



Beaufort County School District
Athletic Parent Handbook
2015/2016



| BEAUFORT COUNTY SCHOOLS | | | 2015-2016 PARENT PERMISSION FOR INTERSCHOLASTIC ATHLETICS | |
|---|--------|------|--|---------|
| Name of Parent/Legal Custodian: | | | Student Name: | |
| Street Address: | | | School: | Grade: |
| City: | State: | Zip: | Date of Birth: | Gender: |
| Parent/Custodian Phone Home: Work: Cell: | | | Last School Attended*: Address: Last Grade Completed: | |
| Emergency Contacts/Phone/Relationship to Student: 1. 2. 3. | | | Physician Information Name: Telephone: Hospital Preference: | |

*** If student attended a school outside the BCSD at the conclusion of the 2014-2015 school year, a grade report from that school must accompany this athletic packet.**

Request for Permission: I, as the student's parent/legal custodian, apply for permission for the above-named student to participate in interscholastic athletics in the following sports during the 2015-2016 school year:

- | | | | |
|--|-----------------------------------|-------------------------------------|---------------------------------------|
| <input type="checkbox"/> Basketball | <input type="checkbox"/> Golf | <input type="checkbox"/> Tennis | <input type="checkbox"/> Lacrosse |
| <input type="checkbox"/> Baseball | <input type="checkbox"/> Soccer | <input type="checkbox"/> Track | <input type="checkbox"/> Cheer |
| <input type="checkbox"/> Cross Country | <input type="checkbox"/> Softball | <input type="checkbox"/> Volleyball | <input type="checkbox"/> Dance |
| <input type="checkbox"/> Football | <input type="checkbox"/> Swimming | <input type="checkbox"/> Wrestling | <input type="checkbox"/> Field Hockey |

Participation a Privilege: Participation in sports is a privilege, not a right. Extracurricular sports are generally governed by the rules established by the Board of Education and the SCHSL. Each coach may have additional rules and expectations for team members which will be distributed at the beginning of the season. A student who participates in athletics is subject to disciplinary consequences imposed by coaches and school administrators.

Athletic Eligibility: A student must pass a minimum class load as established by the SCHSL during the preceding semester. A student must earn a weighted GPA of 2.0 in accordance with Admin. Reg. SS-36, Student Athletics. Students not meeting these guidelines are ineligible to participate.

Eligibility to Participate: A student suspended or absent from school is not eligible to practice, play or attend any meeting during the suspension/absence. If the suspension/absence includes the last day of school before a vacation or weekend, the student becomes eligible the next calendar day after the suspension/absence concludes. Exceptions such as funerals, field trips and college visitations must be approved by the principal in advance.

Student Conduct: Participation in athletics is a privilege, not a right. The Board expects all students who represent their school to be good representatives of their school community and the BCSD. Students should dress, act and conduct themselves in a way that reflects positively on themselves, their team and their school. Each student is expected to display good citizenship at all times. Any student who fails to conduct him/herself appropriately may have the privilege of participation limited or revoked.

Travel: All students are required to travel to/from events with the coach and the team unless the coach receives information directly from the parent/legal custodian the student has permission to travel by other means.

False Residency Information: Falsifying residency information could result in suspension and/or expulsion from all BCSD athletic programs and/or ineligibility.

Relevant Excerpts from Relevant BCSD Administrative Regulations

A full version of these Regulations may be accessed and viewed at:

http://policy.microscribepub.com/cgi-bin/om_isapi.dll?clientID=2020899428&depth=2&infobase=beaufort.nfo&softpage=PL_frame

BCSD Administrative Regulation SS-57, Random Drug Testing of Students.

The Beaufort County School District (“BCSD”) strongly believes that drug use and substance abuse can be detrimental to the physical and emotional health and the academic performance of its students. It is from this belief and out of concern for students’ well-being that the BCSD initiates a random drug-testing program. The purpose of this drug testing program is to help students and not to be punitive. Therefore, a positive test arising from this random drug testing program will not result in suspension from school or notification to legal authorities, and a first positive test will not automatically result in ineligibility from any school activities.

Consequences of Positive Tests:

A. First Positive Test:

1. The Principal or his designee (who shall be an assistant principal) shall schedule a meeting with the student and the student’s parent/guardian.
2. The student is ineligible for participation in athletics for 365 calendar days. However, if the student is assessed and begins treatment/counseling the student’s ineligibility will be waived and he/she will remain eligible.
3. In order to maintain eligibility, within ten (10) calendar days of notification of positive test, the student or his/her parent/guardian must provide the Principal or his/her designee with written evidence from a licensed substance abuse professional the student has been assessed and has attended at least one (1) treatment or counseling session. The written evidence shall include the projected length of treatment/counseling prescribed for the student.
4. At the end of the projected length of treatment/counseling prescribed for the student by a licensed substance abuse professional, the student or his/her parent/guardian shall be required to provide the Principal or his/her designee written evidence the student has successfully completed the treatment/counseling or the length of treatment/counseling has been extended. Failure to provide written evidence of successful completion or extension shall render the student ineligible for 365 calendar days or until written evidence is provided, whichever first occurs.
5. If the student elects not to provide proof of or fails to successfully complete assessment and treatment/counseling, he/she shall be ineligible for 365 calendar days.
6. The MRO shall provide the parent/guardian a list of resources for substance abuse assessment and intervention in the Beaufort County area.
7. The student shall be subject to a mandatory retest after thirty (30) calendar days but within ninety (90) calendar days of the first positive test. The student will be identified by the contracted Test Administrator for retesting on a regularly scheduled test date. School officials will not know whether the student is being retested as a mandatory retest or whether the student’s number was randomly drawn.

B. Second Positive Test:

1. The Principal or his designee (who shall be an assistant principal) shall schedule a meeting with the student and the student’s parent/guardian.
2. The student is ineligible for participation in athletics for 365 calendar days unless the student regains eligibility earlier.
3. The student may regain eligibility prior to 365 calendar days upon compliance with all of the following requirements:
 - a. The student shall satisfy the substance abuse assessment/counseling requirement. For a second positive test, the student is considered in compliance once he or she has completed the substance abuse assessment and is participating in any recommended counseling or treatment program;
 - b. The parent/guardian shall supply to the MRO a certification from the student’s physician, on the form attached to this administrative regulation; and

- c. A student shall test “negative” on a retest prior to regaining eligibility. This retest may be a mandatory retest or may be a privately arranged test by a licensed drug testing agency acceptable to the Superintendent’s designee. A privately arranged drug test shall be at the expense of the parent/guardian.
- 4. The student will be subject to a mandatory retest after thirty (30) calendar days but within ninety (90) calendar, calendar days of the second positive test.

C. Third Positive Test:

- 1. The Principal or his designee (who shall be an assistant principal) shall schedule a meeting with the student and the student’s parent/guardian.
- 2. The student will be ineligible to participate in the voluntary activities covered by this administrative regulation for at least 365 calendar days.
- 3. The student may regain eligibility after 365 calendar days, upon compliance with all of the following requirements:
 - a. The student shall satisfy the substance abuse assessment/counseling requirement in the Regulation;
 - b. The student will be subject to a mandatory retest before regaining eligibility and must test negative at the mandatory retest; and
 - c. The parent/guardian shall supply to the MRO a certification from the student’s physician on the form attached to this administrative regulation.

BCSD Administrative Regulation SS-36, Student Athletics.

The Board of Education endorses athletic activities supporting students' attainment of high academic achievement. The Board believes student participation in interscholastic athletics should be contingent on student successes in school as measured by grade point average, attendance and conduct. Subject to law, local rules adopted by BCSD and rules established by the SCHSL, high school students are eligible to participate in interscholastic athletics. Eligibility of students in the programs for exceptional children will be in accordance with local, state and federal guidelines.

Violations of any standard established for athletic participation by students or their parents/guardians and/or any misrepresentation of any information submitted for athletic participation may result in the loss of the student's eligibility to participate in athletics in Beaufort County School District, and, potentially, in any school sanctioned by the SCHSL.

- A. Grade Point Average and Eligibility to Participate in Athletic Activities.** To be eligible to participate in interscholastic athletics, students must pass a minimum load as established by SCHSL during the preceding semester. First semester eligibility is determined by the GPA earned during the preceding school year’s final grades and second semester eligibility is determined using the GPA in the first semester of the same school year. Students first entering the 7th and 9th grades are academically eligible to participate in athletic activities. The GPA requirements outlined above will be fully implemented during the 2015-16 school year.
- B. Out of District Transfer Students** with a GPA less than 2.0, but eligible according to SCHSL policy, will be eligible to participate on probation for the remainder of the semester in which they enroll. Thereafter, the student must meet the BCSD 2.0 grade average eligibility requirement.
- C. Special Education Students** being served in a non-diploma program are eligible to participate if they are meeting the requirements of their IEP. Diploma program students must meet the requirements of the 2.0 GPA standards.
- D. Summer School.** Courses taken during the summer school program under guidelines established by BCSD may be used to recover credit affecting athletic eligibility for the fall semester. Per SCHSL guidelines, credits earned during summer school may be applied to the immediately preceding spring semester for athletic eligibility purposes.
- E. Student Conduct.** A student who is suspended from school is not eligible to practice, play, dress out, travel or attend any meeting during the time of suspension. If the suspension includes the last day of school before a vacation or weekend, the student becomes eligible at their base school the next calendar day after the last day of the suspension. Students who transfer in lieu of completing or in the midst of serving a long-term suspension at their base school are not eligible to participate in athletics at their new school for 365 days. A student who is absent from school will not be allowed to practice, play, dress out, travel or attend any meeting of the team or group on the day of the absence. Exceptions such as funerals, field trips and college visitations must be approved by the principal in

advance.

F. Middle School Athletic Eligibility. To be eligible to participate in athletics at the Middle School and High School level in Beaufort County, athletes must maintain an overall GPA of 2.0. This GPA is established during the preceding semester. Freshmen establish their GPA during the 1st semester of their 9th grade year. Freshmen start with a clean slate. Eligibility cannot be regained during the season that they are ineligible. In other words, they must sit out the entire season. If a grade should drop below a 77% in any class; the athlete must attend mandatory tutoring and/or a supervised study hall after school. They are permitted to continue to practice and play however, if they do not comply or show improvement, they may be dismissed from the team. Depending on the need, the athlete may only be required to attend once per week or several times a week.

Sudden Cardiac Arrest in Athletics

What is sudden cardiac death? Sudden cardiac death is a condition that results from an abrupt loss of heart function (cardiac arrest). It can occur in anyone, especially athletes with preexisting heart conditions. The athlete may or may not have diagnosed heart disease. The time and mode of death are unexpected, usually occurring minutes after symptoms appear. The most common underlying reason for adults to die suddenly from cardiac arrest is coronary heart disease (fatty buildups in the arteries that supply blood to the heart muscle).

What causes sudden cardiac death?

An estimated 1 in 200,000 young athletes develops abrupt-onset ventricular tachycardia (rapid heartbeat) or fibrillation (a chaotically abnormal heart rhythm) and dies suddenly during exercise. Males are affected 9 times more often than females. Basketball and football players in the US and soccer players in Europe may be at the highest risk. All known heart diseases can lead to cardiac arrest and sudden cardiac death. Adrenaline released during intense physical or athletic activity often acts as a trigger for sudden death when these conditions are present.

Sudden cardiac death in young athletes has many causes but the most common is undetected hypertrophic cardiomyopathy (a condition where the heart muscle thickens). Athletes with thin, compliant chest walls are at risk of commotio cordis (sudden cardiac arrest from a blunt, non-penetrating blow to the chest) even when no cardiovascular disorder is present. The blow may involve a moderate-force projectile from sports with baseballs, softballs, lacrosse balls, hockey pucks, or a direct blow in boxing. Direct impact with another player triggered by chest wall impact immediately over the anatomic position of the heart may also cause this disorder. In 90 percent of adult victims of sudden cardiac death, two or more major coronary arteries are narrowed by fatty buildups. Scarring from a prior heart attack is found in two-thirds of these victims.

Management of Sudden Cardiac Arrest

- Management begins with appropriate emergency procedures including: CPR and AED training for all likely first responders, and access to an AED.
- Essential components sudden cardiac arrest management include early activation of EMS, early CPR, early defibrillation and rapid transition to advanced cardiac life support.
- High suspicion of sudden cardiac arrest should be maintained for any collapsed and unresponsive athlete.
- Young athletes who collapse shortly after being struck in the chest by a firm projectile or by contact with another player should be suspected of commotio cordis.
- Any collapsed and unresponsive athlete should be managed as a sudden cardiac arrest with application of an AED as soon as possible.
- CPR should be provided while waiting for an AED.
- Interruptions in chest compressions should be minimized and CPR stopped only when an AED is in use.
- Rapid access to the victim should be facilitated for EMS personnel.

Prevention. Before participation in sports, athletes should be commonly screened to identify any risks. Screening recommendations for all children, adolescents, and college-age young adults include a medical and family history and physical examination. Family history or symptoms or signs of hypertrophic cardiomyopathy require further evaluation. Confirmation of certain disorders may exclude students from sports participation, reducing the risk of sudden cardiac arrest.

Environmental Risks

Heat Illness/Injury (Heat Stroke). Those suffering from heat stroke are considered a medical emergency. Heat stroke is the failure and subsequent shutdown of the body's ability to control the body's temperature. Those suffering from heat stroke do not appear to be sweating. Heat stroke can occur within a matter of hours during exercise in hot humid weather. Violent behavior followed by unconsciousness is a classic characteristic of heat stroke. The athlete's skin may feel hot compared with the expected findings of heat exhaustion, in which the skin tend to feel damp and cool. The body's core temperature will increase to that more than 105 degrees Fahrenheit. This puts the body's organs, especially the brain at a tremendous risk. As brain function diminishes, the pupils become fixed and dilated. If untreated, death may occur from heat stroke after 20 minutes. The body must be cooled in the same manner as that described for heat exhaustion and treatment by a doctor.

Heat Exhaustion. Heat exhaustion is characterized by sudden, extreme fatigue as the body attempts to supply blood to the brain, exercising muscles, and skin. This is generally caused by a decrease in water, salt and electrolytes within the body. Symptoms of heat exhaustion include sweating, vomiting, diarrhea, and excessive urination. All of these are predisposing factors to heat stroke if not treated properly. Individuals suffering from heat exhaustion have a rectal temperature of 103 degrees F and present with profuse sweating, causing the skin to feel cold and clammy. Pulse and respiration are rapid, but loss of fluids causes the pulse to feel weak and reduces blood pressure. Individuals with heat exhaustion generally complain of a headache and appear to be fatigued and confused.

Heat Cramps. Heat cramps are managed by controlling symptoms of dehydration with replacement of electrolytes and fluids. While on the field, heat cramps should be stretched and massaged until the cramp subsides. If the cramp is not resolved, the athlete may be brought to the side lines where ice bags can be placed upon the cramping muscle. Fluids are administered to the athlete for re-hydration. The athlete may return to play once the cramping subsides. Re-hydration is encouraged throughout competition.

Management of heat injuries and illnesses requires treatment with cool water for re-hydration. Electrolytes, especially salt, need to be replaced within the athlete's body. Such electrolytes can be found in sport drinks such as Gatorade, Powerade, etc. Dehydration signs and symptoms include thirst, irritability, and general discomfort in the beginning initial stages and can intensify into headaches, weakness, dizziness, cramps, chills, vomiting, nausea, and decreased performance in the late stages. If not treated properly or detected, dehydration can lead to heat cramps, heat exhaustion, and heat stroke.

Sports Nutrition and Hydration

Fuel used during exercise. For most exercise, your body uses a combination of carbohydrate and fat for fuel. This is especially true for longer lasting events (cross-country). Quick bursts of energy require primarily carbohydrate for fuel (short distance running/track). Many sports are a combination of endurance and quick bursts of speed (soccer, basketball). The longer the exercise, the higher percentage of fat that is burned; however, if there is not enough carb to use as fuel, then fat is not able to be used efficiently and your performance will suffer. If you are exercising longer than 60 minutes, external sources of carb (fruit, Gatorade or other sports drinks, bars, etc.) need to be ingested during the event. Take the opportunity to fuel up during breaks, but keep amounts small enough that they don't impact your performance. Inconsistency with nutrition and hydration can affect both training and performance during events. Fueling your body before, during and after training is important.

Fueling for Optimal Performance. Most studies agree that a high carb diet (55-60% of total calories) is best for athletic performance. A moderate amount of fat (20-30%) is important since fat is a major fuel source. Protein is vital for maintaining and building muscle mass, but there is no established benefit to eating more than 15% of calories from protein. Always be sure you are well hydrated before exercise. It's best to try out different strategies for eating during practice (i.e., varying the timing of meals and snacks), so you can determine the way your body works best. Experimenting during games or competition can obviously have unpredictable results. Eat every 3-5 hours to keep metabolism high and to maintain glycogen (stored carbohydrate used for energy) stores.

Before Workouts. Most people feel and perform best if they eat within 1-3 hours before exercising. If you're eating only 1 hour before, keep it light: granola bar or ½ sandwich or yogurt is a good choice). Avoid eating sweets and sugary foods before exercising; these will make you feel sluggish and low-energy.

During Workouts. If your workouts/games/events are longer than 60 minutes, include some carb-containing food or

drink during the workout. Most people tolerate fluids better, and sports are formulated to give a good combination of fluid, carb, and electrolytes for replacement. Alternating sports drinks and water, or using sports drinks diluted with water, is a good way to keep you hydrated. Ideally, drink 4-8 ounces every 15-20 minutes during your workout or game.

After Workouts. The body is most receptive to replacing glycogen 15-30 minutes after exercise, so always consume carb containing foods or fluids during this window of time (fruit, nutrition bar, glass of milk or yogurt, etc.). Waiting an hour or more to eat will mean your performance will suffer the following day, and you will likely feel fatigued. In addition, eat a substantial snack or meal within 2 hours after exercise. This will help recovery significantly, and will refuel your glycogen stores for the next day or next event. A high carb meal or snack with protein is your best choice: sandwich with juice or milk; a bagel or banana with peanut butter; yogurt and fruit; or an entire meal such as chicken, pasta or rice, and vegetables. Nutrition/sports bars can be helpful when other food is not available, but should not be used to replace meals. Only carbs will refuel your muscles for the next workout, so be sure carbs are part of your post-workout meals. Additionally, taking 1-2 days/week off from workouts allows your muscles to recover and glycogen stores to be replenished.

Staying Hydrated. Hydration is critical to performance, which can suffer with only 1-2% of loss of body water. Drinking water frequently is the best way to stay hydrated. Monitor your urine color on a daily basis to be sure you're staying hydrated. Urine should be clear to light yellow. If you take vitamin supplements, your urine will likely be bright yellow for the next few hours due to the effect of B vitamins. Don't be alarmed by this, but check your urine at other times for color. Include at least 8-10 cups water or other non-caffeinated fluid daily, and add to this to replace how much you sweat.

HEADS+UP

CONCUSSION IN HIGH SCHOOL SPORTS

A FACT SHEET FOR **ATHLETES**

Concussion facts:

- A concussion is a brain injury that affects how your brain works.
- A concussion is caused by a bump, blow, or jolt to the head or body.
- A concussion can happen even if you haven't been knocked out.
- If you think you have a concussion, you should not return to play on the day of the injury and not until a health care professional says you are OK to return to play.

What are the symptoms of a concussion?

Concussion symptoms differ with each person and with each injury, and they may not be noticeable for hours or days. Common symptoms include:

- Headache
- Confusion
- Difficulty remembering or paying attention
- Balance problems or dizziness
- Feeling sluggish, hazy, foggy, or groggy
- Feeling irritable, more emotional, or "down"
- Nausea or vomiting
- Bothered by light or noise
- Double or blurry vision
- Slowed reaction time
- Sleep problems
- Loss of consciousness

During recovery, exercising or activities that involve a lot of concentration (such as studying, working on the computer, or playing video games) may cause concussion symptoms to reappear or get worse.

What should I do if I think I have a concussion?

DON'T HIDE IT. REPORT IT. Ignoring your symptoms and trying to "tough it out" often makes symptoms worse. Tell your coach, parent, and athletic trainer if you think you or one of your teammates may have a concussion. Don't let anyone pressure you into continuing to practice or play with a concussion.

GET CHECKED OUT. Only a health care professional can tell if you have a concussion and when it's OK to return to play. Sports have injury timeouts and player substitutions so that you can get checked out and the team can perform at its best. The sooner you get checked out, the sooner you may be able to safely return to play.

TAKE CARE OF YOUR BRAIN. A concussion can affect your ability to do schoolwork and other activities. Most athletes with a concussion get better and return to sports, but it is important to rest and give your brain time to heal. A repeat concussion that occurs while your brain is still healing can cause long-term problems that may change your life forever.

How can I help prevent a concussion?

Every sport is different, but there are steps you can take to protect yourself.

- Follow your coach's rules for safety and the rules of the sport.
- Practice good sportsmanship at all times.

If you think you have a concussion:

Don't hide it. Report it. Take time to recover.

It's better to miss one game than the whole season.

For more information, visit www.cdc.gov/Concussion.



April 2013

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| BEAUFORT COUNTY SCHOOL DISTRICT | 2015-2016 ATHLETICS PERMISSION FORM & RELEASE |
| School: | Activity: |
| Student Name: | Grade: |

Risk of Injury: We, the parent/legal custodian of the above-named student and the above-named student, acknowledge and understand there is a risk of injury involved in athletic participation. We understand the student-athlete will be under the supervision of a BCSD athletic coach. We agree to follow the rules of the sport and the instructions of the coach in order to reduce the risk of injury to the student and other athletes. However, we acknowledge and understand that neither the coach nor the BCSD can eliminate the risk of injury in sports. Injuries may and do occur. Sports injuries can be severe and in some cases may result in permanent disability or death. We freely, knowingly, and willfully accept and assume the risk of injury that might occur from participation in athletics.

Release: In consideration of the BCSD allowing the above-named student to participate in athletics, we agree to release and hold the BCSD, its coaches, and all other employees and contracted personnel, harmless and fully indemnified from and against any and all claims, suits or causes of action arising from or out of any injury the student-athlete may suffer from participation in athletics other than an injury arising from gross or willful negligence.

Medical Authorization: By signing below, I, the student-athlete's parent/legal custodian, give consent for the student to receive a medical screening prior to athletic participation, if such is offered by the BCSD or his/her school. In the event such is not offered by the BCSD or his/her school, I will ensure the student has a completed a current medical screening and will provide such to the student's coach or athletic director prior to the student's athletic participation. If the student is injured while participating in athletics and the BCSD is unable to contact me, I grant the BCSD, its employees and contracted personnel, permission and authority to obtain the necessary treatment recommended by a physician or the athletic trainer. I further accept financial responsibility for such medical care or treatment on behalf of the student.

Parent Pledge: As a parent, I am a role model. I will remember that school athletics are an extension of the classroom, offering learning experiences for students, whether participating or spectating. I will show respect for the opposing players, coaches, spectators and support groups. I will participate only in cheers supporting and uplifting the teams involved. Using inappropriate language and taunting are contrary to the spirit of fair play and the good sportsmanship that the BCSD, its schools, the athletic conferences in which our schools participate and the SCHSL expects of its members. I accept my responsibility to model good sportsmanship that comes with being the parent of a student-athlete. I agree to encourage and support my student by attending parent meetings as required by the school/coach, lending support to the school/activity booster club, ensuring my student follows all SCHSL, BCSD, school, and team conduct rules, interacting with classroom teachers, counselors, and school administrators on a regular basis to monitor the academic success/progress of my student, demonstrating good sportsmanship at all times towards coaches, officials, competitors, and personnel, submitting all fees and forms as required for participation, following the established methods to address program/individual concerns by first contacting my student's coach, attending contests in which my student will be involved as often as possible, and ensuring my student has the necessary transportation to/from practices and events.

Acknowledgement of BCSD Academic Requirement for Athletic Participation: By signing below, we, the undersigned parent/legal custodian of the above-named student-athlete and the undersigned student-athlete, certify we have read and understand the BCSD Administrative Regulation regarding academic requirements for students participating in athletics (SS-36, Student Athletics).

Acknowledgement of Random Drug Testing of Athletes: By signing below, we, the undersigned parent/legal custodian of the above-named student-athlete and the undersigned student-athlete, certify we have read and understand that all high school student-athletes in the BCSD are subject to random drug testing. We have read and understand the Administrative Regulation and procedures for random drug testing (SS-57, Random Drug Testing of Students). We agree and give consent to the participation of the student in the BCSD random drug testing program, and we authorize

the BCSD, and its agents or employees, to release the results of the student's drug test results to the student, the student's parents/legal custodians, and school officials.

Athletes as Role Models: As a student-athlete, I am a role model. Using inappropriate language, taunting, baiting, or the use of unwarranted physical contact directed at opposing players, coaches, officials or fans are contrary to the spirit of fair play and the good sportsmanship that my school, my conference, the BCSD, and the SCHSL expects. I accept responsibility to model good sportsmanship that comes with being a student-athlete at all times and agree to abide by the BCSD Code of Student Conduct (SS-18, Code of Student Conduct).

Change of Address: I, the parent/legal custodian of the undersigned student-athlete, certify the home address shown in this athletic packet is the student-athlete's sole bona fide residence. I will notify the school principal immediately of any change in residence, as such move may alter the eligibility status of my student-athlete. I further acknowledge I must not falsify any official eligibility information relating to my residence and acknowledge doing so may result in the ineligibility of my student-athlete.

Student Athlete Insurance Coverage: The BCSD provides insurance coverage for student-athletes. The coverage is excess the primary medical coverage for the student, but will become primary if a student is uninsured. The coverage reimburses up to 70% of reasonable and customary charges, but coverage limitations exist. A schedule of benefits is available at the beginning of each school year. The BCSD does not select medical doctors and lacks control over the amount of money they charge for services.

Violations of Law and Behaviors/Activities Embarrassing/Discrediting the Student, Team, or School: By signing below, we, the undersigned parent/legal custodian of the above-named student-athlete and the undersigned student-athlete, understand the student-athlete is subject to team-based disciplinary action, up to and including dismissal from the team, for use of illegal substances and for actions or behaviors embarrassing/discrediting the student, team or school, whether on or off campus. Such consequences will be imposed by the coach, athletic director and/or school administration at their discretion, and may be in addition to school-based discipline as set forth in Administrative Regulation SS-18, Code of Student Conduct. Examples of such behaviors include, but are not limited to, felony indictments, DUI charges or convictions, possessing or being under the influence of illegal substances, unlawful possessing a weapon, unlawfully discharging a weapon, tampering with or trying to gain entry into confidential school records, vandalism, using a computer or the internet to harass, bully or threaten other students or school personnel or to post pornographic, vulgar or obscene pictures or statements.

Return of Equipment. I, the undersigned student, agree to return to my coach all BCSD equipment and uniforms upon completion of the season. I, the undersigned parent/legal custodian, understand and acknowledge my student and I are financially responsible for all equipment/uniform items in possession of my student. The BCSD is not responsible for lost, stolen, or damaged items. In the event any item is lost, stolen, or damaged, we agree to pay the full replacement cost of said items.

We, the undersigned parent/legal custodian and student, have read this document and understand all expectations for the participation in athletics at my school and within the Beaufort County School District.

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| Student Name: | Signature | Date: |
| Name of Parent/Legal Custodian: | Signature | Date: |

BEAUFORT COUNTY SCHOOL DISTRICT
DRUG TESTING CONSENT FORM

I desire that _____ (student) be able to participate in some or all of the following voluntary activities or privileges offered by the Beaufort County Schools: interscholastic athletics, other voluntary extracurricular activities, and campus parking privileges.

I hereby agree that:

I have read and understand the Beaufort County School District administrative regulation governing random student drug testing. I have read and understand the regulation.

_____ (student) shall be enrolled in the Beaufort County Schools random drug testing program beginning with this school year and may be drug-tested in accordance with the random drug testing regulation at any time during this school year while enrolled in the Beaufort County Schools.

Drug tests of students under the random drug testing regulation are completely voluntary and a student is never forced to undergo a drug test. However, a refusal to take a drug test shall result in the same consequences as a positive drug test.

Drug test results may be released to the student, the parent/guardian, the contracted Test Administrator for Beaufort County Schools, the Medical Review Officer, the Superintendent's designee and the student's school Principal.

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| Student Name: | Signature | Date: |
| | | |
| Name of Parent/Legal Custodian: | Signature | Date: |
| | | |

Student – Athlete Concussion Acknowledgement Statement

I, _____, understand it is my responsibility to report all injuries and illnesses, including concussions, to my athletic trainer and/or head coach.

I have read and understand the CDC concussion fact sheet, *A Fact Sheet for Athletes*, and am aware of the following information:

1. A concussion is a brain injury, which I am responsible for reporting to the head coach or athletic trainer.
2. A concussion can affect my ability to perform everyday activities and affect reaction time, balance, sleep, and classroom performance.
3. I cannot see a concussion, but I might notice some of the symptoms right away. I understand other symptoms can show up hours or days after the injury.
4. If I suspect a teammate has a concussion, I am responsible for reporting the injury to my head coach or athletic trainer.
5. I will not return to play in a game or practice if I have received a blow to the head or body that results in concussion-related symptoms.
6. Following concussion, I understand that the brain needs time to heal. I understand that I am much more likely to have a repeat concussion if I return to play before symptoms resolve.
7. In rare cases, I realize repeat concussions can cause permanent brain damage and even death.

I acknowledge that I have read and understand the CDC’s *A Fact Sheet for Athletes* and the Beaufort County Student Athlete Insurance Coverage policy and accept these responsibilities to protect my well-being. If I have any questions, it is my responsibility to ask the athletic training staff or my coach.

| | | |
|--|------------------|--------------|
| Student Name: | Signature | Date: |
| Name of Parent/Legal Custodian: | Signature | Date: |

HISTORY FORM

(Note: This form is to be filled out by the patient and parent prior to seeing the physician. The physician should keep this form in the chart.)

Date of Exam _____

Name _____ Date of birth _____

Sex _____ Age _____ Grade _____ School _____ Sport(s) _____

| | | | |
|--|----------------------------------|-------------------------------|---|
| Do you have any allergies? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please identify specific allergy below. _____ | | | |
| <input type="checkbox"/> Medicines | <input type="checkbox"/> Pollens | <input type="checkbox"/> Food | <input type="checkbox"/> Stinging Insects |

Medicines and Allergies: Please list all of the prescription and over-the-counter medicines and supplements (herbal and nutritional) that you are currently taking

Explain "Yes" answers below. Circle questions you don't know the answers to.

| GENERAL QUESTIONS | Yes | No | MEDICAL QUESTIONS | Yes | No |
|---|-----|----|---|-----|----|
| 1. Has a doctor ever denied or restricted your participation in sports for any reason? | | | 26. Do you cough, wheeze, or have difficulty breathing during or after exercise? | | |
| 2. Do you have any ongoing medical conditions? If so, please identify below: <input type="checkbox"/> Asthma <input type="checkbox"/> Anemia <input type="checkbox"/> Diabetes <input type="checkbox"/> Infections Other: _____ | | | 27. Have you ever used an inhaler or taken asthma medicine? | | |
| 3. Have you ever spent the night in the hospital? | | | 28. Is there anyone in your family who has asthma? | | |
| 4. Have you ever had surgery? | | | 29. Were you born without or are you missing a kidney, an eye, a testicle (males), your spleen, or any other organ? | | |
| HEART HEALTH QUESTIONS ABOUT YOU | Yes | No | 30. Do you have groin pain or a painful bulge or hernia in the groin area? | | |
| 5. Have you ever passed out or nearly passed out DURING or AFTER exercise? | | | 31. Have you had infectious mononucleosis (mono) within the last month? | | |
| 6. Have you ever had discomfort, pain, tightness, or pressure in your chest during exercise? | | | 32. Do you have any rashes, pressure sores, or other skin problems? | | |
| 7. Does your heart ever race or skip beats (irregular beats) during exercise? | | | 33. Have you had a herpes or MRSA skin infection? | | |
| 8. Has a doctor ever told you that you have any heart problems? If so, check all that apply: <input type="checkbox"/> High blood pressure <input type="checkbox"/> A heart murmur <input type="checkbox"/> High cholesterol <input type="checkbox"/> A heart infection <input type="checkbox"/> Kawasaki disease Other: _____ | | | 34. Have you ever had a head injury or concussion? | | |
| 9. Has a doctor ever ordered a test for your heart? (For example, ECG/EKG, echocardiogram) | | | 35. Have you ever had a hit or blow to the head that caused confusion, prolonged headache, or memory problems? | | |
| 10. Do you get lightheaded or feel more short of breath than expected during exercise? | | | 36. Do you have a history of seizure disorder? | | |
| 11. Have you ever had an unexplained seizure? | | | 37. Do you have headaches with exercise? | | |
| 12. Do you get more tired or short of breath more quickly than your friends during exercise? | | | 38. Have you ever had numbness, tingling, or weakness in your arms or legs after being hit or falling? | | |
| HEART HEALTH QUESTIONS ABOUT YOUR FAMILY | Yes | No | 39. Have you ever been unable to move your arms or legs after being hit or falling? | | |
| 13. Has any family member or relative died of heart problems or had an unexpected or unexplained sudden death before age 50 (including drowning, unexplained car accident, or sudden infant death syndrome)? | | | 40. Have you ever become ill while exercising in the heat? | | |
| 14. Does anyone in your family have hypertrophic cardiomyopathy, Marfan syndrome, arrhythmogenic right ventricular cardiomyopathy, long QT syndrome, short QT syndrome, Brugada syndrome, or catecholaminergic polymorphic ventricular tachycardia? | | | 41. Do you get frequent muscle cramps when exercising? | | |
| 15. Does anyone in your family have a heart problem, pacemaker, or implanted defibrillator? | | | 42. Do you or someone in your family have sickle cell trait or disease? | | |
| 16. Has anyone in your family had unexplained fainting, unexplained seizures, or near drowning? | | | 43. Have you had any problems with your eyes or vision? | | |
| BONE AND JOINT QUESTIONS | Yes | No | 44. Have you had any eye injuries? | | |
| 17. Have you ever had an injury to a bone, muscle, ligament, or tendon that caused you to miss a practice or a game? | | | 45. Do you wear glasses or contact lenses? | | |
| 18. Have you ever had any broken or fractured bones or dislocated joints? | | | 46. Do you wear protective eyewear, such as goggles or a face shield? | | |
| 19. Have you ever had an injury that required x-rays, MRI, CT scan, injections, therapy, a brace, a cast, or crutches? | | | 47. Do you worry about your weight? | | |
| 20. Have you ever had a stress fracture? | | | 48. Are you trying to or has anyone recommended that you gain or lose weight? | | |
| 21. Have you ever been told that you have or have you had an x-ray for neck instability or atlantoaxial instability? (Down syndrome or dwarfism) | | | 49. Are you on a special diet or do you avoid certain types of foods? | | |
| 22. Do you regularly use a brace, orthotics, or other assistive device? | | | 50. Have you ever had an eating disorder? | | |
| 23. Do you have a bone, muscle, or joint injury that bothers you? | | | 51. Do you have any concerns that you would like to discuss with a doctor? | | |
| 24. Do any of your joints become painful, swollen, feel warm, or look red? | | | FEMALES ONLY | | |
| 25. Do you have any history of juvenile arthritis or connective tissue disease? | | | 52. Have you ever had a menstrual period? | | |
| | | | 53. How old were you when you had your first menstrual period? | | |
| | | | 54. How many periods have you had in the last 12 months? | | |

Explain "yes" answers here

I hereby state that, to the best of my knowledge, my answers to the above questions are complete and correct.

Signature of athlete: _____ Signature of Parent/Guardian: _____ Date: _____

PHYSICAL EXAMINATION FORM

Name _____ Date of birth _____

PHYSICIAN REMINDERS

- Consider additional questions on more sensitive issues
 - Do you feel stressed out or under a lot of pressure?
 - Do you ever feel sad, hopeless, depressed, or anxious?
 - Do you feel safe at your home or residence?
 - Have you ever tried cigarettes, chewing tobacco, snuff, or dip?
 - During the past 30 days, did you use chewing tobacco, snuff, or dip?
 - Do you drink alcohol or use any other drugs?
 - Have you ever taken anabolic steroids or used any other performance supplement?
 - Have you ever taken any supplements to help you gain or lose weight or improve your performance?
 - Do you wear a seat belt, use a helmet, and use condoms?
- Consider reviewing questions on cardiovascular symptoms (questions 5–14).

| EXAMINATION | | |
|---|--------------|---|
| Height _____ | Weight _____ | <input type="checkbox"/> Male <input type="checkbox"/> Female |
| BP _____ / _____ (_____ / _____) | Pulse _____ | Vision R20/ _____ L 20/ _____ Corrected <input type="checkbox"/> Y <input type="checkbox"/> N |
| MEDICAL | NORMAL | ABNORMAL FINDINGS |
| Appearance • Marfan stigmata (kyphoscoliosis, high-arched palate, pectus excavatum, arachnodactyly, arm span > height, hyperlaxity, myopia, MVP, aortic insufficiency) | | |
| Eyes/ears/nose/throat • Pupils equal • Hearing | | |
| Lymph nodes | | |
| Heart ^a • Murmurs (auscultation standing, supine, +/- Valsalva) • Location of point of maximal impulse (PMI) | | |
| Pulses • Simultaneous femoral and radial pulses | | |
| Lungs | | |
| Abdomen | | |
| Genitourinary (males only) ^b | | |
| Skin • HSV, lesions suggestive of MRSA, tinea corporis | | |
| Neurologic ^c | | |
| MUSCULOSKELETAL | | |
| Neck | | |
| Back | | |
| Shoulder/arm | | |
| Elbow/forearm | | |
| Wrist/hand/fingers | | |
| Hip/thigh | | |
| Knee | | |
| Leg/ankle | | |
| Foot/toes | | |
| Functional • Duck-walk, single leg hop | | |

^aConsider ECG, echocardiogram, and referral to cardiology for abnormal cardiac history or exam.

^bConsider GU exam if in private setting. Having third party present is recommended.

^cConsider cognitive evaluation or baseline neuropsychiatric testing if a history of significant concussion.

Cleared for all sports without restriction

Cleared for all sports without restriction with recommendations for further evaluation or treatment for _____

Not cleared

Pending further evaluation

For any sports

For certain sports _____

Reason _____ Recommendations _____

I have examined the above-named student and completed the preparticipation physical evaluation. The athlete does not present apparent clinical contraindications to practice and participate in the sport(s) as outlined above. A copy of the physical exam is on record in my office and can be made available to the school at the request of the parents. If conditions arise after the athlete has been cleared for participation, the physician may rescind the clearance until the problem is resolved and the potential consequences are completely explained to the athlete (and parents/guardians).

Name of physician (print/type) _____ Date _____

Address _____ Phone _____

Signature of physician _____, MD or DO

Parent's Permission & Acknowledgement of Risk for Son or Daughter to Participate in Athletics

Name (please print) _____

As a parent or legal guardian of the above named student-athlete, I give permission for his/her participation in athletic events and the physical evaluation for that participation. I understand this is simply a screening evaluation and not a substitute for regular health care. I also grant permission for treatment deemed necessary for a condition arising during participation of these events, including medical or surgical treatment recommended by a medical professional. I grant permission to nurses, trainers and coaches, as well as physicians or those under their direction who are part of athletic injury prevention and treatment, to have access to necessary medical information. I know that the risk of injury to my child/ward comes with participation in sports and during travel to and from play and practice. I have had the opportunity to understand the risk of injury during participation in sports through meetings, written information or by some other means. My signature indicates that, to the best of my knowledge, my answers to the above questions are complete and correct. I understand the data acquired during these evaluations may be used for research purposes.

| | | |
|--|------------------|--------------|
| Student Name: | Signature | Date: |
| Name of Parent/Legal Custodian: | Signature | Date: |