 2024

Adopted: 30 April 2025