CAPISTRANO UNIFIED SCHOOL DISTRICT

PEP SQUAD CLEARANCE PACKET

The Following Forms must be completed, signed and returned to the Athletic Office. Do not give to your coach. Partial packets will not be accepted. Please make a copy for your records.

____ 1. CUSD Physical Screening Form (must have doctor's stamp)
____ 2. CUSD Athletic Code of Honor
____ 3. CUSD Athletic Insurance Verification and Copy of Insurance Card
____ 4. CUSD Sports Waiver and Release of Liability
____ 5. Concussion Information Sheet
____ 6. Sudden Cardiac Arrest Parent Review Form

TO ALL PARENTS/GUARDIANS & STUDENTS OF CUSD:

It is our goal to provide a rewarding educational experience for your student. The Capistrano Unified School District offers voluntary participation in a wide range of interscholastic athletic teams. Participation is a privilege, not a right; therefore we strongly adhere to requirements of academic eligibility and citizenship/behavior. Our coaches are supported in their professional freedom to make coaching choices and decisions that are sport specific. We strive to teach our student-athletes the concepts of team goals and school pride as opposed to individual honors and recognition. We also recognize your love and concern for your child. If there is a conflict in these objectives, we are here to resolve them. Please take the time to carefully read, understand, complete, and sign where indicated on all forms contained in the packet. THE INFORMATION IS MANDATORY AND MUST BE COMPLETELY FILLED OUT PRIOR TO ANY STUDENT’S PARTICIPATION IN ATHLETIC ACTIVITIES (INCLUDING TRY-OUTS) at CUSD High Schools. We appreciate your support and thank you for your cooperation.

HIGH SCHOOL ATHLETIC SPORT SEASONS

<table>
<thead>
<tr>
<th>FALL (AUG-NOV)</th>
<th>WINTER (NOV-FEB)</th>
<th>SPRING (FEB-MAY)</th>
</tr>
</thead>
<tbody>
<tr>
<td>CROSS COUNTRY (boys/girls)</td>
<td>BASKETBALL (boys/girls)</td>
<td>BASEBALL</td>
</tr>
<tr>
<td>FOOTBALL</td>
<td>SOCCER (boys/girls)</td>
<td>SOFTBALL</td>
</tr>
<tr>
<td>GIRLS GOLF</td>
<td>GIRLS WATER POLO</td>
<td>BOYS GOLF</td>
</tr>
<tr>
<td>GIRLS TENNIS</td>
<td>WRESTLING (not at SJHHS)</td>
<td>SWIMMING (boys/girls)</td>
</tr>
<tr>
<td>GIRLS VOLLEYBALL</td>
<td>BOYS TENNIS</td>
<td></td>
</tr>
<tr>
<td>BOYS WATER POLO</td>
<td>TRACK (boys/girls)</td>
<td></td>
</tr>
<tr>
<td>SURFING (boys/girls) Year-round</td>
<td>BOYS VOLLEYBALL</td>
<td></td>
</tr>
<tr>
<td>PEP SQUAD Year-round</td>
<td>LACROSSE (boys/girls)</td>
<td></td>
</tr>
</tbody>
</table>

ELIGIBILITY REQUIREMENTS

1) SCHOLASTIC: all athletes must have passed 20 units (four classes) of new work during the previous semester. Summer school grades may be counted. A student-athlete will be placed on academic probation of no more than one semester if his or her semester GPA falls below a 2.5. Students granted probationary eligibility must meet the required standard by the end of the probationary period in order to remain eligible for participation.

2) RESIDENTIAL: all athletes must reside in the appropriate CUSD high school attendance area in a bona fide residence with their parents or legal guardian(s). All transfers to CUSD high schools must call that school’s Athletic Director and complete appropriate paperwork.

3) MEDICAL EXAMINATION: each athlete must have a physical exam by a qualified physician (MD, DO, NP, or PA) on file prior to tryouts, practice, or competition. The physical exam is valid for one calendar year.

4) INSURANCE: all athletes must have a copy of a medical insurance card on file before participation. Myers-Stevens Insurance is available for those that need or would like additional insurance coverage. Information is available in the Main Office of the school or by calling Myers-Stevens and Toohey at (949) 348-0656 or (800) 827-4695.
CAPISTRANO UNIFIED SCHOOL DISTRICT
2016-2017 PEP SQUAD CLEARANCE PACKET

SPORTS: (fall) ___________________ (winter) ___________________ (spring) ___________________

Name ___________________ Grade in 2016-17 _______ Male _______ Female _______ Date of birth ___/___/___

Address ___________________ City & Zip Code ___________________ Phone ___________________

Father/Guardian ___________________ Work phone ___________________ Cell phone ___________________

Mother/Guardian ___________________ Work phone ___________________ Cell phone ___________________

Emergency Contact ___________________ Phone ___________________ Insurance ___________________

***I hereby give my consent for the above named student (son/daughter/ward) to compete in sports and to go with a representative of the school on any trips. In case of injury, you are authorized to have him/her treated.***

**SIGNATURE OF PARENT/GUARDIAN** ___________________ Date ___________________

HEALTH HISTORY: TO BE COMPLETED BY PARENT BEFORE DOCTOR EXAM

<table>
<thead>
<tr>
<th>Any past or present:</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Problems with vision</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Eyeglasses</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Contacts</td>
<td></td>
<td></td>
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<tr>
<td>Problems with hearing</td>
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<tr>
<td>Hearing aid</td>
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<tr>
<td>Blacking out or fainting</td>
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<td></td>
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<tr>
<td>Unconsciousness</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Convulsions, seizures</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Heart problems</td>
<td></td>
<td></td>
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<tr>
<td>Rheumatic fever</td>
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<tr>
<td>Bleeding disorders</td>
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<tr>
<td>Blood sugar problems</td>
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<tr>
<td>Hypoglycemia</td>
<td></td>
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<tr>
<td>Diabetes</td>
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<td></td>
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<tr>
<td>Allergies—type</td>
<td></td>
<td></td>
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<tr>
<td>Bee or insect stings</td>
<td></td>
<td></td>
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<tr>
<td>Hospitalizations</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Any history of chest pain with exercise?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Any history of &quot;racing&quot; heart or skipped beats?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Do you experience passing out, near passing out or unexpected tiredness during exercise?</td>
<td></td>
<td></td>
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<tr>
<td>Any family history of sudden cardiac death in a family member under the age of 50?</td>
<td></td>
<td></td>
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<tr>
<td>Any family history of Marfan's syndrome Or prolonged QT syndrome?</td>
<td></td>
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<tr>
<td>Any history of temporary numbness or paralysis of both arms and/or legs following head/spine trauma?</td>
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<tr>
<td>Any history of recent severe viral illness, infectious mononucleosis, or hepatitis?</td>
<td></td>
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<tr>
<td>Any history of the following: absence of one kidney?</td>
<td></td>
<td></td>
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<tr>
<td>males: absence of one testicle?</td>
<td></td>
<td></td>
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<tr>
<td>Any history of blindness in one eye?</td>
<td></td>
<td></td>
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<tr>
<td>Any current active skin infection?</td>
<td></td>
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</table>

PHYSICAL EXAM: DATE ___________________ HEIGHT _______ WEIGHT _______

<table>
<thead>
<tr>
<th>PULSE: RESTING AFTER ACTIVITY B.P.</th>
</tr>
</thead>
<tbody>
<tr>
<td>EYES THROAT ABDOMEN ORTHOPEDIC</td>
</tr>
<tr>
<td>EARS LYMPH GLANDS HERNIA SKIN</td>
</tr>
<tr>
<td>TEETH THYROID POSTURE OTHER</td>
</tr>
<tr>
<td>BRACES HEART MUSCLE TONE</td>
</tr>
<tr>
<td>NOSE LUNGS REFLEXES</td>
</tr>
</tbody>
</table>

Special doctor recommendations or restrictions

I have examined the above student and do recommend that he/she is physically fit for full participation in sports. (Must be signed by a PHYSICIAN, PHYSICIAN’S ASSISTANT or NURSE PRACTITIONER)

Name of physician ___________________ M.D./DO/PA/NP Date ___________________ **Physician's Office Stamp**

Signature ___________________ Phone ___________________
CAPISTRANO UNIFIED SCHOOL DISTRICT

ATHLETIC CODE OF HONOR

The goal of athletic participation is to provide a rewarding educational and co-curricular experience for all students. All participants must commit to exemplary conduct and behavior as a representative of the school, District, and community.

As a participant in Capistrano Unified School District athletics, I agree to the following:

1. To recognize that participation in athletics is a privilege and not a right; as such, the privilege may be revoked if the student-athlete does not abide by the Athletic Code and follow school and District policies.

2. To meet the minimum academic requirements established by the Board of Trustees of the Capistrano Unified School District and California Interscholastic Federation (CIF) for eligibility. (see Board Policy 6145)

3. To recognize that student athletes have a primary responsibility to attend and pass their classes.

4. To recognize that interscholastic athletic competition must demonstrate high standards of ethics and sportsmanship and promote the development of good character and other important life skills. Participants agree to commit to the six pillars of character found in the District/CIF "Pursuing Victory with Honor" sportsmanship code: trustworthiness, respect, responsibility, fairness, caring, and citizenship.

5. To recognize that suspension for offenses to Education Code 48900 will result in competition ineligibility during the time of suspension. Specifically, students will not use or possess alcoholic beverages, drugs, drug paraphernalia or narcotics. Students will not use or possess androgenic/anabolic steroids without the written prescription of a fully licensed physician (as recognized by the A.MA) to treat a medical condition (as mandated by CIF Bylaw 514).

6. To remain as a team member throughout the season of the sport. An athlete who quits or leaves a team after CVAA League play begins cannot go out for another sport or transfer into another athletic class until his/her original season has ended. An athlete who quits or leaves a team during the pre-league season can go on to another sport with approval of both head coaches and athletic director.

7. To recognize that an athlete cannot compete in two sports during the same season without the prior approval of both head coaches and athletic director.

8. To recognize that specific standards of behavior and appropriate consequences may be set by the head coach of each individual sport. Sport specific codes must be in written form, signed, and on file with the athletic director.

9. To recognize that athletes are financially responsible for uniforms and equipment issued to them and must pay for items not turned in at the end of the season. Athletes failing to return school-issued equipment will not be permitted to receive equipment, awards, or participate in another sport until all equipment debts are satisfied. All equipment is to be turned in to the person who collects equipment no later than seven (7) school days after the end of the season.

Any violation of the rules and standards may result in suspension from athletics for the remainder of the season of the sport in which the athlete is currently participating. A violation to item 5 above will result in a loss of all privileges and suspension from athletics, activities, or events for 90 school days, and the athlete will be removed from the athletic period during this suspension. A violation of item 5 above may result in a recommendation for expulsion from CUSD.

Students, parents/guardians, and community members within the District who have a complaint or disagreement about a district issue, situation, or employee decision or action and seeking a specific redress are asked to follow Board Policy 1312.1 (Complaint Policy) in order to have the complaint, grievance, or difference of opinion addressed in an orderly manner.

I have read and fully understand the above regulations. I realize that failure to comply with any of these rules will result in immediate action by my coach, Athletic Director, or school authority.

Signature of Athlete  Date  Signature of Parent/Guardian  Date
CAPISTRANO UNIFIED SCHOOL DISTRICT
ATHLETIC INSURANCE VERIFICATION

Education Code Section 32221.5. Under state law, school districts are required to ensure that all members of school athletic teams have accidental bodily injury insurance providing at least $1500 of scheduled medical/hospital benefits. This insurance requirement can be met by the school district offering insurance or other health benefits that cover medical and hospital expenses. Some pupils may qualify to enroll in no-cost or low-cost local, state, or federally sponsored health insurance programs. Information about these programs may be obtained by calling: 1(800)281-9799.

If you have at least $1500, accidental bodily injury insurance, please fill out ITEM 1 below (medical card required). If you do not have accidentally bodily injury benefits for your son, daughter, or ward, please fill out ITEM 2 below.

ITEM 1 The athlete has accidental bodily injury insurance providing at least $1500 of scheduled medical hospital benefits.

ATHLETE’S NAME PARENT/GUARDIAN SIGNATURE

ITEM 1 PROOF OF INSURANCE IS REQUIRED

***PLEASE ATTACH A PHOTOCOPY OF INSURANCE CARD HERE***

ITEM 2 The athlete does not have accidental bodily injury insurance required. YOU MUST COMPLETE APPROPRIATE MYERS-STEVENS & TOOHEY APPLICATION and mail directly to Myers-Stevens & Toohey & Co. Inc.

ATHLETE’S NAME

INTERSCHOLASTIC TACKLE FOOTBALL 9-12 GRADES
(SEE MYERS STEVENS BROCHURE FOR APPLICATION AND PRICING)

FULLTIME (2417) SCHOOL TIME ACCIDENT PLAN
(both plans cover all interscholastic sports except tackle football) DENTAL PLANS
(SEE MYERS STEVENS BROCHURE FOR APPLICATION AND PRICING)

We have subscribed to Myers-Stevens & Toohey & Co., Inc for athletic insurance, which meet the limits requested. (Myers-Stevens & Toohey & Co. Inc. will send verification of insurance to each school)

Parent/Guardian Signature Date
CAPISTRANO UNIFIED SCHOOL DISTRICT
CHEERLEADING WAIVER AND RELEASE OF LIABILITY

______________________________  ________________________________
(hereinafter "Student") and  Student's parents ("Parents/Guardians") acknowledge and
agree that they must assess the risks involved in the participation in competitive cheerleading and make
the choice to participate in spite of potential risk of serious, catastrophic, and perhaps fatal
consequences. Student and Parents/Guardians, acknowledge and agree that no amount of instruction,
precaution or supervision will totally eliminate the risk of injury or of adverse medical consequences to
Student. Participation in cheerleading is inherently dangerous and may be severely impacted by
Student's existing medical conditions.

By granting permission to Student to participate in cheerleading competition, Parents/Guardians
acknowledge that playing or practicing cheerleading can be a dangerous activity involving many risks of
injury. Both the Student and Parents/Guardians understand and agree that the dangers and risk of
playing or practicing to play include, but are not limited to, death, complete or partial paralysis,
brain damage, serious injury to virtually all internal organs, bones, joints, ligaments, muscles, tendons and
other aspects of the skeletal system, and the potential impairment of other aspects of the body, general
health and well-being.

Student and Parents/Guardians acknowledge and agree that they have been warned and cautioned
against to the participation of Student in such activities. Nevertheless, in order to facilitate
participation of Student in such activity, Student and Parents/Guardians, agree that if Student does engage in school
sponsored athletic activity including, without limitation, practice, conditioning, cheerleading
competition, games, or use of school facilities, Student and Parents/Guardians do so at their own risk.

Student and Parents/Guardians agree that Student is voluntarily participating in these
activities and using school facilities and premises and assumes all risk of injury, illness, damage or loss
that might result, including, without limitation, injury, illness, or death. Student and
Parents/Guardians agree on behalf of themselves (and their personal representatives, heirs,
extecutors, administrators, agents and assigns (collectively "CUSD") to release and discharge the
Capistrano Unified School District, its employees, agents, representatives, coaches, assistant coaches,
officials, successors and assigns, from any and all claims or causes of action (known or unknown)
arising out of participation of Student in such activities and/or the negligence of CUSD. This Waiver
and Release of Liability includes, without limitation, injuries which may occur as a result of
Student's participation in any of the activities associated with athletic competition in practice or
negligent instruction or supervision of Student.

You acknowledge that you have completely read this Waiver and Release and fully
understand that it is a release of liability. You are waiving any right that you may have to
bring legal action or assert a claim against CUSD by reason of the participation of Student
in athletic activities.

______________________________  ________________________________
Date  Student

______________________________  ________________________________
Date  Parent/Guardian

______________________________  ________________________________
Date  Parent/Guardian

05/23/11
664866.1
Concussion Information Sheet

**Why am I getting this information sheet?**

You are receiving this 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 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 the parent or guardian.

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

**What is a concussion and how would I recognize one?**

A concussion is a kind of brain injury. It can be caused by a bump or hit to the head, or by 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, but, all concussions are serious and may result in serious problems including brain damage and even death, if not recognized and managed the right way.

Most concussions occur without being knocked out. Signs and symptoms of concussion (see back of this page) 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 concussion. If your child is vomiting, has a severe headache, is having difficulty staying awake or answering simple questions, he or she should be immediately taken 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 progress. 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 headache might be a part of his or her everyday life. We call this a "baseline" so that we know what symptoms are normal and common. 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 concussion 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 still been injured. Animal and human 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 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.

3/2015
Signs observed by teammates, parents and coaches include:

| • Looks dizzy     | • Slurred speech             |
| • Looks spaced out| • Shows a change in personality or way of acting |
| • Confused about plays | • Can't recall events before or after the injury |
| • Forgets plays | • Seizures or has a fit |
| • Is unsure of game, score, or opponent | • Any change in typical behavior or personality |
| • Moves clumsily or awkwardly | • Passes out |
| • Answers questions slowly | |

Symptoms may include one or more of the following:

| • Headaches     | • Loss of memory             |
| • Pressure in head" | • "Don't feel right"    |
| • Nausea or throws up | • Tired or low energy |
| • Neck pain | • Sadness |
| • Has trouble standing or walking | • Nervousness or feeling on edge |
| • Blurred, double, or fuzzy vision | • Irritability |
| • Bothered by light or noise | • More emotional |
| • Feeling sluggish or slowed down | • Confused |
| • Feeling foggy or groggy | • Concentration or memory problems |
| • Drowsiness | • Repeating the same question/comment |
| • Change in sleep patterns | |

**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 may even 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. They may also benefit from a formal school assessment for limited attendance or homework such as reduced class schedule if recovery from a concussion is taking longer than expected. Your school or doctor can help suggest and make these changes. Student athletes should complete the Return to Learn guidelines and return to complete school before beginning any sports or physical activities. Go to the CIF website (cifstate.org) 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, step-wise 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 a step-wise progression program monitored by an athletic trainer, coach, or other identified school administrator. Please see cifstate.org for a graduated return to play plan. [AB 2127, a California state law that became effective 1/1/15, states that return to play (i.e., full competition) must be no sooner than 7 days after the 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 concussions, which is why this information sheet is so important to review with them. Teach your child to tell the coaching staff if he or she experiences such symptoms, or if he or she suspects that a teammate has suffered a concussion. You should also feel comfortable talking to the coaches or athletic trainer about possible concussion signs and symptoms.

**References:**

- Consensus statement on concussion in sport: the 4th International Conference on Concussion in Sport held in Zurich, November 2012
- [http://www.cdc.gov/concussion/HeadsUJl/youth.html](http://www.cdc.gov/concussion/HeadsUJl/youth.html)

3/2015
Concussion Information Sheet

Please Return this Page

I hereby acknowledge that I have received the Concussion Information Sheet from my school and I have read and understand its contents. I also acknowledge that if I have any questions regarding these signs, symptoms and the "Return to Learn" and "Return to Play" protocols I will consult with my physician.

<table>
<thead>
<tr>
<th>Student-athlete Name Printed</th>
<th>Student-athlete Signature</th>
<th>Date</th>
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</table>

<table>
<thead>
<tr>
<th>Parent or Legal Guardian Printed</th>
<th>Parent or Legal Guardian Signature</th>
<th>Date</th>
</tr>
</thead>
</table>
PARENT REVIEW FORM

Athlete/Parent/Guardian Sudden Cardiac Arrest Symptoms and Warning Signs Information Sheet and Acknowledgement of Receipt and Review Form

What is sudden cardiac arrest?

Sudden cardiac arrest (SCA) is when the heart stops beating, suddenly and unexpectedly. When this happens blood stops flowing to the brain and other vital organs. SCA is NOT a heart attack. A heart attack may cause SCA, but they are not the same. A heart attack is caused by a blockage that stops the flow of blood to the heart. SCA is a malfunction in the heart's electrical system, causing the heart to suddenly stop beating.

How common is sudden cardiac arrest in the United States?

There are about 300,000 cardiac arrests outside hospitals each year. About 7,000 patients under 25 die of SCA each year.

Are there warning signs?

Although SCA happens unexpectedly, some people may have signs or symptoms, such as:

› dizziness
› lightheadedness
› shortness of breath
› difficulty breathing
› racing or fluttering heartbeat (palpitations)
› syncope (fainting)
› fatigue (extreme tiredness)
› weakness
› nausea
› vomiting
› chest pains

These symptoms can be unclear and confusing in athletes. Often, people confuse these warning signs with physical exhaustion. SCA can be prevented if the underlying causes can be diagnosed and treated.

What are the risks of practicing or playing after experiencing these symptoms?

There are risks associated with continuing to practice or play after experiencing these symptoms. When the heart stops, so does the blood that flows to the brain and other vital organs. Death or permanent brain damage can occur in just a few minutes. Most people who have SCA die from it.
Sudden Cardiac Arrest Prevention Act (the Act)

The Act is intended to keep student-athletes safe while practicing or playing. The requirements of the Act are:

Information about SCA symptoms and warning signs.

› Every student-athlete and their parent or guardian must read and sign this form. It must be returned to the school before participation in any athletic activity. A new form must be signed and returned each school year.

› Schools may also hold informational meetings. The meetings can occur before each athletic season. Meetings may include student-athletes, parents, coaches and school officials. Schools may also want to include doctors, nurses and athletic trainers.

Removal from play/return to play

› Any student athlete who has signs or symptoms of SCA must be removed from play. The symptoms can happen before, during or after activity. Play includes all athletic activity.

› Before returning to play, the athlete must be evaluated. Clearance to return to play must be in writing. The evaluation must be performed by a licensed physician, certified registered nurse practitioner or cardiologist (heart doctor). The licensed physician or certified registered nurse practitioner may consult any other licensed or certified medical professionals.

I have reviewed and understand the symptoms and warning signs of SCA

____________________  __________________  _________
Signature of Student-Athlete  Print Student-Athlete's Name  Date

____________________  __________________
Signature of Parent/Guardian  Print Parent/Guardian's Name  Date