



Code of Ethics - Athletes

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

As an athlete, I understand that it is my responsibility to:

1. Place academic achievement as the highest priority.
2. Show respect for teammates, opponents, officials and coaches.
3. Respect the integrity and judgment of game officials.
4. Exhibit fair play, sportsmanship and proper conduct on and off the playing field.
5. Maintain a high level of safety awareness.
6. Refrain from the use of profanity, vulgarity and other offensive language and gestures.
7. Adhere to the established rules and standards of the game to be played.
8. Respect all equipment and use it safely and appropriately.
9. Refrain from the use of alcohol, tobacco, illegal and non-prescriptive drugs, anabolic steroids or any substance to increase physical development or performance that is not approved by the United States Food and Drug Administration, Surgeon General of the United States or American Medical Association.
10. Know and follow all state, section and school athletic rules and regulations as they pertain to eligibility and sports participation.
11. Win with character, lose with dignity.

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

By signing below, both the participating student athlete and the parents, legal guardian/caregiver hereby agree that the student shall not use androgenic/anabolic steroids without the written prescription of a fully licensed physician (as recognized by the AMA) to treat a medical condition. We recognize that under CIF Bylaw 202, there could be penalties for false or fraudulent information.

We also understand that the _____ (school/school district name) policy regarding the use of illegal drugs will be enforced for any violations of these rules.

Printed Name of Student Athlete

Signature of Student Athlete

Date

Signature of Parent/Caregiver

Date

A copy of this form must be kept on file in the athletic director's office at the local high school on an annual basis and the Principal's Statement of Compliance must be on file at the CIF Southern Section office.



DESERT CHRISTIAN ACADEMY
Empowering the Mind, Engaging the Soul

Preparticipation Physical Evaluation

HISTORY

DATE OF EXAM _____

Name _____ Sex _____ Age _____ Date of birth _____
 Grade _____ School _____ Sports _____
 Address _____ Phone _____
 Personal physician _____
 In case of emergency, contact
 Name _____ Relationship _____ Phone (H) _____ (W) _____

Explain "Yes" answers below.

Circle questions you don't know the answers in.

	Yes	No		Yes	No
1. Have you had a medical illness or injury since your last check up or sports physical?	<input type="checkbox"/>	<input type="checkbox"/>	10. Do you use any special protective or corrective equipment or devices that aren't usually used for your sport or position (for example knee brace, special neck roll, foot orthotics, retainer on your teeth, hearing aid)?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have an ongoing or chronic illness?	<input type="checkbox"/>	<input type="checkbox"/>			
2. Have you ever been hospitalized overnight?	<input type="checkbox"/>	<input type="checkbox"/>	11. Have you had any problems with your eyes or vision?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever had surgery?	<input type="checkbox"/>	<input type="checkbox"/>	Do you wear glasses, contacts or protective eyewear?	<input type="checkbox"/>	<input type="checkbox"/>
3. Are you currently taking any prescription or nonprescription (over the counter medications) or pills or using an inhaler?	<input type="checkbox"/>	<input type="checkbox"/>	12. Have you ever had a sprain, strain or swelling after injury?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever taken any supplements or vitamins to help you gain or lose weight or improve your performance?	<input type="checkbox"/>	<input type="checkbox"/>	Have you broken or fractured any bones or dislocated any joints?	<input type="checkbox"/>	<input type="checkbox"/>
4. Do you have any allergies (for example, to pollen, medicine, food, or stinging insects)?	<input type="checkbox"/>	<input type="checkbox"/>	Have you had any other problems with pain or swelling in muscles, tendons, bones or joints?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever had a rash or hives develop during or after exercise?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, check appropriate box and explain below.		
5. Have you ever passed out during or after exercise?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Head <input type="checkbox"/> Elbow <input type="checkbox"/> Hip		
Have you ever been dizzy during or after exercise?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Neck <input type="checkbox"/> Forearm <input type="checkbox"/> Thigh		
Have you ever had chest pain during or after exercise?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Back <input type="checkbox"/> Wrist <input type="checkbox"/> Knee		
Do you get tired more quickly than your friends do during exercise?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Chest <input type="checkbox"/> Hand <input type="checkbox"/> Shin/calf		
Have you ever had racing of your heart or skipped heartbeats?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Shoulder <input type="checkbox"/> Finger <input type="checkbox"/> Ankle		
Have you had high blood pressure or high cholesterol?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Upper arm <input type="checkbox"/> Foot		
Have you ever been told you have a heart murmur?	<input type="checkbox"/>	<input type="checkbox"/>	13. Do you want to weight more or less than you do now?	<input type="checkbox"/>	<input type="checkbox"/>
Has any family member died of heart problems or of sudden death before age 50?	<input type="checkbox"/>	<input type="checkbox"/>	Do you loose weight regularly to meet weight requirements for your sport?	<input type="checkbox"/>	<input type="checkbox"/>
Have you had a severe viral infection (for example, myocarditis or mononucleosis) within the last month?	<input type="checkbox"/>	<input type="checkbox"/>	14. Do you feel stressed out?	<input type="checkbox"/>	<input type="checkbox"/>
Has a physician ever denied or restricted your participation in sports for any heart problems?	<input type="checkbox"/>	<input type="checkbox"/>	15. Record the date of your most recent immunizations (shots) for:		
6. Do you have any current skin problems (for example, itching, rashes, acne, warts, fungus, or blisters)?	<input type="checkbox"/>	<input type="checkbox"/>	Tetanus _____ Measles _____		
7. Have you ever had a head injury or concussion?	<input type="checkbox"/>	<input type="checkbox"/>	Hepatitis B _____ Chickenpox _____		
Have you ever been knocked out, become unconscious, or lost your memory?	<input type="checkbox"/>	<input type="checkbox"/>	FEMALES ONLY		
Have you ever had a seizure?	<input type="checkbox"/>	<input type="checkbox"/>	16. When was your first menstrual period? _____		
Do you have frequent or severe headaches?	<input type="checkbox"/>	<input type="checkbox"/>	When was your most recent menstrual period? _____		
Have you ever had numbness or tingling in your arms, hands legs or feet?	<input type="checkbox"/>	<input type="checkbox"/>	How much time do you usually have from the start of one period to the start on another? _____		
Have you ever had a stinger, burn, or pinched nerve?	<input type="checkbox"/>	<input type="checkbox"/>	How many periods have you had in the last year? _____		
8. Have you ever become ill from exercising in the heat?	<input type="checkbox"/>	<input type="checkbox"/>	What was the longest time between in the last year _____		
9. Do you cough, wheeze, or have trouble breathing during or after activity?	<input type="checkbox"/>	<input type="checkbox"/>	Explain "Yes" answers here: _____		
Do you have asthma?	<input type="checkbox"/>	<input type="checkbox"/>	_____		
Do you have seasonal allergies that require medical treatment?	<input type="checkbox"/>	<input type="checkbox"/>	_____		

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 _____



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Preparticipation Physical Evaluation

PHYSICAL EXAMINATION

Name _____ Date of birth _____
Height _____ Weight _____ % Body fat (optional) _____ Pulse _____ BP ____/____ (____/____, ____/____)
Vision R 20/____ L 20/____ Corrected: Y N Pupils: Equal _____ Unequal _____

MEDICAL			
Appearance			
Eyes/Ears/Nose/Throat			
Lymph Nodes			
Heart			
Pulses			
Lungs			
Abdomen			
Genitalia (Males only)			
Skin			
MUSCULOSKELETAL			
Neck			
Back			
Shoulder/arm			
Elbow/forearm			
Wrist/hand			
Hip/thigh			
Knee			
Leg/ankle			
Foot			

* Station based examination only

CLEARANCE

☐ Cleared

☐ Cleared after completing evaluation/rehabilitation for: _____

☐ Not Cleared for: _____ Reason: _____

Recommendations: _____

Name of Physician (Print/Type) _____ Date _____

Address _____ Phone _____

Signature of Physician _____ MD or DO



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Insurance Verification Form

In July 1995, insurance requirements of Desert Christian Academy and the School Board updated the following rules for parents transporting students in their own vehicle on school sponsored field trips:

I. ***Each parent must bring in to the Finance office:***

1. A copy of their valid California or other state **Driver's License**.
2. A copy of Declaration **page of Automobile Insurance** policy **showing the required coverage:**

Bodily Injury	\$100,000-\$300,000 each accident
Property Damage	\$25,000 -\$100,000 Total
Medical	\$5,000
Uninsured/Underinsured	
Motorist	\$30,000-\$60,000
3. A copy of their Insurance ID card showing **effective dates of coverage**.

II. Additionally, Each Driver Is Responsible To See That:

1. Students shall be wearing buckled seat belts at all times in compliance with California State Law.
2. California State Law requires:
"Every person transporting a child 8 years or less of age or a child 4'8" or less shall provide and secure the child in a seat restraint meeting the Federal standards.

III. No campers or pick-up trucks are to be used for transporting students.

IV. Should an accident occur while transporting Desert Christian Academy student on a field trip, it is understood that the insurance company of the parent driving is the **PRIMARY** carrier.

I have read the above material and affirm that I understand and meet the requirements listed therein.

Signed

Date

****This form and all requirements are to be turned in to the finance office BEFORE transporting students for any reason. If you have previously turned in these documents, check with the finance office to make sure your records are up to date.***



DESERT CHRISTIAN ACADEMY

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2021/2022 Athletic Forms

In order for your student(s) to participate in any athletic event at Desert Christian Academy, there are a few policies you and your athlete must be aware of. Please review the following policies and sign below stating that you have read and agree to abide by these policies.

ELIGIBILITY POLICY:

A) Before an athlete can participate in a sport, he/she must be cleared by the Athletic Department. The following items must be completed in order for the athlete to be cleared.

- 1. Complete an athletic release packet with all necessary signatures.*
- 2. Have a current sports physical (dated after June 1st, 2021) on file with the Athletic Department.*
- 3. Pay all athletic fees to the athletic office. Fees are due one week after the roster is completed.*

NO EXCEPTIONS WILL BE MADE ON THE ABOVE!!!

B) For high school students (grades 9-12): To participate on an athletic team a student must have a minimum GPA of 2.0 for the previous semester. Students under a 2.0 GPA for any semester will be on probation for the entire following semester and will not be eligible to play sports for the full semester. New students who are admitted on probation will be able to play sports on a week by week basis if the probation report reflects at least a 2.0 GPA. For middle school students (grades 6-8): To participate on an athletic team a student may not earn an F on any assignment. Middle school athletic eligibility is determined on a week-by-week basis.

C) All athletes must be in attendance at school for the entire day to be able to participate in practice or games, including on or off campus Suspensions. In the event of a medical appointment, the athlete must provide written verification from a doctor or dental office with valid Signature, date, and time for this requirement to be waived. Athletes who do not attend school for the entire day will not be allowed to Travel with the team as well.

D) Athletes will be given until the 10th practice to decide if he/she wishes to play a sport. Athletes have through the end of the 10th practice To make a decision on participation without penalty. However, on the 11th practice, the athlete will be considered a member of the team. If the athlete quits the team after the end of the 10th practice he/she will become ineligible to play a sport the next season.

E) Participating in athletics at Desert Christian Academy is a privilege. Student athletes who receive a detention will not be excused from detention to participate in a practice or game.

COMPLETE THE FOLLOWING:

I, _____, the parent/legal guardian of _____,
(Print Parent/Guardian's Name) (Print Student's Name)
understand and agree to the athletic department policies described above.

Signature of Parent/Guardian

Date

I, _____, as a Desert Christian Academy student athlete, understand and agree to the
(Print Student's Name)
policies as described above.

Signature of Student

Date

ATHLETES NAME: _____

GRADE: _____

DEPARTMENT: _____



DESERT CHRISTIAN ACADEMY

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2021-2022 ATHLETIC EMERGENCY INFORMATION AND RELEASE

Athlete Name: _____ Athlete DOB: ____/____/____ Grade: _____

Parent or Guardian Name(s): _____

Home Address: _____
City State Zip

Home Phone: _____ Parent Cell: _____ E-mail: _____

Emergency Contact Person: _____ Relationship: _____ Phone: _____

Insurance Carrier: _____ Policy #: _____ Hospital Preference: _____

Chronic Ailments, Medical Issues, Allergies, etc.: _____

I (We) the undersigned parent(s)/guardian(s) of _____ a minor, do hereby authorize Desert Christian Academy, as agents for the undersigned to consent to any X-rays deemed advisable by, and it to be rendered under the general or special supervision of any physician and/or surgeon licensed under the provision of Medicine Practice Act of the medical staff of any hospital, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital.

It is understood that the authorization is given in advance of any specific diagnosis, treatment or hospital care being required but given to provide authority and power on the part of our aforesaid agents to give specific consent to any and all such diagnosis, treatment or hospital care which the aforementioned physician, in the exercise of his/her best judgment, may deem advisable.

This authorization is given pursuant to the provisions of *Section 25.8 of the Civil Code of California*.

This authorization shall remain effective until June 30, 2022, unless sooner revoked in writing and delivered to said agents.

LIABILITY RELEASE

BOTH THE STUDENT & PARENT/GUARDIAN MUST READ CAREFULLY AND SIGN BELOW

It is my understanding that participation in any sport can be dangerous and involves MANY RISKS OF INJURY. Dangers and risks include, but are not limited to, serious neck and spinal injuries, paralysis, brain damage, injury to all internal organs, bones, joints, ligaments, muscles, tendons, and other aspects of the muscular skeletal system, and impairment to general health and well-being, to engaging in business, social and recreational activity and in general to enjoyment of life.

Because of the dangers of participating in the athletics I recognize the importance of following coaches' instructions regarding playing techniques, training and other team rules, etc., and agree to obey such instructions.

With participation in DCA athletics I understand that I assume all of the risks associated with the sport and agree to hold harmless Desert Christian Academy, its employees, agents, representatives, coaches and volunteers from any and all liability.

Insurance: DCA provides excess medical insurance for any member athlete participation in DCA sanctioned practice or event. If the athlete has other medical coverage, theirs will be applied first, followed by DCA insurance. If the athlete has no other coverage, the DCA policy becomes primary subject to terms and conditions of the policy.

I, _____ (Parent/guardian) of _____ (student) have read the above warning and release and understand its terms. I understand that all sports can involve MANY RISKS OF INJURY, including, but not limited to those risks outlined above. In order to participate I agree to hold harmless Desert Christian Academy and its employees, agents, representatives, coaches, and volunteers from any and all liability, actions, causes of actions, debts, claims or demands of every kind and nature which may arise by, or in connection with, participation of my child in any activities related to the Desert Christian Academy. The terms hereof shall serve as a release from my heirs, estate, executor, administrator, assignees, and for all members of my family.

Signature of Parent/Guardian

Date

Signature of Athlete

Date

ATHLETES NAME:

GRADE:

EMERGENCY



DESERT CHRISTIAN ACADEMY

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2021-22 ATHLETIC TRANSPORTATION GUIDELINES

***ALL SPORTS OFFERED DURING THE 2021-22 SCHOOL YEAR**

We, the undersigned, understand and agree that Desert Christian Academy desires to provide a safe and enjoyable time for all students. However, we understand and agree that accidents can still happen. We understand that there are risks/dangers involved with participation in any off-campus trip and its associated activities. In consideration of our children being allowed to participate in the events, we assume responsibility for risks associated with the travel and activities.

Without reservation, we agree to hold harmless Desert Christian Academy, its affiliated organizations, employees, agents, and representatives, including volunteer and other drivers, from any and all claims arising from their children's participation.

We understand that our assumption of risk does not apply to claims of intentional (criminal) misconduct or gross negligence by the school, its employees, or volunteers. If such circumstances are proved in a court of law, we agree that the school can assume no financial liability beyond its actual liability insurance policy in force.

We understand that before driving, all volunteer drivers must complete the DCA Insurance Verification Form and be cleared by the Student Services Office.

Here at DCA we desire to travel as a team to and from our athletic events. We always encourage our families to allow the student athlete to travel with the team.

We give permission for the following: (Please initial all that apply)

- ☐ For my child to ride with a school approved parent or employee driver to any DCA athletic event
- ☐ I will provide a passenger vehicle with the proper seat belts & that I cannot carry more than nine persons
- ☐ I have completed a DCA Parent Driver form and have been approved to drive by Krissy Devane in our finance office.
- ☐ I guarantee that all occupants will wear seat belts, as required by law
- ☐ I will caravan with the team, keeping in close contact with the group and designated leader at all times
- ☐ I will respect those in my care by only allowing appropriate music, movies, or talk in my vehicle

PLEASE FILL OUT THE FOLLOWING INFORMATION

I, _____, the parent/legal guardian of _____,
(Print Parent/Guardian's Name) (Print Athlete's Name)
understand and agree to these conditions and terms as described above.

Signature of Parent/Guardian

Date

I, _____, as a Desert Christian Academy student, understand and agree to these
(Print Athlete's Name)
conditions and terms as described above.

Signature of Athlete

Date

ATHLETES NAME: _____
GRADE: _____
TRANSPORTATION



DESERT CHRISTIAN ACADEMY

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2021-22 PARENTAL CODE OF CONDUCT

The CIF, in its quest to “Pursue Victory with Honor,” has identified “Six Pillars of Character.” These include trustworthiness, respect, responsibility, fairness, caring, and good citizenship. Your athlete must sign a CIF Code of Ethics indicating his or her adherence to these principles. In addition, we would like to ask parents to help model the following characteristics.

Respect – Treat all people with respect at all times and require the same of your student-athletes. Don’t engage in disrespectful conduct of any sort including profanity, obscene gestures, offensive remarks of a sexual nature, trash-talking, taunting, boastful celebrations, or other actions that demean individuals or the sport.

Respect for Officials – Treat game officials with respect. Don’t complain or argue about calls or decisions during or after an athletic event.

Class – Teach your athlete to live and play with class and be a good sport. He/she should be gracious in victory and accept defeat with dignity, compliment extraordinary performance, and show sincere respect in pre- and post-game rituals.

Spirit of the Rules – Honor the spirit and the letter of rules. Teach your athlete to avoid temptations to gain competitive advantage through improper gamesmanship techniques that violate the highest traditions of sportsmanship.

In addition to these characteristics, we ask your help with another issue. We have found that one of the greatest sources of contention between parents and coaches is the issue of playing time. We recognize that all parents want their athlete to play as much as possible. Coaches have to weigh many factors (including demonstrated skill, effort and progress shown in practice, performance in games, attitude, etc.) in determining playing time. Please trust our coaches’ decisions on the amount of playing time given to your athlete.

We understand that conflict happens on occasion. It is the desire of the DCA Athletic Department to resolve conflict in a manner that is best for the player, the team, and the school. That being said, there is a proper way to handle conflict if it arises, and that is by following the chain of command outlined in Matthew 18. When addressing an athletic conflict, the chain of command (the order in which you address the matter) is as follows: Head Coach, Athletic Director, Principal. Please use discretion in the manner and time when you approach the coach; **NEVER approach the coach on a game day or directly after practice.** Interrupting practice or in front of a group of people is also not a good time. The best method would be to call the coach or athletic office to set up an appointment for a later time.

I recognize that by violating this code of conduct I am jeopardizing the working relationship between school and home necessary for my athlete’s participation in the DCA sports program. I have read and I understand the requirements of this Code of Conduct. I further understand that my family, invited guests, and I must submit to the leadership of the coach(es) and athletic staff. I recognize that my privilege to attend athletic contests may be withdrawn for failure to comply with these standards.

Mother/Guardian Signature

Date

Father/Guardian Signature

Date

ATHLETES NAME: _____

GRADE: _____

CODE OF CONDUCT



DESERT CHRISTIAN ACADEMY

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2021-22 CONCUSSION/HEAD INJURY NOTIFICATION FORM

What can happen if my child keeps on playing with a concussion or returns too soon?

Athletes with the signs and symptoms of concussion should be removed from play immediately. Continuing to play with the signs and symptoms of a concussion leaves the young athlete especially vulnerable to greater injury. There is an increased risk of significant damage from a concussion for a period of time after that concussion occurs, particularly if the athlete suffers another concussion before completely recovering from the first one. This can lead to prolonged recovery, or even to severe brain swelling (second impact syndrome) with devastating and even fatal consequences. It is well known that adolescent or teenage athlete will often under report symptoms of injuries. And concussions are no different. As a result, education of administrators, coaches, parents and students is the key for student-athlete's safety.

If you think your child has suffered a concussion

Any athlete even suspected of suffering a concussion should be removed from the game or practice immediately. No athlete may return to activity after an apparent head injury or concussion, regardless of how mild it seems or how quickly symptoms clear, without medical clearance. Close observation of the athlete should continue for several hours. The new CIF Bylaw 313 now requires implementation of long and well-established return to play concussion guidelines that have been recommended for several years:

“A student-athlete who is suspected of sustaining a concussion or head injury in a practice or game shall be removed from competition at that time and for the remainder of the day.”

and

“A student-athlete who has been removed may not return to play until the athlete is evaluated by a licensed health care provider trained in the evaluation and management of concussion and received written clearance to return to play from that health care provider.”

You should also inform your child's coach if you think that your child may have a concussion. Remember it's better to miss one game than miss the whole season. And when in doubt, the athlete sits out.

By signing below, the athlete and parent signify their understanding of the dangers of concussions and head injuries and agree to abide by the specifics of CIF Bylaw 313.

Student-Athlete Name Printed

Student-Athlete Signature

Date

Parent or Legal Guardian Name Printed

Parent or Legal Guardian Signature

Date

ATHLETES NAME:

GRADE:

CONCUSSION



DESERT CHRISTIAN ACADEMY

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Concussion/Head Injury Notification Form

A concussion is a brain injury and all brain injuries are serious. They are caused by a bump, blow, or jolt to the head, or by a blow to another part of the body with the force transmitted to the head. They can range from mild to severe and can disrupt the way the brain normally works. Even though most concussions are mild, **all concussions are potentially serious and may result in complications including prolonged brain damage and death if not recognized and managed properly.** In other words, even a “ding” or a bump on the head can be serious. You can’t see a concussion and most sports concussions occur without loss of consciousness. Signs and symptoms of concussion may show up right after the injury or can take hours or days to fully appear. If your child reports any symptoms of concussion, or if you notice the symptoms or signs of concussion yourself, seek medical attention right away.

Symptoms may include one or more of the following:

- | | |
|--|--|
| <ul style="list-style-type: none">• Headaches• “Pressure in head”• Nausea or vomiting• Neck Pain• Balance problems or dizziness• Blurred, double, or fuzzy vision• Sensitivity to light or noise• Feeling sluggish or slowed down• Feeling foggy or groggy• Drowsiness• Change in sleep patterns | <ul style="list-style-type: none">• Amnesia• “Don’t feel right”• Fatigue or low energy• Sadness• Nervousness or anxiety• Irritability• More emotional• Confusion• Concentration or memory problems (forgetting game plays)• Repeating the same question/comment |
|--|--|

Signs observed by teammates, parents and coaches include:

- | |
|--|
| <ul style="list-style-type: none">• Appears dazed• Vacant facial expressions• Confused about assignment• Forgets plays• Is unsure of game, score, or opponent• Moves clumsily or displays incoordination• Answers questions slowly• Slurred speech• Shows behavior or personality changes• Can’t recall events prior to hit• Can’t recall events after hit• Seizures or convulsions• Any change in typical behavior or personality• Loses consciousness |
|--|

Please Detach This Sheet and Save for Your Records

Keep Their Heart in the Game

A Sudden Cardiac Arrest Information Sheet for Athletes and Parents/Guardians

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 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 victim to collapse. The malfunction is caused by a congenital or genetic defect in the heart's structure.

How common is sudden cardiac arrest in the United States?

As the leading cause of death in the U.S., there are more than 300,000 cardiac arrests outside hospitals each year, with nine out of 10 resulting in death. Thousands of sudden cardiac arrests occur among youth, as it is the #2 cause of death under 25 and the #1 killer of student athletes during exercise.

Who is at risk for sudden cardiac arrest?

SCA is more likely to occur during exercise or physical activity, so student-athletes are at greater risk. While a heart condition may have no warning signs, studies show that many young people do have symptoms but neglect to tell an adult. This may be because they are embarrassed, they do not want to jeopardize their playing time, they mistakenly think they're out of shape and need to train harder, or they simply ignore the symptoms, assuming they will "just go away." Additionally, some health history factors increase the risk of SCA.

**FAINTING
is the
#1 SYMPTOM
OF A HEART CONDITION**

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

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

What is an AED?

An automated external defibrillator (AED) is the only way to save a sudden cardiac arrest victim. An AED is a portable, user-friendly device that automatically diagnoses potentially life-threatening heart rhythms and delivers an electric shock to restore normal rhythm. Anyone can operate an AED, regardless of training. Simple audio direction instructs the rescuer when to press a button to deliver the shock, while other AEDs provide an automatic shock if a fatal heart rhythm is detected. A rescuer cannot accidentally hurt a victim with an AED—quick action can only help. AEDs are designed to only shock victims whose hearts need to be restored to a healthy rhythm. Check with your school for locations of on-campus AEDs.



The Cardiac Chain of Survival

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

Early Recognition of Sudden Cardiac Arrest



Collapsed and unresponsive.
Gasping, gurgling, snorting, moaning or labored breathing noises.
Seizure-like activity.

Early Access to 9-1-1



Confirm unresponsiveness.
Call 9-1-1 and follow emergency dispatcher's instructions.
Call any on-site Emergency Responders.

Early CPR



Begin cardiopulmonary resuscitation (CPR) immediately. Hands-only CPR involves fast and continual two-inch chest compressions—about 100 per minute.

Early Defibrillation



Immediately retrieve and use an automated external defibrillator (AED) as soon as possible to restore the heart to its normal rhythm. Mobile AED units have step-by-step instructions for a bystander to use in an emergency situation.

Early Advanced Care



Emergency Medical Services (EMS) Responders begin advanced life support including additional resuscitative measures and transfer to a hospital.

Cardiac Chain of Survival Courtesy of Parent Heart Watch

Keep Their Heart in the Game

Recognize the Warning Signs & Risk Factors of Sudden Cardiac Arrest (SCA)

Tell Your Coach and Consult Your Doctor if These Conditions are Present in Your Student-Athlete

Potential Indicators That SCA May Occur

- ☐ Fainting or seizure, especially during or right after exercise
- ☐ Fainting repeatedly or with excitement or startle
- ☐ Excessive shortness of breath during exercise
- ☐ Racing or fluttering heart palpitations or irregular heartbeat
- ☐ Repeated dizziness or lightheadedness
- ☐ Chest pain or discomfort with exercise
- ☐ Excessive, unexpected fatigue during or after exercise

Factors That Increase the Risk of SCA

- ☐ Family history of known heart abnormalities or sudden death before age 50
- ☐ Specific family history of Long QT Syndrome, Brugada Syndrome, Hypertrophic Cardiomyopathy, or Arrhythmogenic Right Ventricular Dysplasia (ARVD)
- ☐ Family members with unexplained fainting, seizures, drowning or near drowning or car accidents
- ☐ Known structural heart abnormality, repaired or unrepaired
- ☐ Use of drugs, such as cocaine, inhalants, "recreational" drugs, excessive energy drinks or performance-enhancing supplements

What is CIF doing to help protect student-athletes?

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

I have reviewed and understand the symptoms and warning signs of SCA and the new CIF protocol to incorporate SCA prevention strategies into my student's sports program.

STUDENT-ATHLETE SIGNATURE

PRINT STUDENT-ATHLETE'S NAME

DATE

PARENT/GUARDIAN SIGNATURE

PRINT PARENT/GUARDIAN'S NAME

DATE

For more information about Sudden Cardiac Arrest visit

California Interscholastic Federation
<http://www.cifstate.org>

Eric Paredes Save A Life Foundation
<http://www.epsavealife.org>

National Federation of High Schools
(20-minute training video)
<https://nfhslearn.com/courses/61032>



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.



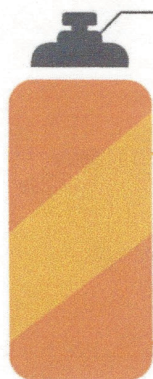
Currently, 13 states have heat-acclimatization policies, for secondary school athletics with New Jersey being the first.



Exertional heat stroke is one of the top three killers of athletes and soldiers in training.

- 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

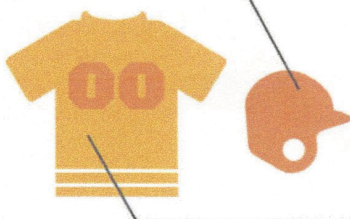


Have sports drinks on hand for workout sessions lasting longer than an hour.

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



Lightheadedness, 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

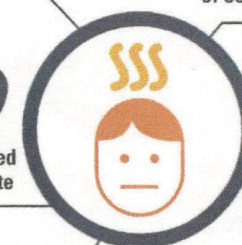


Signs of nervous system dysfunction, such as confusion, aggression and loss of consciousness



Increased heart rate

Seizures



Rapid breathing

Low blood pressure



Frequently Asked Questions regarding the Sudden Cardiac Arrest Prevention

1. What is sudden cardiac arrest (SCA)?

It is the sudden and unexpected loss of heart function. The heart stops beating, the student stops breathing and collapses. The student may be motionless or be convulsing (which looks like a seizure).

2. What causes sudden cardiac arrest?

There are three main causes. First, there could be a defect in how the heart is built or how it works. Second, there could be an electrical defect that interrupts the normal rhythm of the heart. Finally, there are other causes, such as illicit or prescription drug use.

3. Are there warning signs or symptoms?

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

- dizziness
- unexplained shortness of breath
- racing or fluttering heartbeat (palpitations)
- unexplained seizures
- fainting (syncope)
- fatigue (extreme tiredness)
- 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.

4. How can the conditions of Sudden Cardiac Arrest be detected?

Physical Exam and Medical History. Prior to participating in athletics, students are required to get a physical and complete a medical history. This form asks questions about family history and heart conditions. The physical exam should include listening to the heart.

Heart Screening. An electrocardiogram (ECG) is an effective diagnostic tool that detects irregularities. An abnormal ECG exam can lead to other tests like an echocardiogram, stress test, halter monitor and more.

5. Which students and parents or guardians need sudden cardiac arrest education and how often?

All students participating in or desiring to participate in an athletic activity and the student's parent or guardian shall each school year, prior to participation sign and return an acknowledgement of receipt and review of an Athlete/Parent/Guardian Sudden Cardiac Arrest Symptoms and Warning Signs Information Sheet and Acknowledgement of Receipt and Review Form. Athletic activity includes: 1) interscholastic athletics, 2) An athletic contest or competition, other than interscholastic athletics, that is sponsored by or associated with a school entity, including cheerleading, club-sponsored sports activities and sports activities sponsored by school-affiliated organizations, 3) Noncompetitive

cheerleading that is sponsored by or associated with a school entity, 4) Practices, interschool practices and scrimmages for all of the activities listed above.

6. Is there a sample Athlete/Parent/Guardian Sudden Cardiac Arrest Symptoms and Warning Signs Information Sheet and Acknowledgement of Receipt and Review Form?

The Save a Life Foundation working with the CIF has developed a sample Athlete/Parent/Guardian Sudden Cardiac Arrest Symptoms and Warning Signs Information Sheet and Acknowledgement of Receipt and Review Form. It is available under Resources on the SCA page of the Sports Medicine portion of the CIF State website titled: SCA Parent/Student Review Form.

7. Who offers sudden cardiac arrest prevention training? Who can take the training? Will there be a charge to take the training?

Anyone can take the online training free of charge – click on this link:

<http://www.proprofs.com/training/course/?title=training-for-sca-prevention-act-ca>

8. How often should I take the free training?

The medical science continues to make great advances and everyone should take the training yearly to ensure they are following the most up to date and best practices provided by the medical experts

9. How long is the online training?

Approx. 15 minutes online. A certificate of completion is provided at the end.

10. Who should determine if a student has experienced one or more sign(s) or symptom(s) prior to, during or following an athletic activity?

Anyone, from a game official, coach from the student's team, licensed athletic trainer, licensed physician, parents and teammates should tell the coach when they see a student experiencing any signs and/or symptoms; immediately remove the athlete from a game. The athlete should not return to play until an appropriate medical professional has determined that it is safe and there are no cardiac related issues.