“It’s not the will to win that matters—everyone has that. It’s the will to prepare to win that matters.”

- Paul “Bear” Bryant
This handbook contains rules, regulations, directives and other information to be used by Principals, Athletic Directors, Athletic Coordinators, Coaches and others to assist in the implementation of an effective program. This handbook serves as a reference to assist school athletic departments in the administration of their programs and to reinforce the duties and responsibilities of school and district personnel. The handbook will be reviewed annually and updated as needed.
Mission

The mission of the Cherokee County School District Athletics Program is to provide a safe and equitable quality sports opportunities and experiences for all students through competitive programs while functioning as an integral part of the academic setting.

Chain of Command

- School Board
- District Superintendent
- Deputy Superintendent
- District Athletics Director
- Principal
- Middle/High School Athletic Director
- Head Coach
- Assistant Coaches, Sub-Varsity Coaches

Coaching Assignment Procedures

Each year, coaching assignments and agreements will be signed before the start of his/her sports season.

The following requirement will be enforced when coaching vacancies arise:

When vacancies develop or new positions are added to the coaching staff, the following actions shall be taken:

a) The District Athletic Director will notify HR of an opening. HR will then post the position at the District level.

b) Once interested candidates are identified, HR in consultation with the principal, school athletics director, head coach (if applicable) and the district athletic director will determine whether the interested persons possess the minimum qualifications necessary to perform the responsibilities of the position.

c) Upon completion of interviews, the principal will recommend to HR the best-qualified candidate(s) after considering.
Coaching Expectations and Responsibilities

All coaches are expected to:

- Conduct themselves in a manner that displays professionalism.
- Serve as role models to our student-athletes both on and off the field of play.
- Refrain from the use of abusive language with players, opponents, officials, parents and spectators.
- Avoid behavior that may incite players, opponents or spectators.
- Instruct student-athletes to show good sportsmanship.
- Avoid the use and/or misuse of drugs, including alcohol and tobacco, in the presence of players and spectators.
- Develop good rapport and lines of communication with players, parents, school personnel, officials and media representatives.
- Follow the appropriate purchasing procedures to receive goods and services for their program.
- Adhere to the expectations set forth by Cherokee County School District policies and standards for employees.

Terms of Coaching Agreements

All coaching assignments will be for one school year and are made at the discretion of the district athletic director, principal and/or athletic director.
Job Description
District Director of Athletics

Coordinates, supervises and plans the District’s interscholastic athletic program. Supervises assigned personnel and reviews the work of subordinates for completeness and accuracy.

Reports directly to the superintendent.

Assigned Responsibilities:

- Plans, coordinates, schedules and supervises the District’s interscholastic athletic program.
- Coordinates supportive personnel and facilities for schools’ athletic programs; ensures the selection of quality coaching staff members.
- Responds to inquiries and complaints from the public regarding district athletic programming.
- Serves as a liaison between the District, Athletic Regions, and the SCHSL.
- Prepares and recommends annual program budget; monitors program expenditures and ensures compliance with allocated budget.
- Oversees the maintenance of records and inventories of athletic equipment.
- Keeps abreast of all developments and innovations in the profession.
Job Description
Middle/High School Athletic Director

Reports directly to the Principal and the District Athletic Director

Assigned Responsibilities:

- Assists the principal in the selection and evaluation of the coaching staff.
- Coordinates the total athletic program and makes certain that all coaches fully understand the school policies and procedures.
- Represents the school at athletic conference meetings.
- Manages all athletic events.
- Coordinates all athletic banquets.
- Prepares eligibility for all athletes.
- Recommends approval of athletic purchases.
- Serves as the liaison between the school and the Athletic Booster Club.
- Keeps the principal informed of athletic problems and progress.
- Know all SCHSL rules and regulations.
- Assist coaches in making all travel arrangements.
- Attend all home athletic events. Principal may designate attendance at other games.
Job Description

High School Head Coach

Reports Directly to the Principal. District Athletic Director, High School Athletic Director

Assigned Responsibilities:

- Teach and develop the fundamental skills necessary for excellent achievement in his/her area of coaching responsibility.
- Plan and schedule practices/workouts in and out of season.
- Schedule, with the approval of the athletic director, inter-scholastic contests.
- Enforce discipline and sportsmanlike behaviors at all times and with the athletic director establish penalties for breach of such standards by individual students.
- Ensure that assigned office space is kept clean and orderly.
- Select or supervise the selection of participants to receive awards and/or letters in accordance with criteria approved by the athletic director.
- Supervise the care, maintenance and storage of all equipment/supplies throughout the sport season and forward an inventory to the athletic director or designee annually.
- Assume responsibility for checking all practice areas each day and remove hazardous objects from the practice area.
- Develop a positive public relations program in the school and the community.
- Make recommendations to the athletic director for purchasing all equipment.
- Provide supervision in all athletic areas as well as locker rooms before and after practice and games.
- Provide supervision for all athletes in the weight room at all times.
- Be knowledgeable of the latest South Carolina High School League rules and regulations, and School District policies regarding interscholastic sports.
- Perform other duties as assigned by the athletic director and principal.
Job Description
Middle School Head Coach

Reports Directly to the Principal, District Athletic Director, the Athletics Director

**Job Goals:**
To instruct athletes in the fundamental skills, strategy and physical training necessary for their sport. Student shall receive instruction that will lead to the formulation of moral values, pride of accomplishment, acceptable social behavior, self-discipline and self-confidence.

**Assigned Responsibilities:**
- Advise, coordinate and support a staff of middle school assistant coaches in conjunction with the athletics coordinator and middle school principal.
- Teach and develop the fundamental skills necessary for excellent achievement in his/her area of coaching responsibility.
- Plan and schedule practices/workouts in and out of season.
- Schedule, with the approval of the athletic director, inter-scholastic contests.
- Enforce discipline and sportsmanlike behaviors at all times and with the athletic director establish penalties for breach of such standards by individual students.
- Ensure that assigned office space is kept clean and orderly.
- Select or supervise the selection of participants to receive awards and/or letters in accordance with criteria approved by the athletic director.
- Supervise the care, maintenance and storage of all equipment/supplies throughout the sport season and forward an inventory to the athletic director or designee annually.
- Assume responsibility for checking all practice areas each day and remove hazardous objects from the practice area.
- Develop a positive public relations program in the school and the community.
- Make recommendations to the athletic director for purchasing all equipment.
- Provide supervision in all athletic areas as well as locker rooms before and after practice and games.
- Be knowledgeable of the latest South Carolina High School League rules and regulations, and School District policies regarding interscholastic sports.
- Perform other duties as assigned by the athletic director and principal.
Job Description
Assistant Coach

Report to the head coach, in conjunction with the Athletic Director and Principal

Job Goal:
To carry out the aims and objectives of the sports program as outlined by the head coach. To instruct athletes in individual and team fundamentals, strategy and physical training necessary for them to realize a degree of individual and team success.

Assigned Responsibilities:

- Teach and develop the fundamental skills necessary for excellent achievement in his/her area of coaching responsibility.
- Assume responsibility for checking all practice areas each day and remove hazardous objects from the practice area.
- Develop a positive public relations program in the school and the community.
- Make recommendations to the athletic director for purchasing all equipment.
- Supervise the care, maintenance and storage of all equipment/supplies throughout the sport season.
- Provide supervision in all athletic areas as well as locker rooms before and after practice and games.
- Be knowledgeable of the latest South Carolina High School League rules and regulations, and School District policies regarding interscholastic sports.
- Perform other duties as assigned by the head coach.
Certified Athletic Trainers

Each high school is budgeted funds for a certified athletic trainer. Certified Athletic Trainers (AT) are healthcare professionals in the area sports medicine and are to be regarded as highly knowledgeable and skilled in their field. School personnel are professionally obligated to rely on the decisions made by these sports medicine specialists. The decisions of the AT’s are considered legally binding and have higher authority over the opinion of any coach or school employee when determining whether an athlete may or may not be allowed to play or return to play after an injury. This is also true with regard to preventive measures and activity and rehabilitation prescriptions for athletes.

Injury Reports

In dealing with sports related injuries, the following guidelines will be observed:

- Each coach will use responsible guidelines concerning practice, training and competitions involving student athletes. Responsible guidelines are those recommended by the SCHSL and the Cherokee County School District.
- Each coach will report injuries to the athletic trainer and the athletics director/coordinator.
- Head injuries must be reported as soon as possible.
- Parents must be notified of the injury as soon as possible, and the notification will be documented.
- A training room/Injury report form shall be completed for injuries not requiring medical attention.
- This form shall be placed in a central location designated by the athletic director to allow the trainer to obtain for evaluation.
- The trainer will report to the coach the status of the player before allowing the player to return to participation.
- If further medical attention is needed after evaluation by the trainer, the player must present a written release from the doctor before being allowed to return to participation.
- If the player sees a doctor without the coach having prior knowledge, then the student must present a written release by the doctor before allowed to return.
Athlete’s Conduct/Discipline Policies

- Participation in interscholastic athletics is a privilege, not a right. The behavior of student athletes participating in interscholastic activities is governed by policies outlined by the policies and procedures of the Cherokee County School District and the SCHSL.
- Individual school and/or team rules will also govern the behavior of student athletes.
- Each school/program will have an athletic meeting that will communicate to parents and athletes the expectations, responsibilities, rules, regulations and policies governing athletic participation.
- A student suspended for conduct that constitutes a violation of Board policy and/or school rules will not be allowed to participate in co-curricular activities during the length of the suspension.
- A student athlete returning from suspension is subject to further discipline by the coach and the athletic director.
- Student athletes, who have been charged with a non-school related misdemeanor or a felony involving alcohol, drugs, weapons, larceny, violence, etc. and are released on bail pending trial, are ineligible to participate pending the disposition of the case.
Defined Sports Season

The following terms will be used and will apply to all sports:

**In-Season:**
Begins first day of legal practice and ends with elimination from state play-off competition.

**Out-of-Season:**
Strength and conditioning programs will not be affected by the limitation on practice seasons. Conditioning programs are not to include agility drills that enhance specific skills for a given sport, nor may equipment for any sport be used. Agility drills appropriate for all sports will be acceptable. Practice and weight training must be open to all students. These sessions cannot be mandatory for any student.

Any student participating in an illegal practice will be declared ineligible for that sport season. Any school allowing an illegal practice will be subject to League discipline to include the placing of the sport on probation.

**Open Season / Open Facility:**
School facilities will be open to all students and coaches who may be involved with the planning and monitoring of activities, including organized practice, during these times. Participation cannot be mandatory for any student.

**Closed Season:**
Any time except In-Season and the Open Season. During closed seasons, school facilities cannot be used for anything except conditioning and weight training.
Requirements for New Sports

In order for a new sport to be offered in a school, the following guidelines must be met.

- A school official will submit a written request to the district athletics director for the new sport.
- There must be enough interest in starting such a team as evidenced by a satisfactory number of participants and parents who are willing to support the athletic program.
- The addition of any team must be accomplished by a reasonable availability of adequate facility space. On campus facilities are the highest priority.
- Priority order of coaching requirements:
  - The ideal option is to have a qualified staff member to coach the team.
  - If no coach were available from within the school district, then hiring one from outside the school district (non-district employee) would be the next alternative. This option would be pursued if there were no other reasonable option because it presents problems of supervision, routine authority, and communication.
  - If parts of the above criteria are not met, then this may justify not adding a new sport.
Dual Participation/Multiple Sports Participation

- All athletes should be allowed to participate in as many sports as possible at the high school level.
- Athletes may participate in two sports at a school during the same season with the permission and cooperation of the coaches involved with those sports.
- Outside participation of athletes in sports not under the jurisdiction of the school (e.g. club soccer) will be regulated by the rules and regulations of the SCHSL, www.schsl.org.

Cut Policy/ Quitting a Team

All athletes are encouraged to participate in as many sports as possible. Once athletes begin the in season period of a sport, they should not quit that sport.

- If a student-athlete quits a sport in season, he/she will not be allowed to participate in another sport until the season of the sport they quit has ended. If extenuating circumstances exist, the coach of the in-season sport will have the prerogative to release an athlete to another sport.

Lettering Policy

Athletic letters from individual schools are an honor and award for participating on an athletic team in the Cherokee County School District. Each school and coaches will be responsible for the letter requirements and the awarding of the letters to the athletes.

It is recommended that schools follow one of the two nationally recognized methods of awarding letters:

- Any athlete who starts and finishes an athletic season in good standing will receive a letter.
- Letters will be awarded according to quarters played, time played, or points scored. During pre-season orientation sessions, coaches should communicate the criteria for receiving honors and awards to athletes and parents.
Middle School Sports Program

Philosophy:

The philosophy of the Cherokee County School District Middle School Athletic Program is to provide students with opportunities to explore and experience various sports with the highest emphasis placed on promoting skill development. All aspects of the middle school program should be developmentally appropriate with the importance being placed on the physical and psychological readiness of the participants.

Articulation between Middle and High Schools:

Cherokee County School District encourages cooperation between middle and high schools. The middle school’s primary athletic purpose is teaching sport skills to interested adolescents and the formation of a strong partnership between the two levels. This cooperation of the two levels will result in the success of the district-wide athletic program, and will help individual athletes reach their athletic potential.

All middle schools should work cooperatively with their feeder school to facilitate more effective use of funding, facilities and personnel. In order for maximum participation to occur, it is necessary to establish and maintain lines of communication. Coaches at both levels must promote their programs to middle school students. One way this can take place is by having assemblies or meetings with prospective athletes at various times during the year. The middle schools should designate an appropriate time for coaches and athletes from the middle school and high schools to meet and explain their programs, disseminate information, and meet with potential athletes and their parents. These meetings will serve to inform students about the activity choices available to them.
Cheer Section

Purpose: The primary purpose of the cheerleading squad is to support the interscholastic athletic program within the school. Competition cheer squads are also encouraged. Each squad will strive to promote good sportsmanship, develop positive crowd involvement, and help student participants and spectators to achieve the most worthwhile educational objective of the district’s interscholastic program.

Membership: The members of a cheer squad will be determined by a tryout process designed by the coach and approved by the principal and athletics director based on the needs of the individual schools. Tryouts will be open to all students who meet district academic requirements and administrative approval.

Responsibilities of the Coach:

- The primary responsibility of the cheer coach is to promote good sportsmanship and encourage positive attitude involving honest rivalry with courteous relations with his/her squad as well as others, in an environment that meets health and safety regulations.
- The coach will provide a safe environment for practices and games.
- All coaches must have a first aid kit on hand at practices and events. Coaches must have easy access to a telephone and have a plan for handling emergencies.
- The coach will be knowledgeable and remain up to date with all new techniques, progressions, and safety regulations, and will abide by the rules and regulations of the SCHSL and the district for a cheer squad.
- Coaches are encouraged to become members of the South Carolina Cheer Coaches Association and attend state and region conferences/clinics.
- The cheer coach or school approved adult will supervise cheer squads during all practices and performances.
- The coach will be responsible for the appropriate behavior for the squad before, during, and after practices, games, and other school approved cheer events.
- Coaches will conduct at least one parent meeting prior to the cheer season.
- The coach will establish lines of communication with school administrators, athletic director, coaches, and band director.
- The coach will obtain and maintain the proper certification needed to perform certain stunts and routines.
Fines and Violations

Coaches are to be familiar with the punishment and fines that accompany violation of a South Carolina High School League rule. In the event that a violation occurs and a monetary fine is placed upon your school, the coach in charge of the sport in which the violation occurred will have the responsibility of paying that fine. If the violation involves the negligence of duty of any other members of the athletic department, he/she will also be responsible for paying an equal share of the fine.

Cherokee County School District Athletic Admission Prices

All Middle School Events = $5
High School Events = $6 with the exception of Varsity Football = $7
Heat Surveillance

**BEAT THE HEAT**
Summer's high temperatures put student athletes at increased risk of heat illness. There are several types of heat illness. They range in severity, from heat cramps and heat exhaustion, which are common but not severe, to heat stroke, which can be deadly. Although heat illnesses can be fatal, death is preventable if they’re quickly recognized and properly treated.

**DEHYDRATION AND HEAT ILLNESSES**
As a rule-of-thumb, most athletes should consume 200 to 300 milliliters of fluid every 15 minutes of exercise. It takes only 30 minutes for cell damage to occur with a core body temperature of 105 degrees. Currently, 13 states have heat-acclimatization policies for secondary school athletics with New Jersey being the first.

- From 2010-15, 20 athletic heat stroke fatalities were reported.
- It takes seven to 14 days for a body to adapt to exercising in the heat.
- Dehydration at levels of 3 to 4 percent body mass loss can reduce muscle strength by an estimated 2 percent.

**SAFETY TIPS**
- Have sports drinks on hand for workout sessions lasting longer than an hour.
- Keep beverages cold - cold beverages are consumed 50 percent more than warm beverages.
- Hydrate before, during and after activity.
- Remove unnecessary equipment, such as helmets and padding, when environmental conditions become extreme.
- Clothing worn by athletes should be light colored, lightweight and protect against the sun.

- For the first week or so, hold shorter practices with lighter equipment so players can acclimate to the heat.
- Follow a work-to-rest ratio, such as 10-minute breaks after 40 minutes of exercise.
- Get an accurate measurement of heat stress using a wet-bulb globe temperature, which accounts for ambient temperature, relative humidity and radiation from the sun.
- If someone is suffering from exertional heat stroke, remember to cool first and transport second.
- Have large cold tubs ready before all practices and games in case cold water immersion is needed to treat exertional heat stroke.

**SIGNS OF MINOR HEAT ILLNESS**
- Dizziness
- Cramps, muscular tightening and spasms
- Light headedness, when not associated with other symptoms

**EARLY WARNING SIGNS OF EXERTIONAL HEAT STROKE**
- Headache, dizziness, confusion and disorientation
- Excessive sweating and/or flushing
- Fatigue
- Nausea and/or vomiting
- Chills and/or goose bumps

**SIGNS OF EXERTIONAL HEAT STROKE**
- Core body temperature of more than 105 degrees
- Signs of nervous system dysfunction, such as confusion, aggression and loss of consciousness
- Increased heart rate
- Rapid breathing
- Seizures
- Low blood pressure

Sources: Korey Stringer Institute, American Medical Society for Sports Medicine, NATA

Infographic courtesy of the National Athletic Trainers' Association, www.nata.org
WBGT ACTIVITY GUIDELINES AND REST BREAK GUIDELINES

Under 82.0................. Normal Activities – Provide at least three separate rest breaks each hour with a minimum duration of 3 minutes each during the workout.

82.0 - 86.9............... Use discretion for intense or prolonged exercise; watch at-risk players carefully. Provide at least three separate rest breaks each hour with a minimum duration of 4 minutes each.

87.0 - 89.9............... Maximum practice time is 2 hours. For Football: players are restricted to helmet, shoulder pads, and shorts during practice, and all protective equipment must be removed during conditioning activities. If the WBGT rises to this level during practice, players may continue to work out wearing football pants without changing to shorts. For All Sports: Provide at least four separate rest breaks each hour with a minimum duration of 4 minutes each.

90.0 - 92.0............... Maximum practice time is 1 hour. For Football: no protective equipment may be worn during practice, and there may be no conditioning activities. For All Sports: There must be 20 minutes of rest breaks distributed throughout the hour of practice.

Over 92.1............... No outdoor workouts. Delay practice until a cooler WBGT level is reached.

- S=Shorts, Socks, Sneakers
- P (Practice Uniform)=Helmet, Undershirt, Shoulder pads, Jersey, Shorts, Socks, Sneakers
- F (Full Game Uniform)=Helmet, Undershirt, Shoulder pads, Jersey, Shorts, Socks, Sneakers, Game pants, Thigh pads, Knee pads
- The zone above and to the right of each clothing ensemble (F,P,S) represents uncompensatable heat stress and rising core temperatures with exercise.
- The zone below and to the left of the lines F, P, and S represent compensable heat stress with heat balance possible.
Cherokee County School District

Student-Athlete & Parent/Legal Guardian Concussion Statement
*If there is anything on this sheet that you do not understand, please ask a school staff member to explain it to you.
*This form must be completed for each student-athlete, even if there are multiple student-athletes in each household.

Student-Athlete Name:

Parent/Legal Guardian Name(s):

☐ We have read the Student-Athlete & Parent/Legal Guardian Concussion Information Sheet. If true, please check box.

After reading the information sheet, I am aware of the following information:

<table>
<thead>
<tr>
<th>Student-Athlete Initials</th>
<th>Parent/Legal Guardian Initials</th>
</tr>
</thead>
<tbody>
<tr>
<td>A concussion is a brain injury, which should be reported to my parents, my coach(es), athletic trainer, or a medical professional if one is available.</td>
<td>N/A</td>
</tr>
<tr>
<td>A concussion can affect the ability to perform everyday activities such as the ability to think, balance, and classroom performance.</td>
<td>N/A</td>
</tr>
<tr>
<td>A concussion cannot be “seen.” Some symptoms might be present right away. Other symptoms can show up hours or days after an injury.</td>
<td>N/A</td>
</tr>
<tr>
<td>I will tell my parents, my coach, athletic trainer, and/or a medical professional about my injuries and illnesses.</td>
<td>N/A</td>
</tr>
<tr>
<td>If I think a teammate has a concussion, I should tell my coach(es), parents, athletic trainer or medical professional about the concussion.</td>
<td>N/A</td>
</tr>
<tr>
<td>I will not return to play in a game or practice if a hit to my head or body causes any concussion-related symptoms.</td>
<td>N/A</td>
</tr>
<tr>
<td>I will/my child will need written permission from a physician to return to play or practice after a concussion.</td>
<td></td>
</tr>
<tr>
<td>Based on the latest data, most concussions take days or weeks to get better. A concussion may not go away right away. I realize that resolution from this injury is a process and may require more than one medical evaluation.</td>
<td></td>
</tr>
<tr>
<td>I realize that ER/Urgent Care physicians will not provide clearance for return to play from this injury on the day they are injured.</td>
<td></td>
</tr>
<tr>
<td>After a concussion, the brain needs time to heal. I understand that I am/my child is much more likely to have another concussion or more serious brain injury if return to play or practice occurs before concussion symptoms go away.</td>
<td></td>
</tr>
<tr>
<td>Sometimes, repeat concussions can cause serious and long-lasting problems.</td>
<td></td>
</tr>
<tr>
<td>I understand that I will have to complete a graduated return to play and have written permission from a physician before I will be able to return to my sport per the school’s concussion management policy.</td>
<td></td>
</tr>
<tr>
<td>I have read and received the concussion symptoms on the Concussion Information Sheet.</td>
<td></td>
</tr>
</tbody>
</table>

Signature of Student-Athlete       Date

Signature of Parent/Legal Guardian Date

PLEASE RETURN THIS COMPLETED FORM TO THE SCHOOL’S ATHLETIC DEPARTMENT
SC Bill H3601: South Carolina State Law requires all SCHSL athletes and their parents/legal guardians to be given an information sheet on concussions which informs of the nature and risk of concussion and brain injury and the risks of returning to play after sustaining a head injury. This document serves as an informational sheet to be kept by the parents or guardians for future referral.

What is a concussion? A concussion is an injury to the brain caused by a direct or indirect blow to the head. It results in your brain not working as it should. It may or may not cause you to black out or pass out. It can happen to you from a fall, a hit to the head, or a hit to the body that causes your head and your brain to move quickly back and forth.

How do I know if I have a concussion? There are many signs and symptoms that you may have following a concussion. A concussion can affect your thinking, the way your body feels, your mood, or your sleep. Here is what to look for:

<table>
<thead>
<tr>
<th>Thinking/Remembering</th>
<th>Physical</th>
<th>Emotional/Mood</th>
<th>Sleep</th>
</tr>
</thead>
<tbody>
<tr>
<td>Difficulty thinking clearly</td>
<td>Headache</td>
<td>Irritability—things bother you more easily</td>
<td>Sleeping more than usual</td>
</tr>
<tr>
<td>Taking longer to figure things out</td>
<td>Fuzzy or blurry vision</td>
<td>Sadness</td>
<td>Sleeping less than usual</td>
</tr>
<tr>
<td>Difficulty concentrating</td>
<td>Feeling sick to your stomach/queasy</td>
<td>Being more moody</td>
<td>Trouble falling asleep</td>
</tr>
<tr>
<td>Difficulty remembering new information</td>
<td>Vomiting/throwing up</td>
<td>Feeling nervous or worried</td>
<td>Feeling tired</td>
</tr>
<tr>
<td></td>
<td>Dizziness</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Balance problems</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Sensitivity to noise or light</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Table is adapted from the Centers for Disease Control and Prevention (http://www.cdc.gov/concussion/)

What should I do if I think I have a concussion? If you are having any of the signs or symptoms listed above, you should tell your parents, coach, athletic trainer or school nurse so they can get you the help you need. If a parent notices these symptoms, they should inform the school nurse or athletic trainer.

When should I be particularly concerned? If you have a headache that gets worse over time, you are unable to control your body, you throw up repeatedly or feel more and more sick to your stomach, or your words are coming out funny/slowed down, you should let an adult like your parent or coach or teacher know right away, so they can get you the help you need before things get any worse.

What are some of the problems that may affect me after a concussion? You may have trouble in some of your classes at school or even with activities at home. If you continue to play or return to play too early with a concussion, you may have long term trouble remembering things or paying attention, headaches may last a long time, or personality changes can occur once you have a concussion, you are more likely to have another concussion.

How do I know when it’s OK to return to physical activity and my sport after a concussion? After telling your coach, your parents, and any medical personnel around that you think you have a concussion, you will probably be seen by a doctor trained in helping people with concussions. Your school and your parents can help you decide who is best to treat you and help to make the decision on when you should return to activity/play or practice. Your school will have a policy in place for how to treat concussions. You should not return to play or practice on the same day as your suspected concussion.

You should not have any symptoms at rest or during/after activity when you return to play, as this is a sign your brain has not recovered from the injury.

This sheet is for your records and personal use, please retain.
### Preparticipation Physical Evaluation

**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**

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

---

<table>
<thead>
<tr>
<th>Medicines and Allergies: Please list all of the prescription and over-the-counter medicines and supplements (herbal and nutritional) that you are currently taking.</th>
</tr>
</thead>
<tbody>
<tr>
<td>---</td>
</tr>
</tbody>
</table>

---

**Do you have any allergies?**

- Yes
- No

If yes, please identify specific allergy below.

- **Medicines**
- **Pollens**
- **Food**
- **Stinging Insects**

---

**Explain “Yes” answers below. Circle questions you don’t know the answers to.**

---

**GENERAL QUESTIONS**

1. **Has a doctor ever denied or restricted your participation in sports for any reason?**

   - Yes
   - No

2. **Do you have any ongoing medical conditions?**

   - If so, please identify below:
   - Asthma
   - Anemia
   - Diabetes
   - Infections
   - Other:

3. **Have you ever spent the night in the hospital?**

   - Yes
   - No

4. **Have you ever had surgery?**

   - Yes
   - No

5. **Have you ever passed out or nearly passed out DURING or AFTER exercise?**

6. **Have you ever had discomfort, pain, tightness, or pressure in your chest during exercise?**

7. **Does your heart ever race or skip beats (irregular beats) during exercise?**

8. **Has a doctor ever told you that you have any heart problems?**

   - If so, check all that apply:
   - High blood pressure
   - A heart murmur
   - High cholesterol
   - A heart infection
   - Kawasaki disease
   - Other:

9. **Has a doctor ever ordered a test for your heart?**

   - For example, ECG/EKG, echocardiogram

10. **Do you get lightheaded or feel more short of breath than expected during exercise?**

11. **Have you ever had an unexplained seizure?**

12. **Do you get more tired or short of breath more quickly than your friends during exercise?**

---

**HEART HEALTH QUESTIONS ABOUT YOU**

13. **Has any family member or relative died of heart problems or had an unexplained sudden death before age 50?**

14. **Does anyone in your family have hypercholesterolemia, Marfan syndrome, arrhythmogenic right ventricular cardiomyopathy, long QT syndrome, short QT syndrome, Brugada syndrome, or catecholaminergic polymorphic ventricular tachycardia?**

15. **Does anyone in your family have a heart problem, pacemaker, or implanted defibrillator?**

16. **Has anyone in your family had unexplained fainting, unexplained seizures, or near drowning?**

---

**BONE AND JOINT QUESTIONS**

17. **Have you ever had an injury to a bone, muscle, ligament, or tendon that caused you to miss a practice or a game?**

18. **Have you ever had any broken or fractured bones or dislocated joints?**

19. **Have you ever had an injury that required x-rays, MRI, CT scan, injections, therapy, a brace, a cast, or crutches?**

20. **Have you ever had a stress fracture?**

21. **Have you ever been told that you have or you have had an x-ray for neck instability or atlantoaxial instability?**

22. **Do you regularly use a brace, orthotics, or other assistive device?**

23. **Do you have a bone, muscle, or joint injury that bothers you?**

24. **Do any of your joints become painful, swollen, feel warm, or look red?**

25. **Do you have any history of juvenile arthritis or connective tissue disease?**

---

**MEDICAL QUESTIONS**

26. **Do you cough, wheeze, or have difficulty breathing during or after exercise?**

27. **Have you ever used an inhaler or taken asthma medicine?**

28. **Is there anyone in your family who has asthma?**

29. **Were you born without or are you missing a kidney, an eye, a testicle (males), your spleen, or any other organ?**

30. **Do you have groin pain or a painful bulge or hernia in the groin area?**

31. **Have you had infectious mononucleosis (mono) within the last month?**

32. **Do you have any rashes, pressure sores, or other skin problems?**

33. **Have you had a herpes or MRSA skin infection?**

34. **Have you ever had a head injury or concussion?**

35. **Have you ever had a hit or blow to the head that caused confusion, prolonged headache, or memory problems?**

36. **Do you have a history of seizure disorder?**

37. **Do you have headaches with exercise?**

38. **Have you ever had numbness, tingling, or weakness in your arms or legs after being hit or falling?**

39. **Have you ever been unable to move your arms or legs after being hit or falling?**

40. **Have you ever become ill while exercising in the heat?**

41. **Do you get frequent muscle cramps when exercising?**

42. **Do you or someone in your family have sickle cell trait or disease?**

43. **Have you had any problems with your eyes or vision?**

44. **Have you had any eye injuries?**

45. **Do you wear glasses or contact lenses?**

46. **Do you wear protective eyewear, such as goggles or a face shield?**

47. **Do you worry about your weight?**

48. **Are you trying to or has anyone recommended that you gain or lose weight?**

49. **Are you on a special diet or do you avoid certain types of foods?**

50. **Have you ever had an eating disorder?**

51. **Do you have any concerns that you would like to discuss with a doctor?**

52. **Have you ever had unexplained fainting, unexplained car accident, or sudden infant death syndrome?**

53. **Has a doctor ever told you that you have any heart problems?**

   - If so, check all that apply:
   - High blood pressure
   - A heart murmur
   - High cholesterol
   - A heart infection
   - Kawasaki disease
   - Other:

54. **Do you cough, wheeze, or have difficulty breathing during or after exercise?**

---

**FEMALES ONLY**

55. **How many periods have you had in the last 12 months?**

56. **Have you ever had a menstrual period?**

57. **Do you have any concerns that you would like to discuss with a doctor?**

58. **Have you ever had an eating disorder?**

---

**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

#### PHYSICIAN REMINDERS

1. 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 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?

2. Consider reviewing questions on cardiovascular symptoms (questions 5–14).

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<tr>
<th>EXAMINATION</th>
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<th>ABNORMAL FINDINGS</th>
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#### MEDICAL

| Appearance |                  |
|           |                  |
| Eyes/ears/nose/throat |                  |
| Pupils equal |                  |
| Hearing |                  |
| Lymph nodes |                  |
| Heart* |                  |
| Murmurs (auscultation standing, supine, +/- Valsalva) |                  |
| Location of point of maximal impulse (PMI) |                  |
| Pulses |                  |
| Simultaneous femoral and radial pulses |                  |
| Lungs |                  |
| Abdomen |                  |
| Genitourinary (males only)* |                  |
| Skin |                  |
| HSV, lesions suggestive of MRSA, linea corporis |                  |
| Neurologic* |                  |

#### MUSCULOSKELETAL

| Neck |                  |
| Back |                  |
| Shoulder/arm |                  |
| Elbow/forearm |                  |
| Wrist/hand/fingers |                  |
| Hip/thigh |                  |
| Knee |                  |
| Leg/ankle |                  |
| Foot/toes |                  |
| Functional |                  |
| Duck-walk, single leg hop |                  |

*Consider ECG, echocardiogram, and referral to cardiology for abnormal cardiac history or exam.

*Consider 60 exam if in private setting. Having third party present is recommended.

*Consider 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. If conditions arise after the athlete has been cleared for participation, the physician may rescind the clearance until the problem is resolve 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 that 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 that is recommended by a medical doctor. 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 that the data acquired during these evaluations may be used for research purposes.

Signature of Athlete ____________________________ Date __________

Signature of Parent/Guardian ____________________________ Date __________