
NORTON SCIENCE AND LANGUAGE ACADEMY ATHLETIC REGISTRATION PACKET



Attention:

ALL ATHLETES MUST SUBMIT COMPLETED ATHLETIC PACKET AND RECEIVE CLEARANCE BY THE ATHLETIC DIRECTOR BEFORE THEY CAN TRYOUT OR PARTICIPATE IN ANY SPORTS

COMPLETED PACKETS MUST BE SUBMITTED TO THE ATHLETIC DIRECTOR OFFICE IN G105 or G104

Athletic Director

Devin Sutorius

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Student Activities Clerk

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Nsla.lewiscenter.org



NORTON SCIENCE AND LANGUAGE ACADEMY - ATHLETICS

Student Name _____

Grade _____

Sport(s) played _____

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We have attended the mandatory parent/guardian- student athlete meeting and have read and understand this packet and acknowledgement that we may be disciplined if we violate any of its provisions.

\_\_\_\_\_  
Student Initial      Parent/Guardian Initial

We received, read and understand the Athletic Department Behavior Policy.

\_\_\_\_\_  
Student Initial      Parent/Guardian Initial

We received, read and understand the Athletic Department Social-Medica Policy.

\_\_\_\_\_  
Student Initial      Parent/Guardian Initial

We received, read and understand the Athletic D Department Parents and Spectator Code of Conduct.

\_\_\_\_\_  
Student Initial      Parent/Guardian Initial

We received, read and understand the Athletic Department Season of Sport Contract.

\_\_\_\_\_  
Student Initial      Parent/Guardian Initial

We received, read and understand the provided Concussion Information form.

\_\_\_\_\_  
Student Initial      Parent/Guardian Initial

We received, read and understand the provided Sudden Cardiac Arrest Information form,

\_\_\_\_\_  
Student Initial      Parent/Guardian Initial

We received, read and understand the provided Prescription Opioid Information form.

\_\_\_\_\_  
Student-Athlete Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Athletic Director Signature

\_\_\_\_\_  
Date



**NORTON SCIENCE AND LANGUAGE ACADEMY - ATHLETICS**

**NSLA ATHLETIC CARD – 2024/2025 SCHOOL YEAR**

PRINT ATHLETES LAST NAME FIRST MIDDLE

M F SEX GRADE BIRTHDATE HOME PHONE PARENT CELL PHONE

RESIDENCE ADDRESS CITY STATE ZIP CODE

NAME OF EMERGENCY CONTACT EMERGENCY PHONE RELATIONSHIP TO STUDENT

Have you played High School Athletics at another school? NO \_\_\_ YES \_\_\_ If yes, name of school \_\_\_\_\_

**ATHORIZATION OF CONSENT FOR TREATMENT OF A MINOR**

I/we, the undersigned parents/guardians of the minor student enrolled at NSLA, do hereby authorize Norton Science and Language Academy (NSLA) as agent for the undersigned to consent to an x-ray examination, anesthetic, or surgical diagnosis or treatment and hospital care which is deemed advisable by and is to be rendered under the general or specific supervision of any physician and/or surgeon licensed under the provision of the Medical Practice Act, whether such diagnosis or treatment is rendered at the office of a physician or at a hospital. In the event that my/our child is participating in a school function outside of San Bernardino, I authorize treatment and care at a medical facility determined appropriate by the representative of NSLA. I also authorize NSLA to use an ambulance service as deemed appropriate. A school representative may also administer first aid for minor injuries. It is understood that this authorization is given in advance of any specific diagnosis, treatment, or hospital care being required, but is given to provide authority and power on the part of our aforesaid agent to give specific consent for any and all such diagnosis, treatment, or hospital care which the aforementioned physician, in the exercise of his/her best judgment, may deem advisable. I also agree to accept all financial responsibility for all costs of the above medical services, with no liability to NSLA. I hereby give my consent for the above-mentioned student to compete in sports. I authorize the student to go with and be supervised by a representative of the Norton Science and Language Academy on any trips. In case this student becomes ill or is injured, you are authorized to have the student treated and I authorize the medical agency to render treatment.

Parent/Guardian Signature Date Student Signature Date

**MEDICAL INFORMATION**

Doctor: Phone:

Dentist: Phone:

Medical Insurance Provider: Phone:

Group #: Policy #:

Any medical conditions that NSLA should be aware of:

Medications that student is currently taking:

Allergies:



**ASSUMPTION OF RISK AND WAIVER RELEASE AND INDEMNITY AGREEMENT**

For an in consideration permitting \_\_\_\_\_ to enroll in and/or participate in \_\_\_\_\_  
(Student Name) (Type of athletic activity)

given by Norton Science and Language Academy. The Undersigned hereby voluntarily releases, discharges, waives and relinquishes any and all actions or causes of action for personal injury, property damage or wrongful death occurring to him/herself arising as a result of engaging or receiving instructions in said activity or and activities incidental thereto wherever or however the same may occur and for whatever period said activities or instructions may continue, and the undersigned does for him/herself, his/her heirs, executors, administrators and assigns hereby release, waive, discharge and relinquish any action or causes of action aforesaid, which may hereafter arise for him/herself and for his/her estate, and agrees that under np circumstances will he/she or his/hers heirs, executors, administrators and assigns prosecute, present any claim for persona injury, property damage or wrongful death against Norton Science and Language Academy or any of its officers, agents, servants or employees for any said cause of action, whether the same shall arise by the negligence of any said persons, or otherwise.

IT IS THE INTENTION OF \_\_\_\_\_ BY THIS INSTRUMENT TO EXEMPT NORTON SCIENCE AND LANGUAGE ACADEMY FROM LIABILITY FOR PERSONL INJURY, PROPERTY DAMAGE OR WRONGFUL DEATH CAUSED BY NEGLIGENCE.

The Undersigned for him/herself, his/her heirs, executors, administrators or assign agrees that in the event any claim or injury, personal property damage or wrongful death shall be prosecuted against Norton Science and Language Academy he/shall indemnify and save harmless such entity from any and all claims or causes of action by whomever or whatever made or presented for personal injuries, property damage, or wrongful death.

The Undersigned acknowledges that he/she has read the foregoing three paragraphs, has been fully and completely advised of the potential dangers incidental to engaging in the activity and instruction of \_\_\_\_\_ and is fully aware of the legal consequences of signing the within instrument. (Type of athletic activity)

\_\_\_\_\_  
PRINT ATHLETE'S NAME

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE OF ATHELETE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE OF PARENT/GUARDIAN

\_\_\_\_\_  
DATE



**1. PREPARTICIPATION PHYSICAL EVALUATION**

**HISTORY FORM**

List past and current medical conditions. \_\_\_\_\_

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Have you ever had surgery? If yes, list all past surgical procedures. \_\_\_\_\_

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Medicines and supplements: List all current prescriptions, over-the-counter medicines, and supplements (herbal and nutritional). \_\_\_\_\_

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Do you have any allergies? If yes, please list all your allergies (ie, medicines, pollens, food, stinging insects). \_\_\_\_\_

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Patient Health Questionnaire Version 4 (PHQ-4)  
*Over the last 2 weeks, how often have you been bothered by any of the following problems? (Circle response.)*

|                                             | Not at all | Several days | Over half the days | Nearly every day |
|---------------------------------------------|------------|--------------|--------------------|------------------|
| Feeling nervous, anxious, or on edge        | 0          | 1            | 2                  | 3                |
| Not being able to stop or control worrying  | 0          | 1            | 2                  | 3                |
| Little interest or pleasure in doing things | 0          | 1            | 2                  | 3                |
| Feeling down, depressed, or hopeless        | 0          | 1            | 2                  | 3                |

(A sum of  $\geq 3$  is considered positive on either subscale [questions 1 and 2, or questions 3 and 4] for screening purposes.)

| <b>GENERAL QUESTIONS</b><br>(Explain "Yes" answers at the end of this form.<br>Circle questions if you don't know the answer.) |     |    |
|--------------------------------------------------------------------------------------------------------------------------------|-----|----|
|                                                                                                                                | Yes | No |
| 1. Do you have any concerns that you would like to discuss with your provider?                                                 |     |    |
| 2. Has a provider ever denied or restricted your participation in sports for any reason?                                       |     |    |
| 3. Do you have any ongoing medical issues or recent illness?                                                                   |     |    |
| <b>HEART HEALTH QUESTIONS ABOUT YOU</b>                                                                                        |     |    |
|                                                                                                                                | Yes | No |
| 4. Have you ever passed out or nearly passed out during or after exercise?                                                     |     |    |
| 5. Have you ever had discomfort, pain, tightness, or pressure in your chest during exercise?                                   |     |    |
| 6. Does your heart ever race, flutter in your chest, or skip beats (irregular beats) during exercise?                          |     |    |
| 7. Has a doctor ever told you that you have any heart problems?                                                                |     |    |
| 8. Has a doctor ever requested a test for your heart? For example, electrocardiography (ECG) or echocardiography.              |     |    |

| <b>HEART HEALTH QUESTIONS ABOUT YOU (CONTINUED)</b>                                                                                                                                                                                                                                                                   |     |    |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
|                                                                                                                                                                                                                                                                                                                       | Yes | No |
| 9. Do you get light-headed or feel shorter of breath than your friends during exercise?                                                                                                                                                                                                                               |     |    |
| 10. Have you ever had a seizure?                                                                                                                                                                                                                                                                                      |     |    |
| <b>HEART HEALTH QUESTIONS ABOUT YOUR FAMILY</b>                                                                                                                                                                                                                                                                       |     |    |
|                                                                                                                                                                                                                                                                                                                       | Yes | No |
| 11. Has any family member or relative died of heart problems or had an unexpected or unexplained sudden death before age 35 years (including drowning or unexplained car crash)?                                                                                                                                      |     |    |
| 12. Does anyone in your family have a genetic heart problem such as hypertrophic cardiomyopathy (HCM), Marfan syndrome, arrhythmogenic right ventricular cardiomyopathy (ARVC), long QT syndrome (LQTS), short QT syndrome (SQTS), Brugada syndrome, or catecholaminergic polymorphic ventricular tachycardia (CPVT)? |     |    |
| 13. Has anyone in your family had a pacemaker or an implanted defibrillator before age 35?                                                                                                                                                                                                                            |     |    |

## NORTON SCIENCE AND LANGUAGE ACADEMY - ATHLETICS

| BONE AND JOINT QUESTIONS                                                                                                                              | Yes | No |
|-------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| 14. Have you ever had a stress fracture or an injury to a bone, muscle, ligament, joint, or tendon that caused you to miss a practice or game?        |     |    |
| 15. Do you have a bone, muscle, ligament, or joint injury that bothers you?                                                                           |     |    |
| MEDICAL QUESTIONS                                                                                                                                     | Yes | No |
| 16. Do you cough, wheeze, or have difficulty breathing during or after exercise?                                                                      |     |    |
| 17. Are you missing a kidney, an eye, a testicle (males), your spleen, or any other organ?                                                            |     |    |
| 18. Do you have groin or testicle pain or a painful bulge or hernia in the groin area?                                                                |     |    |
| 19. Do you have any recurring skin rashes or rashes that come and go, including herpes or methicillin-resistant <i>Staphylococcus aureus</i> (MRSA)?  |     |    |
| 20. Have you had a concussion or head injury that caused confusion, a prolonged headache, or memory problems?                                         |     |    |
| 21. Have you ever had numbness, had tingling, had weakness in your arms or legs, or been unable to move your arms or legs after being hit or falling? |     |    |
| 22. Have you ever become ill while exercising in the heat?                                                                                            |     |    |
| 23. Do you or does someone in your family have sickle cell trait or disease?                                                                          |     |    |
| 24. Have you ever had or do you have any problems with your eyes or vision?                                                                           |     |    |

| MEDICAL QUESTIONS (CONTINUED)                                                        | Yes | No |
|--------------------------------------------------------------------------------------|-----|----|
| 25. Do you worry about your weight?                                                  |     |    |
| 26. Are you trying to or has anyone recommended that you gain or lose weight?        |     |    |
| 27. Are you on a special diet or do you avoid certain types of foods or food groups? |     |    |
| 28. Have you ever had an eating disorder?                                            |     |    |
| FEMALES ONLY                                                                         | Yes | No |
| 29. Have you ever had a menstrual period?                                            |     |    |
| 30. How old were you when you had your first menstrual period?                       |     |    |
| 31. When was your most recent menstrual period?                                      |     |    |
| 32. How many periods have you had in the past 12 months?                             |     |    |

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**Explain "Yes" answers here. Hereby state that, to the best of my knowledge, my answers to the questions on this form are complete and correct.**

Signature of athlete: \_\_\_\_\_

Signature of parent or guardian: \_\_\_\_\_

Date: \_\_\_\_\_



1. PREPARTICIPATION PHYSICAL EVALUATION

**PHYSICAL EXAMINATION FORM**

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

| EXAMINATION                                                                                                                                                                       |         |                                                                                      |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------|--------------------------------------------------------------------------------------|
| Height:                                                                                                                                                                           | Weight: |                                                                                      |
| BP: / ( / )                                                                                                                                                                       | Pulse:  | Vision: R 20/ L 20/ Corrected: <input type="checkbox"/> Y <input type="checkbox"/> N |
| MEDICAL                                                                                                                                                                           | NORMAL  | ABNORMAL FINDINGS                                                                    |
| Appearance<br>1. Marfanstigmata(kyphoscoliosis, high-archedpalate, pectus excavatum, arachnodactyly, hyperlaxity, myopia, mitral valve prolapses [MVP], and aortic insufficiency) |         |                                                                                      |
| Eyes, ears, nose, and throat<br>1. Pupils equal<br>2. Hearing                                                                                                                     |         |                                                                                      |
| Lymph nodes                                                                                                                                                                       |         |                                                                                      |
| Heart*<br>1. Murmurs (auscultation standing, auscultation supine, and ± Valsalvamanuever)                                                                                         |         |                                                                                      |
| Lungs                                                                                                                                                                             |         |                                                                                      |
| Abdomen                                                                                                                                                                           |         |                                                                                      |
| Skin<br>1. Herpes simplex virus (HSV), lesions suggestive of methicillin-resistant <i>Staphylococcus aureus</i> (MRSA), or tinea corporis                                         |         |                                                                                      |
| Neurological                                                                                                                                                                      |         |                                                                                      |
| MUSCULOSKELETAL                                                                                                                                                                   | NORMAL  | ABNORMAL FINDINGS                                                                    |
| Neck                                                                                                                                                                              |         |                                                                                      |
| Back                                                                                                                                                                              |         |                                                                                      |
| Shoulder and arm                                                                                                                                                                  |         |                                                                                      |
| Elbow and forearm                                                                                                                                                                 |         |                                                                                      |
| Wrist, hand, and fingers                                                                                                                                                          |         |                                                                                      |
| Hip and thigh                                                                                                                                                                     |         |                                                                                      |
| Knee                                                                                                                                                                              |         |                                                                                      |
| Leg and ankle                                                                                                                                                                     |         |                                                                                      |
| Foot and toes                                                                                                                                                                     |         |                                                                                      |
| Functional<br>1. Double-leg squat test, single-leg squat test, and box drop or step droptest                                                                                      |         |                                                                                      |

\*Consider electrocardiography (ECG), echocardiography, referral to a cardiologist for abnormal cardiac history or examination findings, or a combination of those.

Name of health care professional (print or type): \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Signature of health care professional: \_\_\_\_\_, MD, DO, NP, or PA

2. **PREPARTICIPATION PHYSICAL EVALUATION**

**MEDICAL ELIGIBILITY FORM**

Name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

- 1. Medically eligible for all sports without restriction    YES    NO
- 2. Medically eligible for all sports without restriction with recommendations for further evaluation or treatment of

\_\_\_\_\_

\_\_\_\_\_

- 3. Medically eligible for certain sports

\_\_\_\_\_

\_\_\_\_\_

- 4. Not medically eligible pending further evaluation

- 5. Not medically eligible for any sports

Recommendations: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I have examined the student named on this form and completed the preparticipation physical evaluation. The athlete does not have apparent clinical contraindications to practice and can participate in the sport(s) as outlined on this form. A copy of the physical examination findings are 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 medical eligibility until the problem is resolved and the potential consequences are completely explained to the athlete (and parents or guardians).

Name of health care professional (print or type): \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Signature of health care professional: \_\_\_\_\_,  
MD, DO, NP, or PA

**SHARED EMERGENCY INFORMATION**

Allergies: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Medications: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Other information: \_\_\_\_\_





## NORTON SCIENCE AND LANGUAGE ACADEMY - ATHLETICS

Emergency contacts:

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|               |                         |              |
|---------------|-------------------------|--------------|
| Name of Adult | Relationship to Student | Phone Number |
|---------------|-------------------------|--------------|

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|               |                         |              |
|---------------|-------------------------|--------------|
| Name of Adult | Relationship to Student | Phone Number |
|---------------|-------------------------|--------------|

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|               |                         |              |
|---------------|-------------------------|--------------|
| Name of Adult | Relationship to Student | Phone Number |
|---------------|-------------------------|--------------|

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|               |                         |              |
|---------------|-------------------------|--------------|
| Name of Adult | Relationship to Student | Phone Number |
|---------------|-------------------------|--------------|

### NSLA & LCER

You have received information about Assumption of Risk and Waiver Release and Indemnity Agreement, Consent for Treatment of a Minor & Waiver, NSLA/CIF-Athletic Code of Ethics, Bullying, Hazing, and Initiation Rituals, using androgenic/anabolic steroids, Sudden Cardiac Arrest, CIF Concussion and Heat Illness Information.

You recognize that under CIF Bylaw 202, there could be penalties for false or fraudulent information. You also understand that the High School/NSLA/LCER policy regarding the use of illegal drugs will be enforced for any violations of these rules. A copy of this form must be kept on file in the athletic director's office at the local high school on an annual basis.

*I acknowledge that I have received and read the above statement information:*

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|                           |            |      |
|---------------------------|------------|------|
| Student-Athlete Signature | Print Name | Date |
|---------------------------|------------|------|

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|                           |            |      |
|---------------------------|------------|------|
| Parent/Guardian Signature | Print Name | Date |
|---------------------------|------------|------|

## CONCUSSIONS

You are receiving the **attached** information sheet about concussions because of California State Law AB 25(effective January 1, 2012), now Education Code § 49475:

1. The law requires a student athlete who may have a concussion during a practice or a game to be removed from the activity for the remainder of the day.
2. Any student-athlete removed for this reason must receive a written note from a physician trained in the management of concussion before returning to practice.
3. Before a student-athlete can start the season and begin practice in a sport, a concussion information sheet (**attached**) must be signed and returned to the school by the student-athlete and the parent or guardian.

***I acknowledge that I have received and read the CIF Concussion Information Sheet:***

|                           |            |          |
|---------------------------|------------|----------|
| STUDENT-ATHLETE SIGNATURE | PRINT Name | _____Des |
| PARENT/GUARDIAN SIGNATURE | PRINT NAME | DATE     |

## OPIOIDS

You are receiving the **attached** information sheet about opioids because of California State Law SB 1109(effective January 1, 2019), now Education Code § 49476:

49476. (a) If a school district, charter school, or private school elects to offer an athletic program, the school district, charter school, or private school shall annually give the Opioid Factsheet to Patients published by the Centers for Disease Control and Prevention to each athlete. The athlete and, if the athlete is 17 years of age or younger, the athlete's parent or guardian shall sign a document acknowledging receipt of the Opioid Factsheet for Patients and return that document to the school district, charter school, or private school before the athlete initiates practice or competition. The Opioid Factsheet for Patients may be sent and returned through an electronic medium, including, but not limited to, fax or email.

***I acknowledge that I have received and read the Opioid Fact Sheet***

|                           |            |      |
|---------------------------|------------|------|
| STUDENT-ATHLETE SIGNATURE | PRINT NAME | DATE |
| PARENT/GUARDIAN SIGNATURE | PRINT NAME | DATE |

## ERIC PAREDES SUDDEN CARDIAC ARREST PREVENTION ACT

You are receiving the **attached** information sheet about Sudden Cardiac Arrest (SCA) because of the Eric Paredes Sudden Cardiac Arrest Prevention Act (effective January 1, 2017), now Education Code § 33479-33479.9:

Section 33479.3: Each school year, before a pupil participates in an athletic activity governed by the CIF, the school shall collect and retain a copy of the sudden cardiac arrest information sheet required by the CIF for that pupil.

***I acknowledge that I have received and read the Sudden Cardiac Arrest Information for Athletes & Parents/Guardians Sheet:***

|                           |            |      |
|---------------------------|------------|------|
| STUDENT-ATHLETE SIGNATURE | PRINT NAME | DATE |
| PARENT/GUARDIAN SIGNATURE | PRINT NAME | DATE |

## HEAT ILLNESS

You are receiving the **attached** sheet about heat illness because of CIF Bylaw 503.K. Heat Illness Protocol:

1. A student athlete who exhibits signs of heat illness while participating in, or immediately following, an athletic activity must be removed immediately from participating in a practice or game for the remainder of the day.
2. A student athlete who has been removed from play after displaying signs and symptoms associated with heat illness may not return to play until the athlete is evaluated by a licensed health care provider and receives written clearance to return to play from that health care provider.
3. On a yearly basis, a Heat Illness information sheet shall be signed and returned by all athletes and the athlete's parent(s)/guardian(s)/caregiver before the athlete's initial practice or competition.

***I acknowledge that I have received and read the Parent/Student CIF Heat Illness Information Sheet:***

|                           |            |      |
|---------------------------|------------|------|
| STUDENT-ATHLETE SIGNATURE | PRINT NAME | DATE |
| PARENT/GUARDIAN SIGNATURE | PRINT NAME | DATE |

## **Parent/Student Information Detach and Retain NSLA/CIF-ATHLETE CODE OF ETHICS**

Athletics is an integral part of the school's total educational program. All school activities, curricular and extra-curricular, in the classroom and on the playing field, must be congruent with the school's stated goals and objectives established for the intellectual, physical, social and moral development of its students. It is within this context that the following Code of Ethics is presented.

As an athlete, I understand that it is my responsibility to (1) Place academic achievement as the highest priority. (2) Show respect for teammates, opponents, officials and coaches. (3) Respect the integrity and judgment of the game officials. (4) Exhibit fair play, sportsmanship and proper conduct on and off the playing field. (5) Maintain a high level of safety awareness. (6) Refrain from the use of profanity, vulgarity and other offensive language and gestures. (7) Adhere to the established rules and standards of the game to be played. (8) Respect all equipment and use it safely and appropriately.

(9) Refrain from the use of alcohol, tobacco, illegal and non-prescriptive drugs, anabolic steroids or any substance to increase physical development or performance that is not approved by the United States Food and Drug Administration, Surgeon General of the United States or American Medical Association. (10) Know and follow all state, section and school athletic rules and regulations as they pertain to eligibility and sports participation. (11) Win with character; lose with dignity.

### **BULLYING, HAZING AND INITIATION RITUALS**

The administration of NSLA wants to make it clear to coaches, parents, students, and staff that bullying, hazing and initiations are dangerous and illegal and not to be a part of any sports program in the district. NSLA school administration has a "Zero Tolerance" policy on the bullying or hazing of students and athletes. Students who engage in physical, written, verbal, or by other means, harass, sexually harass, threaten, intimidate, retaliate, cyberbully, cause bodily injury to, or commit hate violence and/or hazing/initiation rituals against any student are subject to disciplinary actions up to and including: Removal from the team, suspension, expulsion, arrest, and criminal prosecution.

Students who observe bullying, hazing, or initiation rituals and don't report it to their school administration are subject to disciplinary action.

### **USE OF STEROIDS**

As a condition of membership in the CIF, all schools shall adopt policies prohibiting the use and abuse of androgenic/anabolic steroids. All member schools shall have participating students and their parents, legal guardian/caregiver agree that the athlete will not use steroids without the written prescription of a fully licensed physician (as recognized by the AMA) to treat a medical condition (Article 523).

## **MEDICAL RETURN TO PLAY CLEARANCE**

If a student athlete has been injured and referred to a Doctor's care, the athlete must provide written clearance to the athletic trainer or health tech, clearly stating, return to PE/Sports without restrictions BEFORE resuming practice/play

### **OPIOIDS**

Prescription opioids can be used to help relieve moderate to severe pain and are often prescribed following a surgery or injury, or certain health conditions. These medications can be an important part of treatment but also come with serious risks. It is important to work with your health care provider to make sure you are getting the safest, most effective care.

#### **WHAT ARE THE RISKS AND SIDE EFFECTS OF OPIOID USE:**

Prescription opioids carry serious risks of addiction and overdose, especially with prolonged use. An opioid overdose, often marked by slow breathing, can cause sudden death. The use of prescription opioids can have a number of side effects as well, even when take as directed.

4. Tolerance- meaning you might need to take more a medication for the same pain relief
5. Physical Dependence - meaning you have symptoms of withdrawal when a medication is stopped
6. Increased sensitivity to pain
7. Constipation
8. Nausea, vomiting, and dry mouth
9. Sleepiness and dizziness
10. Confusion
11. Depression
12. Low levels of testosterone that can result in lower sex drive, energy, and strength
13. Itching and sweating

#### **RISKS ARE GREATER WITH:**

1. History of drug misuse, substance abuse disorder, or overdose
2. Mental Health conditions (such as depression or anxiety)
3. Sleep apnea
4. Older age (65 years or older)
5. Pregnancy

**AVOID:** Alcohol while taking prescription opioids. Also, unless specifically advised by your health care provider, medications to avoid include: Benzodiazepines (Xanax or Valium), muscle relaxants (Soma or Flexeril), Hypnotics (Ambien or Lunesta) or other prescription opioids.

#### **KNOW YOUR OPTIONS:**

Talk to your health care provider about ways to manage your pain that don't involve prescription opioids. Some of these options may actually work better and have fewer risks and side effects.

1. Pain relievers such as acetaminophen, ibuprofen, and naproxen
2. Some medications that are also used for depression and seizures
3. Physical therapy and exercise
4. Cognitive behavior therapy, a psychological, goal directed approach, in which patients learn how to modify physical, behavioral, and emotional triggers of pain and stress.

### **IF YOU ARE PRESCRIBED OPIOIDS FOR PAIN**

5. Never take opioids in greater amounts than prescribed
6. Follow up with your primary health care provider within days
  1. Work together to create a plan to manage your pain
  2. Talk about ways to manage pain that don't involve prescription opioids
  3. Talk about any and all concerns and side effects
7. Help prevent misuse and abuse
  1. Never sell or share prescription opioids
  2. Never use another person's prescription opioids
8. Store prescription options in a secure place and out of reach of others (this may include visitors, children, family, and friends).
9. Safely dispose of unused prescription opioids. Find your community drug take back program or your pharmacy mail back program, or flush them down the toilet, following guidance from the Food and Drug Administration ([www.fda.gov/Drugs/ResourcesForYou](http://www.fda.gov/Drugs/ResourcesForYou)).
10. Visit [www.cdc.gov/drugoverdose](http://www.cdc.gov/drugoverdose) to learn about the risks of opioid abuse and overdose

## **SUDDEN CARDIAC ARREST**

**Warning Signs and Symptoms:** On July 1, 2017, Assembly Bill 1639, known as the Eric Parades Sudden Cardiac Arrest (SCA) Prevention Act went into effect. This requires the pupil and their parent or guardian to read, sign, and return an SCA form of acknowledgement before the pupil participates in any athletic activity. Districts may use this form, a form located on the California Interscholastic Association (CIF) website, or design their own form. An SCA acknowledgment form must be signed and returned to the school site each school year.

**What Is SCA?:** SCA occurs suddenly and often without warning. It is triggered by an electrical malfunction in the heart that causes an irregular heartbeat. SCA is when the heart stops beating suddenly and unexpectedly. With the heart's pumping action disrupted, the heart cannot pump blood to the brain, lungs, and other organs. Seconds later, a person loses consciousness and has no pulse. SCA is not a heart attack. Death occurs within minutes if the victim does not receive treatment.

**Who Is at Risk for SCA?:** Thousands of sudden cardiac arrests occur among youth each year, as it contributes to the #2 medical cause of death of youth under the age of 25 and is the #1 cause of death of student athletes during exercise. While a heart condition may have no warning signs, studies show that many young people do have warning signs or symptoms but neglect to tell an adult. This may be because they are embarrassed, they do not want to jeopardize their playing time, they mistakenly think that they are out of shape and need to train harder, or they simply ignore the symptoms, hoping the signs will go away.

### **Possible Warning Signs and Risk Factors for SCA:**

11. **Fainting or seizure, especially during or right after exercise**
12. **Fainting repeatedly or with excitement or startle**
13. Excessive shortness of breath during exercise
14. Racing or fluttering heart palpitations or irregular heartbeat
15. Repeated dizziness or lightheadedness
16. Chest pain or discomfort with exercise
17. Excessive, unexpected fatigue during or after exercise
18. Family history of sudden death or heart disease under age 50
19. Specific family history of Long QT Syndrome, Brugada Syndrome, Hypertrophic Cardiomyopathy, or ARVD
20. Family member with unexplained fainting, seizures, drowning or near drowning or car accidents
21. Known structural heart abnormality, repaired or un-repaired
22. Use of performance enhancing supplements, energy drinks, diet pills, inhalant's, "recreational" drugs

What you should do if your student athlete is experiencing any of these symptoms?

*We need to let the student athletes know that if they experience any SCA related symptoms it is crucial to alert an adult and get follow up care as soon as possible with. Primary care physician.* If the athlete has any of the SCA risk factors these should be discussed with a doctor to determine if further testing is needed. Wait for your doctor's feedback before returning to play, and alert your coach, athletic trainer and/or school nurse about diagnosed conditions.



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**Removal from Activity:** *A pupil who faints during or following participation in an athletic activity must be removed from play and may not return to play until they are evaluated and cleared by a physician and surgeon, nurse practitioner or physician's assistant.* I have reviewed and understand the symptoms, warning signs, and risk factors associated with SCA.

## The Cardiac Chain of Survival

**On average it takes EMS teams up to 12 minutes to arrive to a cardiac emergency. Every minute delay in attending to a sudden cardiac arrest victim decreases the chance of survival by 10%. Everyone should be prepared to take action in the first minutes of collapse.**



What is CIF doing to help protect student-athletes?

CIF amended its bylaws to include language that adds SCA training to coach certification and practice and game protocol that empowers coaches to remove from play a student-athlete who exhibits fainting-the number one warning sign of a potential heart condition. A student-athlete who has been removed from play after displaying signs or symptoms associated with SCA may not return to play until he or she is evaluated and cleared by a licensed health care provider. Parents, guardians, and caregivers are urged to dialogue with student-athletes about their heart health and everyone associated with high school sports should be familiar with the cardiac chain of survival so they are prepared in the event of a cardiac emergency.

The California Department of Education used information from the following sources: American Heart Association, Parent Heart Watch (<https://parentheartwatch.org/>), Eric Paredes Saved a Life Foundation: Keep Their Heart in the Game (<https://epsavealife.org/>), and Sudden Cardiac Arrest Foundation (<http://www.sca-aware.org/>) ([www.cifstate.org](http://www.cifstate.org)) (<https://nfhslearn.com/courses/61032>)

## CIF CONCUSSION INFORMATION SHEET

### Why am I getting this information sheet?

You are receiving this information sheet about concussions because of California State Law AB25 (effective Jan 1 2012) now Ed Code 49475

1. The law requires a student athlete who may have a concussion during a practice or game to be removed from the activity for the remainder of the day.
2. Any athlete removed for this reason must receive a written note from a medical doctor trained in the management of concussion before returning to practice.
3. Before an athlete can start the season and begin practice in a sport, a concussion information sheet must be signed and returned to the school by the athlete and parent/guardian.



Every 2 years all coaches are required to receive training about concussion (AB 1451). As well as certification in First Aid Training, CPR, and AED's (life saving electrical devices that can be used during CPR).

**What is a concussion and how would I recognize one?** A concussion is a brain injury. It can be caused by a bump or a blow to another part of the body with the force that shakes the head. Concussions can appear in any sport, and can look differently in each person.

Most concussions get better with rest and over 90% of athletes fully recover. However, all concussions should be considered serious. If not recognized and managed the right way, they may result in problems including brain damage and even death.

Most concussions occur without being knocked out. Signs and Symptoms of concussions may show up right after the injury or can take hours to appear. If your child reports any symptoms of concussion or if you notice some symptoms and signs, seek medical evaluation from your team's athletic trainer and a medical doctor trained in the evaluation and management of concussions. If your child is vomiting, has a severe headache, or is having difficulty staying awake or answering simple questions, call 911 to take him or her immediately to the emergency department of your local hospital.

On the CIF website is a graded concussion symptom checklist. If your child fills this out after having had a concussion, it helps the doctor, athletic trainer, or coach understand how he or she is feeling and hopefully shows improvement. We ask that you have your child fill out the checklist at the start of the season even before a concussion has occurred so that we can understand if some symptoms such as a headache might be part of his/her everyday life. We call this a "baseline" so that we know what symptoms are normal and common for your child. Keep a copy for your records, and turn in the original. If a concussion occurs, he or she should fill out this checklist daily. This graded symptom checklist provides a list of symptoms to compare over time to make sure the athlete is recovering from the concussion.

**What can happen if my child keeps playing with concussion symptoms or returns too soon after getting a concussion?** Athletes with the signs and symptoms of concussion should be removed from play immediately. There is NO same day return to play for a youth with a suspected concussion. Youth athletes may take more time to recover from concussions and are more prone to long term serious problems from a concussion.

Even though a traditional brain scan (e.g., MRI or CT) may be "normal," the brain has been injured. Animal and human research studies show that a second blow before the brain has recovered can result in serious damage to the brain. If your athlete suffers another concussion before completely recovering from the first one, this can lead to prolonged recovery (weeks to months), or even to severe brain swelling (Second Impact Syndrome) with devastating consequences.

There is an increasing concern that head impact exposure and recurrent concussions may contribute to long term neurological problems. One goal of this concussion program is to prevent a too early return to play so that serious brain damage can be prevented.

**What is Return to Learn?**

Following a concussion, student athletes may have difficulties with short- and long-term memory, concentration and organization. They will require rest while recovering from injury (e.g., avoid reading, texting, video games, loud movies), and even may need to stay home from school for a few days. As they return to school, the schedule might need to start with a few classes or a half day depending on how they feel. If recovery from a concussion is taking longer than expected, they also benefit from a reduced class schedule and/or limited homework; a formal school assessment may also be necessary. Your school or doctor can help suggest and makes these changes. Student athletes should complete the Return to

Learn Guidelines and Return to complete school before beginning any sports or physical activities, unless your doctor makes recommendations. Go to the CIF website for more information on Return to Learn.

How is Return to Play (RTP) determined?

Concussion symptoms should be completely gone before returning to competition. A RTP progression involves a gradual, stepwise increase in physical effort, sports-specific activities and the risk for contact. If symptoms occur with activity, the progression should be stopped. If there are no symptoms the next day, exercise can be restarted at the previous stage.

RTP after concussion should occur only with medical clearance from a medical doctor trained in the evaluation and management of concussions, and stepwise progression program monitored by an athletic trainer, coach, or other identified school administrator. Please see [cifstate.org](http://cifstate.org) for a graduated return to play plan. (AB 2127, a California State Law effective 1/15/15, states that return to play (i.e., full competition) must not be sooner than 7 days after the diagnosed concussion diagnosis has been made by a physician).

Final thoughts for Parents and Guardians:

It is well known that high school athletes will often not talk about signs of concussion, which is why this information sheet is so important to review with them. Teach your child to tell the coaching staff if he/she experiences such symptoms, or if he/she suspects that teammate has had a concussion. You should also feel comfortable talking to the coaches or athletic trainer about possible concussion signs and symptoms that you may be seeing in your child.

#### References

1. American Medical Society for Sports Medicine position statement; concussion in sport (2013)
2. Consensus statement on concussion in sport; the 4th International Conference on Concussion in Sport held in Zurich, Nov 2012  
<http://www.cdc.gov/headsup>

#### Symptoms may include one or more of the following:

1. Headaches
2. "Pressure in the head"
3. Nausea or vomiting
4. Neck Pain
5. Balance Problems or dizziness
6. Blurred, double, or fuzzy vision
7. Sensitivity to light or noise
8. Feeling Sluggish or slowed down
9. Feeling Foggy or groggy
10. Drowsiness
11. Change in sleep patterns

1. Amnesia
2. "Don't feel right"
3. Fatigue or low energy
4. Sadness
5. Nervousness or anxiety
6. Irritability
7. More emotional
8. Confusion
9. Concentration or memory problems (forgetting game plays)
10. Repeating the same question/comment

### Signs Observed by teammates, parents, and coaches include:

1. Appears dazed
2. Vacant facial expression
3. Confused about assignments/forgets plays/ unsure of game/score/opponent
4. Moves clumsily
5. Answers questions slowly

1. Slurred speech
2. Shows behavior or personality changes
3. Can't recall events prior to hit or after hit
4. Seizures/convulsions
5. Any changes in typical behavior/personality
6. Loses consciousness

For current and to date information on concussions got to [www.cdc.gov/headsup](http://www.cdc.gov/headsup)

### Parent/Student CIF Heat Illness Information Sheet

**Why am I getting this information sheet?** You are receiving this information sheet about Heat Illness because of California state law AB 2800 (effective January 1, 2019), now Education Code § 35179 and CIF Bylaws 22.B.(9) and 503.K (Approved Federated Council January 31, 2019):

1. *The law requires a student athlete who has been removed from practice or play after displaying signs and symptoms associated with heat illness must receive a written note from a licensed health care provider before returning to practice.*
2. *Before an athlete can start the season and begin practice in a sport, a Heat Illness information sheet must be signed and returned to the school by the athlete and the parent or guardian.*

Every 2 years all coaches are required to receive training about concussions (AB 1451), heat illness (AB 2800) as well as certification in First Aid training, CPR, and AEDs (life-saving electrical devices that can be used during CPR).

**What is Heat Illness and how would I recognize it?** Exercise produces heat within the body and can increase the player's body temperature. Add to this a hot or humid day and any barriers to heat loss such as padding and equipment, and the temperature of the individual can become dangerously high.

Heat Illness occurs when metabolically produced heat combines with that gained from the environment to exceed the heat and large sweat losses. Young athletes should be pre-screened at their pre-participation physical exam for medication/supplement use, cardiac disease, history of sickle cell trait, and previous heat injury. Athletes with any of these factors should be supervised closely during strenuous activities in a hot climate. Fatal heat stroke occurs most frequently among obese high school middle linemen.

Much of one's body heat is eliminated by sweat. Once this water leaves the body, it must be replaced. Along with water loss, many other minerals are lost in the sweat. Most of the commercial drinks now available contain these minerals, such as Gatorade, etc., but just plain water is all that is really required because the athlete will replace the lost minerals with his/her normal diet.

**PREVENTION:** There are several steps which can be taken to prevent heat illness from occurring:

**ADEQUATE HYDRATION** The athlete should arrive at practice well-hydrated to reduce the risk of dehydration. The color of the urine can provide a quick guess at how hydrated the athlete. If the urine is dark like apple juice means the athlete is dehydrated. If the urine is light like lemonade in color means the athlete seems adequately hydrated.

Water or sports drinks should be readily available to athletes during practice and should be served ideally chilled in containers that allow adequate volumes of fluid to be ingested.

Water breaks should be given at least every 30-45 minutes and should be long enough to allow athletes to ingest adequate volumes of fluid.

Athletes should be instructed to continue fluid replacement in between practice sessions.

**GRADUAL ACCLIMATIZATION:** Intensity and duration of exercise should be gradually increased over a period of 7-14 days to give athletes' time to build fitness levels and become accustomed to practicing in the heat. Protective equipment should be introduced in phases (start with helmet, progress to helmet and shoulder pads, and finally fully uniform).

**HEAT EXHAUSTION:** Inability to continue exercise due to heat-induced symptoms. Occurs with an elevated body-core temperature between 97 and 104 degrees Fahrenheit.

| Signs & Symptoms                                                                                              |                                                                                     |
|---------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|
| Dizziness, lightheadedness,<br>weakness<br>Headache<br>Nausea<br>Diarrhea, urge to defecate<br>Pallor, chills | Profuse sweating<br>Cool, clammy skin<br>Hyperventilation<br>Decreased urine output |

**Treatment:** Stop exercise, move player to a cool place, remove excess clothing, give fluids if conscious, COOL BODY: fans, cold water, ice towels, or ice packs. Fluid replacement should occur as soon as possible. The athlete should be referred to a hospital emergency if recovery is not rapid. When in doubt, CALL 911. Athletes with heat exhaustion should be assessed by a physician as soon as possible in all cases.

**HEAT STROKE:** Dysfunction or shutdown of body systems due to elevated body temperature which cannot be controlled. This occurs with a body-core temperature greater than 107 degrees Fahrenheit.

**This is a MEDICAL EMERGENCY. Death may result if not treated properly and rapidly.**

## WARNING SYMPTOMS

|                                                                                                                                                                                              |                                                                                                                      |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------|
| Dizziness<br>Drowsiness. Loss of consciousness<br>Seizures<br>Staggering, disorientation<br>Behavior/cognitive changes<br>(confused/irritable/<br>aggressive/hysteria/emotional instability) | Weakness<br>Hot and wet or dry skin<br>Rapid heartbeat, low blood pressure<br>Hyperventilation<br>Vomiting, diarrhea |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------|

**Treatment:** Stop exercise, Call 911, remove from heat, remove clothing, immerse athlete in cold water for aggressive, rapid cooling (if immersion is not possible, cool the athlete as described for heat exhaustion), monitor vital signs until paramedics arrive.

### **Final Thoughts for Parents and Guardians:**

Heat stress should be considered when planning and preparing for any sports activity. Summer and fall sports are conducted in very hot and humid weather in many parts of California. Many of the heat problems have been associated with football, due to added equipment which acts as a barrier to heat dissipation. Several heatstroke deaths continue to occur each season in the United States. There is no excuse for heatstroke deaths if the proper precautions are taken.

You should also feel comfortable talking to the coaches or athletic trainer about possible heat illness signs and symptoms that you may be seeing in your child.

**A FREE online course “Heat Illness Prevention” is available through the CIF and NFHS at <https://nfhslearn.com/courses/61140/heat-illness-prevention>**

**If you believe you may be struggling with addiction, tell your health care provider and ask for guidance or call SAMHSA’s National Helpline at 1-800-662-HELP**