

Weight Training/Intramural Participation Permission Form

Eastern Camden County Regional School District
Athletic Department
Philip Smart, Vice Principal of Athletics
856.784.4441 x1165

This form must be completed by a parent or guardian and submitted each season.

Name _____ Sport _____

Address _____

If transfer, from what school _____ date _____ Did you receive a Varsity letter? **Yes / No**

Home phone _____ Emergency Phone _____

Male _____ Female _____ Grade _____ Age _____ Date of Birth ____/____/____

Place of Birth – City _____ State _____

Did you participate in HS athletics as a 7th or 8th grader? **YES / NO**

To be completed by parent/guardian and student

I, _____, request that I be enrolled as a candidate in activities
(Student's Name)

representing Eastern Regional High School. I understand that by the nature of activities, physical hazards may be encountered. **I understand conduct regulations prohibit the use of tobacco in any form, drinking or providing alcoholic beverages and/or use of or providing illegal drugs including anabolic steroids, at any time. The violation of these regulations will bring immediate dismissal from the activity and further penalties as per the student handbook.**

1. I will keep academic responsibility as a priority.
2. I shall, report to all scheduled practices and games.
3. I shall be responsible for the care and return of all athletic supplies issued to me.
4. I will foster team interests and morals and refrain from hazing of any type.
5. **Class of 2012 and 13** - All students who plan to participate in spring athletics must have acquired 13.75 credits by the end of the first semester. Those students who desire to participate in fall and winter athletics must have acquired 27.5 credits at the conclusion of their prior academic year to be eligible to participate. All incoming freshman are academically eligible for the fall and winter seasons. It is your responsibility to contact your guidance counselor regarding any of the aforementioned academic regulations.
Class of 2014 and 15 - Spring athletes must have acquired 15 credits by the end of the first semester to be eligible. Those students who desire to participate in fall and winter athletics must have acquired 30 credits at the conclusion of their academic year to be eligible to participate.

Student's Signature _____ Date _____

Parent/Guardian Signature _____ Date _____

PLEASE COMPLETE BOTH SIDES OF THIS FORM

To be completed by the parent/guardian and student athlete

While I expect school authorities and coaches to exercise every reasonable precaution to avoid accidents and injury, I hereby release the Board of Education and its agents, servants, teachers and employees of any liability whatsoever for any accidents that may occur during such participation. I grant permission for my son/daughter to

participate in sport (s) of _____ .

I further give my permission for the sports medicine team (including physicians and certified athletic trainers) at Eastern Camden County Regional School District to assess, treat and rehabilitate injuries that may occur to my child as a result of participating in athletics.

Internet / Media Permission

I/We **GRANT** permission for a photo/image that includes my child without any other personal identifiers to be published on the school's and or district's public Internet site and ETV Channel 19.

Name of Parent/Guardian: (please print) _____

Signature of Parent/Guardian: _____

I have read and reviewed the school's Concussion Policy and Guidelines for Return to Competition, Sports-Related Concussion and head Injury Fact Sheet and the Concussion Injury Information provided by Eastern High School. I understand the signs and symptoms of concussions. I accept the risks associated with my student participating in athletics and I understand the risk associated with my student continuing to participate after sustaining a concussion. I understand it is my or my child's responsibility to inform the Eastern High School medical staff if he/she is experiencing any signs or symptoms of a concussion. I understand that only a physician trained in the management of concussions can clear my student to participate after sustaining a concussion and that Eastern High School's physician may not accept the recommendation of the students personal physician and can request additional testing or evaluation.

Student's Name: (please print) _____

Signature of Student Athlete _____

Name of Parent/Guardian: (please print) _____

Signature of Parent/Guardian: _____

Today's Date: _____

I have read the information regarding Sudden Cardiac Death in Young Athletes.

Signature of Parent/Guardian: _____ Date _____

For fall athletes participating in winter and spring athletics:

Any student who participated in a fall sport does not need a new physical but must hand in a new Athletic Permission Form, Medical Questionnaire and Steroid Consent Form.

For fall and/or winter athletes participating in and spring athletics:

Any student who participated in a fall and/or winter sport does not need a new physical but must hand in a new Athletic Permission Form, Medical Questionnaire and Steroid Consent Form.

Eastern High School's Concussion Policy and Guidelines for Return to Competition

At the direction of our school physician, Dr. David Hassman, and adopted by the Eastern Camden County Board of Education, Eastern High School follows the concussion guidelines set forth by the Zurich Concussion Consensus Statement¹ and the NJSIAA² as follows:

Return to Play Guidelines

At any time during a practice or game that a student athlete experiences any sign(s)/symptom(s) of a concussion he/she will not be allowed to return to play/practice that day.²

First time concussed athletes with no loss of consciousness and signs/symptoms lasting less than 7 days may return to play when he/she meets the following criteria:

1. Asymptomatic (with no use of medications to mask headache or other symptoms).
2. Completion of the Zurich Activity Progression (see below). This may begin once the athlete is asymptomatic for 24 hours and medically cleared to do so.
3. ImPACT scores return to within normal limits of baseline (if applicable).

Any loss of consciousness, signs/symptoms lasting 7 days or longer, or repeat concussions will require a minimum 7 day asymptomatic period and medical clearance before beginning the Zurich Activity Progression and will be managed on an individualized basis as approved by the school physician. The asymptomatic period for any concussion may be extended at the discretion of the Eastern physicians and athletic trainer.

NJ state law states that only a physician trained in the management of concussions may clear an athlete to resume to physical activity and sports. Physician clearance notes inconsistent with the concussion policy may not be accepted and such matters will be referred to our school physician.

Zurich Return to Activity Progression

We follow a stepwise activity progression based on recommendations in the Zurich Consensus Statement from the 3rd International Congress on Concussion in Sport¹ as follows:

- Step 1: Light aerobic exercise (ie: stationary bike, elliptical machine)
- Step 2: Moderate aerobic exercises (begin running program)
- Step 3: Functional exercises (increase running intensity, begin agilities, non-contact sport-specific drills)
- Step 4: Non-contact practice activities
- Step 5: Full contact practice activities
- Step 6: Full game play

Each step is separated by 24 hours If any symptoms occur, the athlete will drop back to the previous level and try to progress again after 24 hours of rest has passed.

ImPACT Testing

In the sports of football, soccer, wrestling and lacrosse we require pre-season baseline and post-concussion neurocognitive testing using the ImPACT[®] (Immediate Post Concussion Assessment and Cognitive Testing) software program to assist in the management of head injuries. The 20-minute program is set up in a "video-game" format. It tracks neurocognitive information such as memory, reaction time, brain processing speed and concentration. We conduct a post-concussive test when the athlete is asymptomatic and continue to test the athlete until their scores return to normal. Please note that this program is used only as a tool in making return to play decisions. Additional information about ImPACT[®] can be found at www.impacttest.com. Athletes who do not participate in the sports requiring baseline testing may take the baseline test on a voluntary basis.

Sports-Related Concussion and Head Injury Fact Sheet

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

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

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

- All Coaches, Athletic Trainers, School Nurses, and School/Team Physicians shall complete an Interscholastic Head Injury Safety Training Program by the 2011-2012 school year.
- All school districts, charter, and non-public schools that participate in interscholastic sports will distribute annually this educational fact to all student athletes and obtain a signed acknowledgement from each parent/guardian and student-athlete.
- Each school district, charter, and non-public school shall develop a written policy describing the prevention and treatment of sports-related concussion and other head injuries sustained by interscholastic student-athletes.
- Any student-athlete who participates in an interscholastic sports program and is suspected of sustaining a concussion will be immediately removed from competition or practice. The student-athlete will not be allowed to return to competition or practice until he/she has written clearance from a physician trained in concussion treatment and has completed his/her district's graduated return-to-play protocol.

Quick Facts

- Most concussions do not involve loss of consciousness
- You can sustain a concussion even if you do not hit your head
- A blow elsewhere on the body can transmit an "impulsive" force to the brain and cause a concussion

Signs of Concussions (Observed by Coach, Athletic Trainer, Parent/Guardian)

- Appears dazed or stunned
- Forgets plays or demonstrates short term memory difficulties (e.g. unsure of game, opponent)
- Exhibits difficulties with balance, coordination, concentration, and attention
- Answers questions slowly or inaccurately
- Demonstrates behavior or personality changes
- Is unable to recall events prior to or after the hit or fall

Symptoms of Concussion (Reported by Student-Athlete)

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

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

- **Don't hide it.** Tell your Athletic Trainer, Coach, School Nurse, or Parent/Guardian.
- **Report it.** Don't return to competition or practice with symptoms of a concussion or head injury. The sooner you report it, the sooner you may return-to-play.
- **Take time to recover.** If you have a concussion your brain needs time to heal. While your brain is healing you are much more likely to sustain a second concussion. Repeat concussions can cause permanent brain injury.

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

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

Should there be any temporary academic accommodations made for Student-Athletes who have suffered a concussion?

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

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

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

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

www.cdc.gov/concussion/sports/index.html www.nfhs.com
www.ncaa.org/health-safety www.bianj.org www.atsnj.org

Website Resources

- Sudden Death in Athletes at; www.suddendeathathletes.org
- Hypertrophic Cardiomyopathy Association www.4hcm.org
- American Heart Association www.heart.org

Collaborating Agencies:

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



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



New Jersey Department of Education
PO Box 500
Trenton, NJ 08625-0500
(p) 609-292-4469
www.state.nj.us/education/



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



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Sudden Cardiac Death in Young Athletes



The Basic Facts on Sudden Cardiac Death in Young Athletes

American Academy of Pediatrics

DEDICATED TO THE HEALTH OF ALL CHILDREN™



New Jersey Chapter

American Heart Association 
Learn and Live

SUDDEN CARDIAC DEATH IN YOUNG ATHLETES

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

What is sudden cardiac death in the young athlete?

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

How common is sudden death in young athletes?

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

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

What are the most common causes?

Research suggests that the main cause is a loss of proper heart rhythm, causing the heart to quiver instead of pumping

blood to the brain and body. This is called *ventricular fibrillation* (*ven-TRICK-you-lar fib-roo-LAY-shun*). The problem is usually caused by one of several cardiovascular abnormalities and electrical diseases of the heart that go unnoticed in healthy-appearing athletes.

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

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

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

- *Myocarditis* (*my-oh-car-DIE-tis*), an acute inflammation of the heart muscle (usually due to a virus).

- *Dilated cardiomyopathy*, an enlargement of the heart for unknown reasons.
- *Long QT syndrome* and other electrical abnormalities of the heart which cause abnormal fast heart rhythms that can also run in families.
- *Marfan syndrome*, an inherited disorder that affects heart valves, walls of major arteries, eyes and the skeleton. It is generally seen in unusually tall athletes, especially if being tall is not common in other family members.



Are there warning signs to watch for?

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

- Fainting, a seizure or convulsions during physical activity
- Fainting or a seizure from emotional excitement, emotional distress or being startled
- Dizziness or lightheadedness, especially during exertion
- Chest pains, at rest or during exertion

- Palpitations - awareness of the heart beating unusually (skipping, irregular or extra beats) during athletics or during cool down periods after athletic participation
- Fatigue or tiring more quickly than peers
- Being unable to keep up with friends due to shortness of breath

What are the current recommendations for screening young athletes?

New Jersey requires all school athletes to be examined by their primary care physician (“medical home”) or school physician at least once per year. The New Jersey Department of Education requires use of the specific Annual Athletic Pre-Participation Physical Examination Form.

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

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



each exam because it is so *essential to identify those at risk for sudden cardiac death*.

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



When should a student athlete see a heart specialist?

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

Can sudden cardiac death be prevented just through proper screening?

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

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

Why have an AED on site during sporting events?

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

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

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