

**PLEASANTVILLE SCHOOL DISTRICT
HIGH SCHOOL ATHLETIC DEPARTMENT
PLEASANTVILLE, NEW JERSEY 08232**

PHONE: _____

ADDRESS: _____

CELL #: _____

GRADE: _____
(2014/2015 School Year)

PLACE OF BIRTH: _____

HOMEROOM #: _____

I hereby apply for the privilege of trying out for the _____ team in _____
(Sport) (Year)

In order to represent Pleasantville High School in interscholastic athletics, the following standards and rules must be adhered to:

1. Adherence to the basic standard NJSIAA regarding age, residence, years of competition and academics. NJSIAA policy requires all athletes to pass a minimum of 12 ½ percent of the total credits needed for graduation per semester (13 ¾ credits) and 25% of the total credits needed for graduation per year, (27 ½ credits). Beginning with the class of 2014, graduation requirements are increased from 110 to 120 credits. Students in the class of 2014 or following years must pass a minimum of 30 credits to participate in fall & winter sports and 15 credits to participate in spring sports.
2. Every athlete is required to pass a strict physical examination prior to competing in interscholastic athletics each year and complete a health history update after the initial physical examination.
3. Every athlete is completely responsible for all equipment issued. If equipment is not turned in when requested by the coach, the athlete will be held monetarily responsible.
4. Any athlete found with drugs or alcohol in his/her possession or found using same, will be severely dealt with.
5. Students must maintain good disciplinary standing to participate in any athletic activity. A student is not eligible to participate in practice or competition while serving a detention or suspension (in-school or out-of-school).
6. Every athlete must realize that he/she is representing Pleasantville High School and make it a point to govern himself/herself in a manner that their connection with the sport will bring honor to it and the school.

I HAVE READ THE STANDARDS AND RULES OF PLEASANTVILLE HIGH SCHOOL AND NJSIAA AND UNDERSTAND THAT VIOLATIONS OF SAID RULES AND STANDARDS MAY RESULT IN SUSPENSION OR EXCLUSION FROM PARTICIPATION IN ATHLETICS.

DATE _____

PARENT/GUARDIAN CONSENT

I give my permission for _____ to participate in organized district-sponsored athletics,
(Student's name)

realizing that such activity involves the potential for injury which is inherent in all sports. I acknowledge that even with the best coaching, use of protective equipment and strict observance of rules, injuries are still a possibility. On rare occasions these injuries can be so severe as to result in total disability, paralysis, or even death. I acknowledge that I have read and understand this warning.

I furthermore, release the said school from all liability for injuries received by my child while in route to or from contests which are held at other schools.

DATE _____

(TURN OVER) →

HIGH SCHOOL ATHLETIC DEPARTMENT - REPORT OF HEALTH HISTORY - UPDATE

NAME: _____
Date of Last Athletic Physical: _____

GRADE: _____ SPORT: _____
Sport for which Physical was given: _____

TO BE COMPLETED BY PARENT/GUARDIAN:

Have you ever had, or do you currently have:

- | | |
|---|----------------|
| a. A chronic or ongoing illness (such as diabetes or asthma)? | Y/N/Don't Know |
| 1. Use an inhaler or other prescription medicine to control asthma? | Y/N/Don't Know |
| b. Take any prescribed or over the counter medication regularly? | Y/N/Don't Know |
| c. Have any allergies to medications? | Y/N/Don't Know |
| d. Have any allergies to bee stings, pollen, latex or foods? | Y/N/Don't Know |
| 1. If yes, circle the type of reaction: | |
| Rash Hives Breathing or other anaphylactic reaction | |
| 2. Take any medication/Epipen taken for allergy symptoms (List Below) | |
| e. Any anemias, blood disorders, sickle cell disease/trait, bleeding tendencies or clotting disorders | Y/N/Don't Know |

Since the date of your last preparticipation physical examination have you:

- | | |
|---|----------------|
| f. Been advised by a medical professional (MD, PA or APN) not to participate in sports? | Y/N/Don't Know |
| g. Sustained a concussion, been unconscious or lost memory from a blow to the head? | Y/N/Don't Know |
| h. Broken a bone or sprained, strained or dislocated any muscles or joints? | Y/N/Don't Know |
| i. Fainted or blacked out? Was this during or immediately after exercise? | Y/N/Don't Know |
| j. Experienced chest pains, shortness of breath or heart racing? | Y/N/Don't Know |
| k. Had a recent history of fatigue or unusual tiredness? | Y/N/Don't Know |
| l. Been hospitalized, visited an emergency room or had a significant medical illness? | Y/N/Don't Know |
| m. Started or stopped taking any over the counter or prescribed medications? | Y/N/Don't Know |
| n. Had a sudden death in the family due to medical illness? | Y/N/Don't Know |
| o. Had a family member under the age of 50 have a heart attack or heart trouble? | Y/N/Don't Know |

Explain all "YES" Answers Here (Include Dates)

EMERGENCY CONTACT PERSON

NAME: _____ RELATIONSHIP: _____

Home: _____ Work: _____ Cell: _____

INSURANCE COVERAGE INFORMATION

NAME OF COMPANY _____

SUBSCRIBER'S NAME _____ COMPANY PHONE # _____

COMPANY ADDRESS _____

ID NUMBER _____ GROUP NUMBER _____

☐ MY CHILD IS NOT COVERED BY ANY HEALTH INSURANCE. (Please Check if Applicable)

PERMISSION TO EXTEND EMERGENCY MEDICAL CARE IN THE ABSENCE OF A PARENT/GUARDIAN

In the absence of myself as parent/guardian, I hereby give any recognized hospital or medical facility permission to extend treatment to my son/daughter, if he/she should be injured while participating in district-sponsored athletics.

I understand that my child's school insurance is a secondary insurance coverage plan and it is therefore necessary to supply the following insurance information in order to process an insurance claim for payment of services rendered by said recognized hospital or medical facility.

DATE

PARENT/GUARDIAN SIGNATURE

Pleasantville Public Schools

ATHLETIC DEPARTMENT



DERRICK L. CARRINGTON, SR.
Supervisor of Athletics

Phone: (609) 383-6900, Ext. 4043
Fax: (609) 383-0619

Dear Parent or Guardian:

The first three pages of the sports participation packet included a **Sport-Related Concussion & Head Injury Fact Sheet**, a **Sudden Cardiac Death in Young Athletes Fact Sheet** and the **NJSIAA Steroid Testing Policy**. Pursuant to Legislation signed on December 10, 2010 (P.L.2010, Chapter 94) & June 27, 2013 (P.L.2013, c.71) & an Executive Order 72, issued December 20, 2005, we as a school district are responsible to provide you with these facts sheets. Please keep these forms for your information. In addition we are required to receive written certification from parents & students that they received & reviewed the information.

Therefore, by signing below you acknowledge that you have received and reviewed all three above mentioned forms with your child. Also by signing below you consent to random drug testing in accordance with the NJSIAA steroid testing policy. 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.

Student-Athlete's Signature

Print Student-Athlete's Name

Date

Parent-Guardian's Signature

Print Parent-Guardian's Name

Date

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

A concussion is a brain injury that can be caused by a blow to the head or body that disrupts normal functioning of the brain. Concussions are a type of Traumatic Brain Injury (TBI), which can range from mild to severe and can disrupt the way the brain normally functions. Concussions can cause significant and sustained neuropsychological impairment affecting problem solving, planning, memory, attention, concentration, and behavior.

The Centers for Disease Control and Prevention estimates that 300,000 concussions are sustained during sports related activities nationwide, and more than 62,000 concussions are sustained each year in high school contact sports. Second-impact syndrome occurs when a person sustains a second concussion while still experiencing symptoms of a previous concussion. It can lead to severe impairment and even death of the victim.

Legislation (P.L. 2010, Chapter 94) signed on December 7, 2010, mandated measures to be taken in order to ensure the safety of K-12 student-athletes involved in interscholastic sports in New Jersey. It is imperative that athletes, coaches, and parent/guardians are educated about the nature and treatment of sports related concussions and other head injuries. The legislation states that:

- All Coaches, Athletic Trainers, School Nurses, and School/Team Physicians shall complete an Interscholastic Head Injury Safety Training Program by the 2011-2012 school year.
- All school districts, charter, and non-public schools that participate in interscholastic sports will distribute annually this educational fact to all student athletes and obtain a signed acknowledgement 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.
- Any 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 he/she has written clearance from a physician trained in concussion treatment and has 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 of Concussions (Observed by Coach, Athletic Trainer, Parent/Guardian)

- 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
- Demonstrates behavior or personality changes
- 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
- Sensitivity to light/sound
- Feeling of sluggishness or foggiess
- Difficulty with concentration, short term memory, and/or confusion

What Should a Student-Athlete do if they think they have a concussion?

- Don't hide it. Tell your Athletic Trainer, Coach, School Nurse, or Parent/Guardian.
- Report it. Don't return to competition or practice with symptoms of a concussion or head injury. The sooner you report it, the sooner you may return-to-play.
- 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. Repeat concussions can cause permanent brain injury.

What can happen if a student-athlete continues to play with a concussion or returns to play too 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 accommodations made for Student-Athletes who have suffered a concussion?

- To recover cognitive rest is just as important as physical rest. Reading, texting, testing-even watching movies can slow down a student-athletes recovery.
- Stay home from school with minimal mental and social stimulation until all symptoms have resolved.
- Students may need to take rest breaks, spend fewer hours at school, and be given extra time to complete assignments, as well as being offered other instructional strategies and classroom accommodations.

Student-Athletes who have sustained a concussion should complete a graduated return-to-play before they may resume competition or practice, according to the following protocol:

- Step 1: Completion of a full day of normal cognitive activities (school day, studying for tests, watching practice, interacting with peers) without reemergence of any signs or symptoms. If no return of symptoms, next day advance.
- Step 2: Light Aerobic exercise, which includes walking, swimming, and stationary cycling, keeping the intensity below 70% maximum heart rate. No resistance training. The objective of this step is increased heart rate.
- Step 3: Sport-specific exercise including skating, and/or running: no head impact activities. The objective of this step is to add movement.
- Step 4: Non-contact training drills (e.g. passing drills). Student-athlete may initiate resistance training.
- Step 5: Following medical clearance (consultation between school health care personnel and student-athlete's physician), participation in normal training activities. The objective of this step is to restore confidence and assess functional skills by coaching and medical staff.
- Step 6: Return to play involving normal exertion or game activity.

For further information on Sports-Related Concussions and other Head Injuries, please visit:
www.cdc.gov/concussion/sports/index.html www.nfhs.com
www.ncaa.org/health-safety www.bianj.org www.atsnj.org

PLEASE DO NOT RETURN THIS FORM WITH THE PHYSICAL PACKET.

IT IS FOR YOU TO KEEP AS REFERENCE MATERIAL.

Website Resources

- Sudden Death in Athletes at:
www.suddendeathathletes.org
- 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.aapnl.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) 609-292-4469
www.state.nj.us/education/

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

Lead Author: American Academy of Pediatrics, New Jersey Chapter

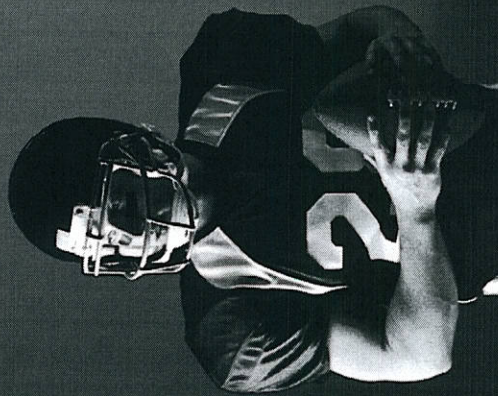
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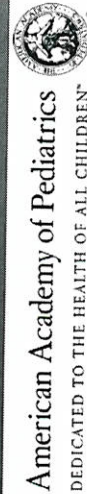
Additional Reviewers: NJ Department of Education, NJ Department of Health and Senior Services, American Heart Association/New Jersey Chapter, NJ Academy of Family Practice, Pediatric Cardiologists, New Jersey State School Nurses Association

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Sudden Cardiac Death in Young Athletes

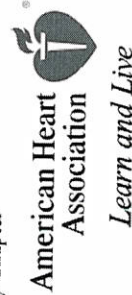


The Basic Facts on Sudden Cardiac Death in Young Athletes



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

New Jersey Chapter



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.

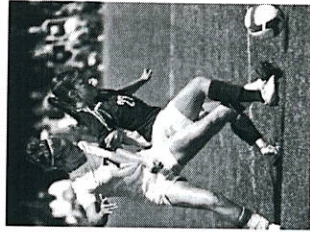
The second most likely cause is *congenital* (*con-JEN-it-al*) (i.e., present from birth) *abnormalities of the coronary arteries*. This means that these blood vessels are connected to the main blood vessel of the heart in an abnormal way. This differs from blockages that may occur when people get older (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
- Being unable to keep up with friends due to shortness of breath

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 Annual Athletic Pre-Participation Physical Examination Form.

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*.

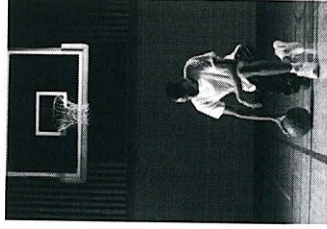
The primary healthcare provider needs to know if any family member died suddenly during physical activity or during a seizure. They also need to know if anyone in the family under the age of 50 had an unexplained sudden death such as drowning or car accidents. This information must be provided annually 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.



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).

The American Academy of Pediatrics/New Jersey Chapter recommends that schools:

- Have an AED available at every sports event (three minutes total time to reach and return with the AED)
- Have personnel available who are trained in AED use present at practices and games.
- Have coaches and athletic trainers trained in basic life support techniques (CPR)
- Call 911 immediately while someone is retrieving the AED.

Pleasantville Public Schools

ATHLETIC DEPARTMENT



DERRICK L. CARRINGTON, SR.
Supervisor of Athletics

Phone: (609) 383-6900, Ext. 4043
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NJSIAA STEROID TESTING POLICY

CONSENT TO RANDOM TESTING

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. 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.

PLEASE DO NOT RETURN THOSE FORMS WITH THIS PACKET.

THEY ARE FOR YOU TO KEEP AS REFERENCE MATERIAL.

NJSIAA Banned-Drug Classes 2012 - 2013

The term "related compounds" comprises substances that are included in the class by their pharmacological action and/or chemical structure. No substance belonging to the prohibited class may be used, regardless of whether it is specifically listed as an example.

Many nutritional/dietary supplements contain NJSIAA banned substances. In addition, the U. S. Food and Drug Administration (FDA) does not strictly regulate the supplement industry; therefore purity and safety of nutritional dietary supplements cannot be guaranteed. Impure supplements may lead to a positive NJSIAA drug test. **The use of supplements is at the student-athlete's own risk.** Student-athletes should contact their physician or athletic trainer for further information.

The following is a list of banned-drug classes, with examples of banned substances under each class:

<p>(a) Stimulants amiphenazole amphetamine bemigrade benzphetamine bromantan caffeine¹ (guarana) chlorphentermine cocaine cropropamide crothetamide diethylpropion dimethylamphetamine doxapram ephedrine (ephedra, ma huang) ethamivan ethylamphetamine fencamfamine meclofenoxate methamphetamine methylenedioxymethamphetamine (MDMA, ecstasy) methylphenidate nikethamide pemoline pentetrazol phendimetrazine phenmetrazine phentermine phenylpropanolamine picrotoxine pipradol prolintane strychnine synephrine (citrus aurantium, zhi shi, bitter orange) and related compounds</p>	<p>(b) Anabolic Agents <u>anabolic steroids</u> androstenediol androstenedione boldenone clostebol dehydrochlormethyl- testosterone dehydroepiandro- sterone (DHEA) dihydrotestosterone (DHT) dromostanolone epitrenbolone fluoxymesterone gestrinone mesterolone methandienone methenolone methyltestosterone nandrolone norandrostenediol norandrostenedione norethandrolone oxandrolone oxymesterone oxymetholone stanozolol testosterone² tetrahydrogestrinone (THG) trenbolone and related compounds</p> <p><u>other anabolic agents</u></p>	<p>(c) Diuretics acetazolamide bendroflumethiazide benzhiacide bumetanide chlorothiazide chlorthalidone ethacrynic acid flumethiazide furosemide hydrochlorothiazide hydroflumethiazide methyclothiazide metolazone polythiazide quinethazone spironolactone triamterene trichlormethiazide and related compounds</p>	<p>(d) Peptide Hormones & Analogues: corticotrophin (ACTH) human chorionic gonadotrophin (hCG) leutenizing hormone (LH) growth hormone (HGH, somatotrophin) insulin like growth hormone (IGF-1)</p> <p>All the respective releasing factors of the above-mentioned substances also are banned: erythropoietin (EPO) darbypoetin sermorelin</p>
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(e) Definitions of positive depends on the following:

¹ for caffeine – if the concentration in urine exceeds 15 micrograms/ml

² for testosterone – if administration of testosterone or use of any other manipulation has the result of increasing the ratio of the total concentration of testosterone to that of epitestosterone in the urine of greater than 6:1, unless there is evidence that this ratio is due to a physiological or pathological condition.