



## RESCUE UNION SCHOOL DISTRICT **AGREEMENT FOR ACTIVITY PARTICIPATION**

(INCLUDING WAIVERS AND RELEASES OF POTENTIAL CLAIMS, AND STATEMENT OF OTHER OBLIGATIONS)

**All sections of this Agreement must be completed, with the signed original delivered to the School Office, before a**

**Student will be allowed to participate in any manner in the Activity defined below**

**A separate Agreement is required for each Activity in which the Student may participate.**

|                              |            |
|------------------------------|------------|
| Name of Student              | Address:   |
| Grade:                       | DOB:       |
| School:                      | Telephone: |
| Activity/Club/Class/Program: |            |

In Consideration for the Student's ability to participate in a Student Activity, Student Club, and/or a Special Class or Program (including after-school programs or classes involving special risks of harm or injury) listed above (the "Activity"), including any try out or process used to select members to join or participate in the listed Activity, or attendance or participation in any Activity meeting, class, competition, show, event, or presentation, including travel to and from any meeting, class, competition, show, event, or presentation ("Activities"), the Student and the Parent or Legal Guardian ("Adult") signing this Agreement agree as follows:

1. It is a privilege, not a right, to participate in extra-curricular activities, including Activities. The privilege may be revoked at any time, for any reason, that does not violate Federal, State or District laws, policies or procedures. There is no guaranty that the Student will make the Team, remain on the Team, or actively participate in Team events, shows, performances, or competitions. Such matters shall remain exclusively within the judgment and discretion of the District and its employees.

2. The Student and Adult understand the nature of the Activity, and its associated Activities, and the Student voluntarily wishes to participate in the Activities. The Adult consents to the Students involvement in the Activities.

3. The Student shall comply with the instruction and directions of Activity teachers, coaches, supervisors, chaperones, and instructors. During the Student's participation in Activities, as well as academic and/or other school activities, the Student shall comply with all applicable Codes of Conduct. The Student shall also generally conduct himself/herself at all times in keeping with the highest moral and ethical standards so as to reflect positively on himself/herself, the Activity and the District. Failure to meet these obligations may, in the discretion of the District, result in immediate removal from Activities and a prohibition against any future involvement in Activities or other extra-curricular activities. Should the violation of these obligations also result in bodily injury or property damage during Activities, the Adult will (a) pay to restore or replace any property damaged as a result of the Student's violation, (b) pay any damages caused to bodily injury to an individual, and (c) defend, protect and hold the District harmless from such property damage or bodily injury claims.

4. Participation in Activities might result in injuries, potentially including serious or life threatening injuries or death. Injuries might arise from the Student's actions or inactions, the actions or inactions of another Student or participant in Activities, or the actual or alleged failure by District employees, agents or volunteers to adequately coach, train, instruct, or supervise Activities. Injuries might also arise from an actual or alleged failure to properly maintain, use, repair, or replace physical facilities or equipment available for Activities. All such risks are deemed to be inherent to the Student's participation in Activities. By this Agreement, the Student and Adult are deemed to fully assume all such risks and, in consideration for the right of the Student to participate in Activities, understand and agree that to the fullest extent allowed by law they are waiving and releasing any potential future claim they might otherwise have been able assert against the District, or any Board Member, employee, agent or volunteer of the District ("Released Parties") by or on behalf of the Student or any parent, administrator, executor, trustee, guardian, assignee or family member and further understand that transportation to or activities at another location are "field trips" or "excursions" for which there is complete immunity pursuant to Education Code § 35330..

5. If the Student believes that an unsafe condition or circumstance exists, or otherwise feels or believes that continued participation in Activities might present a risk of Injury, the Student will immediately discontinue further participation in Activities, notify School personnel of the Student's belief, and notify a parent or guardian of the Student's belief. Any parent or guardian of the Student shall, thereafter, not allow the Student to participate in Activities until the unsafe condition or circumstance is remedied, with any question or concern regarding the alleged existence of the unsafe condition or circumstance addressed to their satisfaction.

AGREEMENT FOR ACTIVITY PARTICIPATION

Original to be held on file in the Main Office for a period of one (1) year after the date the Team Participation Ends

Page 1 of 2

## RESCUE UNION SCHOOL DISTRICT

6. Emergency medical information regarding the Student is on file with the District and is current. The Adult agrees to provide updated medical information during the course of the Student's participation in Activities. If an injury or medical emergency occurs during Activities, District employees, agents or volunteers have my express permission to administrator or to authorize the administration of urgent or emergency care, including the transportation of the Student to an urgent care or emergency care provider. In such circumstances, notice to me and/or the Emergency Contact of the injury or medical emergency may be delayed. Therefore, any urgent or emergency care provider has my express authority to conduct diagnostic or anesthetic procedures, and/or to provide medical care or treatment (including surgery), as they may deem reasonable or necessary under all existing circumstances. All costs and expenses associated with such care are solely my responsibility.

7. Employees, agents or volunteers of the District, members of the press or media, or other persons who may attend or participate in Activities, may photograph, videotape, or take statements from the Student. Such photographs, videotapes, recordings, or written statements may be published or reproduced in a manner showing the Student's name, face, likeness, voice, thoughts, beliefs, or appearance to third parties, including, without limitation, webcasts, television, motion pictures, films, newspapers, yearbooks, and magazines. Such published or reproduced items, whether or not for a profit, may be used for security, training, advertising, news, publicity, promotional, informational, or any other lawful purpose. I hereby authorize and consent to any such publications or reproductions, without compensation, and without reservation or limitation.

8. This Agreement shall be governed by the laws of the State of California. This Agreement is to be broadly construed to enforce the purposes and agreements set forth above, and shall not be construed against the Released Parties solely on the basis that this Agreement was drafted by the District. If any part of this Agreement is deemed invalid or ineffective, all other provisions shall remain in force. No oral modification of this Agreement, or alleged change or modification of its terms by subsequent conduct or oral statements, is allowed. This Agreement contains the sole and exclusive understanding of the parties, with no other representation relied upon by the Adult or Student in determining whether to execute this Agreement or in agreeing to participate in Activities.

**BY SIGNING BELOW: (1) I AM GIVING UP SUBSTANTIAL ACTUAL OR POTENTIAL RIGHTS IN ORDER TO ALLOW THE STUDENT TO PARTICIPATE IN ACTIVITIES; (2) I HAVE SIGNED THIS AGREEMENT WITHOUT ANY INDUCEMENT OR ASSURANCE OF ANY NATURE, AND WITH FULL APPRECIATION OF THE RISKS INHERENT IN ACTIVITIES; (3) I HAVE NO QUESTION REGARDING THE SCOPE OR INTENT OF THIS AGREEMENT; (5) I, AS A PARENT OR LEGAL GUARDIAN, HAVE THE RIGHT AND AUTHORITY TO ENTER INTO THIS AGREEMENT, AND TO BIND MYSELF, THE STUDENT, AND ANY AND ANY OTHER FAMILY MEMBER, PERSONAL REPRESENTATIVE, ASSIGN, HEIR, TRUSTEE, OR GUARDIAN TO THE TERMS OF THIS AGREEMENT; (6) I HAVE EXPLAINED THIS AGREEMENT TO THE STUDENT, WHO UNDERSTANDS HIS/HER OBLIGATIONS.**

\_\_\_\_\_  
**Printed Name of Parent/Guardian**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

As the Student, I understand and agree to all of obligations placed on me by this Agreement.

\_\_\_\_\_  
**Printed Name of Student**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

**Rescue Union School District - SPORTS PHYSICAL EXAMINATION FORM****PART I (TO BE COMPLETED BY STUDENT AND PARENT(S OR GUARDIAN))**

|           |            |              |              |                   |
|-----------|------------|--------------|--------------|-------------------|
| LAST NAME |            | FIRST NAME   |              | GRADE             |
| BIRTHDATE | FALL SPORT | WINTER SPORT | SPRING SPORT | STUDENT ID NUMBER |

**HEALTH HISTORY (Must be completed prior to the examination)**

|   | Yes                      | No                       | Has this student had any:  |     | Yes                      | No                       | Does this student:  |
|---|--------------------------|--------------------------|--|-----|--------------------------|--------------------------|---|
| 1.  | <input type="checkbox"/> | <input type="checkbox"/> | Chronic or recurrent illness?  | 16. | <input type="checkbox"/> | <input type="checkbox"/> | Wear eyeglasses or contact lenses?  |
| 2.  | <input type="checkbox"/> | <input type="checkbox"/> | Illness lasting over 1 week?   | 17. | <input type="checkbox"/> | <input type="checkbox"/> | Wear dental bridges, braces or plates?  |
| 3.  | <input type="checkbox"/> | <input type="checkbox"/> | Hospitalizations or Surgery?   | 18. | <input type="checkbox"/> | <input type="checkbox"/> | Take any medications? (List below):   |
| 4.  | <input type="checkbox"/> | <input type="checkbox"/> | Nervous, psychiatric, or neurologic condition?                             |     |                          |                          |   |
| 5.  | <input type="checkbox"/> | <input type="checkbox"/> | Loss or nonfunctioning of organs (eye, kidney, liver, testicle) or glands? |     | Yes                      | No                       | Is there any history of:  |
| 6.  | <input type="checkbox"/> | <input type="checkbox"/> | Allergies (medicines, insect bites, food)?                                 | 19. | <input type="checkbox"/> | <input type="checkbox"/> | Injuries requiring medical care or treatment?   |
| 7.  | <input type="checkbox"/> | <input type="checkbox"/> | Problems with heart or blood pressure?                                     | 20. | <input type="checkbox"/> | <input type="checkbox"/> | Neck or back pain or injury?  |
| 8.  | <input type="checkbox"/> | <input type="checkbox"/> | Chest pain or severe shortness of breath with exercise?                    | 21. | <input type="checkbox"/> | <input type="checkbox"/> | Knee pain or injury?  |
| 9.  | <input type="checkbox"/> | <input type="checkbox"/> | Dizziness or fainting with exercise?                                       | 22. | <input type="checkbox"/> | <input type="checkbox"/> | Shoulder or elbow pain or injury?   |
| 10.   | <input type="checkbox"/> | <input type="checkbox"/> | Fainting, bad headaches or convulsions?                                    | 23. | <input type="checkbox"/> | <input type="checkbox"/> | Ankle pain or injury?   |
| 11.   | <input type="checkbox"/> | <input type="checkbox"/> | Concussion or loss of consciousness?                                       | 24. | <input type="checkbox"/> | <input type="checkbox"/> | Other joint pain or injury?   |
| 12.   | <input type="checkbox"/> | <input type="checkbox"/> | Heat exhaustion, heatstroke, or other problems with heat?                  | 25. | <input type="checkbox"/> | <input type="checkbox"/> | Broken bones (fractures)?   |
| 13.   | <input type="checkbox"/> | <input type="checkbox"/> | Racing heart, skipped, irregular heartbeats, or heart murmur?              |     | Yes                      | No                       | Further history:  |
| 14.   | <input type="checkbox"/> | <input type="checkbox"/> | Seizures?  | 26. | <input type="checkbox"/> | <input type="checkbox"/> | Birth defects (corrected or not)?   |
| 15.   | <input type="checkbox"/> | <input type="checkbox"/> | Severe or repeated instances of muscle cramps?                             | 27. | <input type="checkbox"/> | <input type="checkbox"/> | Death of parent or grandparent less than 40 years of age due to medical cause or condition? |
| Date of last known tetanus (lockjaw) shot: _____  |                          |                          |  | 28. | <input type="checkbox"/> | <input type="checkbox"/> | Parent or grandparent requiring treatment for heart condition less than 50 years of age     |
| Date of last complete physical examination: _____ |                          |                          |  | 29. | <input type="checkbox"/> | <input type="checkbox"/> | Been seen by a physician on an emergency or urgent basis in the last 12-months?             |

Explain all "YES" answers here along with any other fact or circumstance that should be disclosed to the examining physician (use reverse of form if needed):

**PARENT/GUARDIAN'S AUTHORIZATION:** I authorize a physician to perform a Sports Physical Evaluation on the student. The information set forth above is complete and accurate and I know of no reason why the student cannot fully and safely participate in the listed sports. I understand that this is solely a screening examination and that the absence of any health conditions or concerns listed below does not mean that student is free from actual or potential harmful health conditions that may cause the student injury or death while participating in sports. Any question or concern I may have regarding the student's health or safety will be referred to our personal physician for review and evaluation.

|                                  |              |                                 |      |
|----------------------------------|--------------|---------------------------------|------|
| PRINT NAME OF PARENT OR GUARDIAN |              | SIGNATURE OF PARENT OR GUARDIAN |      |
| ADDRESS                          | WORK PHONE   | HOME PHONE                      | DATE |
| REGULAR PHYSICIAN'S NAME         | OFFICE PHONE |                                 |      |

**PART II (TO BE COMPLETED BY THE EXAMINING PHYSICIAN)**

|                                     | NORMAL | ABNORMAL (Describe)   |  |
|-------------------------------------|--------|-----------------------|--|
| Eyes/Ears/Nose/Throat               |        |                       | Height:  |
| Skin                                |        |                       | Weight:  |
| Heart                               |        |                       | Pulse: After Ex:   |
| Abdomen                             |        |                       | BP:  |
| Genital/hernia (males)              |        |                       | <b>Recommendation:</b>   |
| Musculoskeletal:                    |        |                       | <input type="checkbox"/> Unlimited participation                                     |
| a. Neck/Spine/Shoulders/Back        |        |                       | <input type="checkbox"/> Limited participation/specific sports, events or activities |
| b. Arms/Hands/Fingers               |        |                       | <input type="checkbox"/> Clearance withheld pending further testing/evaluation       |
| c. Hips/Thighs/Knees/Legs           |        |                       | <input type="checkbox"/> No athletic participation                                   |
| d. Feet/Ankles                      |        |                       | <b>One of the above MUST be checked.</b>   |
| Neurologic Screening Exam (NSE)     |        |                       |  |
| <b>Comments:</b>                    |        |                       |  |
| PRINT NAME OF PHYSICIAN (M.D. Only) |        | PHYSICIAN'S SIGNATURE | DATE   |







## RESCUE UNION SCHOOL DISTRICT **AGREEMENT FOR TEAM PARTICIPATION**

[Including Waivers and Releases of Potential Claims and Statement of Other Obligations]

**All sections of this Agreement must be completed, with the signed original delivered to the School Office, before a Student will be allowed to participate in any manner in the Team Activities defined below. A separate Agreement is required for each Team in which the Student may participate.**

|                 |            |
|-----------------|------------|
| Name of Student | Address:   |
| Grade:          | DOB:       |
| School:         | Telephone: |
| Team:           |            |

In Consideration for the Student's ability to participate in the Team [including any Sport, Cheerleading, Dance, or Marching Band], including try outs for the Team, participation in Team practices or training sessions, receiving coaching, training, and direction, participating in Team events, shows, performances, and competitions, and traveling to and from any of the foregoing activities ("Team Activities"), the Student and the Parent or Legal Guardian ("Adult") signing this Agreement agree as follows:

1. It is a privilege, not a right, to participate in extra-curricular activities, including Team Activities. The privilege may be revoked at any time, for any reason, that does not violate Federal, State or District laws, policies or procedures. There is no guaranty that the Student will make the Team, remain on the Team, or actively participate in Team events, shows, performances, or competitions. Such matters shall remain exclusively within the judgment and discretion of the District and its employees.

2. The Student and the Adult understand the nature of the Team, including the inherent or potential risks of Team Activities. The Student is in sufficiently good health and physical condition to participate in Team Activities, and voluntarily wishes to participate in Team Activities. Before participating in a Team Activity, a medical clearance shall be submitted (valid for one calendar year), signed by a medical doctor (nurse practitioners, chiropractors or other non-California licensed medical doctors are not acceptable), stating that the Student has been physically examined and is deemed to be in sufficiently good health and fitness so that the Student may fully participate in Team Activities.

3. The Student shall comply with the instruction and directions of Team Activity teachers, coaches, supervisors, chaperones, and instructors. During the Student's participation in Team Activities, as well as academic and/or other school activities, the Student shall comply with all applicable Codes of Conduct. The Student shall also generally conduct himself/herself at all times in keeping with the highest moral and ethical standards so as to reflect positively on himself/herself, the Team and the District. Failure to meet these obligations may, in the discretion of the District, result in immediate removal from Team Activities and a prohibition against any future involvement in Team Activities or other extra-curricular activities. Should the violation of these obligations also result in bodily injury or property damage during a Team Activity, the Adult will (a) pay to restore or replace any property damaged as a result of the Student's violation, (b) pay any damages caused to bodily injury to an individual, and (c) defend, protect and hold the District harmless from such property damage or bodily injury claims.

4. Team Activities contain potential risks of harm or injury, including harm or injury that may lead to permanent and serious physical injury to the Student, including paralysis, brain injury, or death ("Injuries") Injuries might arise from the Student's actions or inactions, the actions or inactions of another Student or participant in a Team Activity, or the actual or alleged failure by District employees, agents or volunteers to adequately coach, train, instruct, or supervise Team Activities. Injuries might also arise from an actual or alleged failure to properly maintain, use, repair, or replace physical facilities or equipment available for Team Activities. Injuries might also arise from undiagnosed, improperly diagnosed, untreated, improperly treated, or untimely treated actual or potential Injuries, whether or not caused by the Student's participation in Team Activities. All such risks are deemed to be inherent to the Student's participation in Team Activities. By this Agreement, the Student and Adult are deemed to fully assume all such risks and, in consideration for the right of the Student to participate in Team Activities, understand and agree that to the fullest extent allowed by law they are waiving and releasing any potential future claim they might otherwise have been able assert against the District, or any Board Member, employee, agent or volunteer of the District ("Released Parties") by or on behalf of the Student or any parent, administrator, executor, trustee, guardian, assignee or family member, and further understand that transportation to or activities at another location are "field trips" or "excursions" for which there is complete immunity pursuant to Education Code § 35330.

5. If the Student believes that an unsafe condition or circumstance exists, or otherwise feels or believes that continued participation in Team Activities might present a risk of Injury, the Student will immediately discontinue further participation in Team Activities, notify School personnel of the Student's belief, and notify a parent or guardian of the Student's belief. Any parent or guardian of the Student shall, thereafter, not allow the Student to participate in Team Activities until the unsafe condition or circumstance is remedied, with any question or concern regarding the alleged existence of the unsafe condition or circumstance addressed to their satisfaction.

## RESCUE UNION SCHOOL DISTRICT

6. Emergency medical information regarding the Student is on file with the District and is current. The Adult agrees to provide updated medical information during the course of the Student's participation in Team Activities. If an injury or medical emergency occurs during Team Activities, District employees, agents or volunteers have my express permission to administrator or to authorize the administration of urgent or emergency care, including the transportation of the Student to an urgent care or emergency care provider. In such circumstances, notice to me and/or the Emergency Contact of the injury or medical emergency may be delayed. Therefore, any urgent or emergency care provider has my express authority to conduct diagnostic or anesthetic procedures, and/or to provide medical care or treatment (including surgery), as they may deem reasonable or necessary under all existing circumstances. All costs and expenses associated with such care are solely my responsibility.

7. California Education Code Section 32221 requires each member of a Team to have insurance protection for medical and hospital expenses resulting from bodily injuries in one of the following amounts: (a) a group or individual medical plan with accident benefits of at least \$200 for each occurrence and major medical coverage of at least \$10,000, with no more than \$100 deductible and no less than 80% payable for each occurrence; (b) group or individual medical plans which are certified by the Insurance Commissioner to be equivalent to the required coverage of at least \$1,500; or (c) at least \$1,500 for all such medical and hospital expenses. You may meet this obligation in one of two ways:

a. Provide your own private medical and hospital expense insurance coverage. If this option is selected, please provide \_\_\_\_\_ (Name of Insurance Company), \_\_\_\_\_ (Policy number), \_\_\_\_\_ (list coverage dates or "continuous"). Under this option, by signing below, the Adult is certifying that the Student is presently covered under the listed Policy, the Student will remain covered under the Policy during the length of the Team season, and the provided insurance coverage complies with Section 32221.

b. Purchase insurance meeting the requirements of Section 32221, for the period during which the Student is participating on the Team, through a coverage provider made available through the District [please contact the District to gain additional information regarding this program]. If you are financially unable to pay for such insurance, a payment waiver can be submitted [forms seeking this waiver are also available from the District]. If the waiver is submitted, it remains the obligation of the Student and Adult to ensure that such coverage is actually purchased; with the District assuming no liability or obligation arising from any actual or alleged failure timely to assist or obtain such coverage for the Student.

8. Employees, agents or volunteers of the District, members of the press or media, or other persons who may attend or participate in Team Activities, may photograph, videotape, or take statements from the Student. Such photographs, videotapes, recordings, or written statements may be published or reproduced in a manner showing the Student's name, face, likeness, voice, thoughts, beliefs, or appearance to third parties, including, without limitation, webcasts, television, motion pictures, films, newspapers, yearbooks, and magazines. Such published or reproduced items, whether or not for a profit, may be used for security, training, advertising, news, publicity, promotional, informational, or any other lawful purpose. I hereby authorize and consent to any such publications or reproductions, without compensation, and without reservation or limitation.

9. This Agreement shall be governed by the laws of the State of California. This Agreement is to be broadly construed to enforce the purposes and agreements set forth above, and shall not be construed against the Released Parties solely on the basis that this Agreement was drafted by the District. If any part of this Agreement is deemed invalid or ineffective, all other provisions shall remain in force. No oral modification of this Agreement, or alleged change or modification of its terms by subsequent conduct or oral statements, is allowed. This Agreement contains the sole and exclusive understanding of the parties, with no other representation relied upon by the Adult or Student in determining whether to execute this Agreement or in agreeing to participate in Team Activities.

**BY SIGNING BELOW: (1) I AM GIVING UP SUBSTANTIAL ACTUAL OR POTENTIAL RIGHTS IN ORDER TO ALLOW THE STUDENT TO PARTICIPATE IN TEAM ACTIVITIES; (2) I HAVE SIGNED THIS AGREEMENT WITHOUT ANY INDUCEMENT OR ASSURANCE OF ANY NATURE, AND WITH FULL APPRECIATION OF THE RISKS INHERENT IN TEAM ACTIVITIES; (3) I HAVE NO QUESTION REGARDING THE SCOPE OR INTENT OF THIS AGREEMENT; (5) I, AS A PARENT OR LEGAL GUARDIAN, HAVE THE RIGHT AND AUTHORITY TO ENTER INTO THIS AGREEMENT, AND TO BIND MYSELF, THE STUDENT, AND ANY AND ANY OTHER FAMILY MEMBER, PERSONAL REPRESENTATIVE, ASSIGN, HEIR, TRUSTEE, OR GUARDIAN TO THE TERMS OF THIS AGREEMENT; (6) I HAVE EXPLAINED THIS AGREEMENT TO THE STUDENT, WHO UNDERSTANDS HIS/HER OBLIGATIONS.**

\_\_\_\_\_  
Printed Name of Parent/Guardian

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

As the Student, I understand and agree to all of obligations placed on me by this Agreement.

\_\_\_\_\_  
Printed Name of Student

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



## Parent/Student CIF Heat Illness Information Sheet



### **WHY AM I GETTING THIS INFORMATION SHEET?**

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

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

Every 2 years all coaches are required to receive separate trainings about concussions (AB 1451), sudden cardiac arrest (AB 1639), and heat illness (AB 2800), as well as certification in First Aid training, CPR, and AEDs (life-saving electrical devices that can be used during CPR).

### **WHAT IS HEAT ILLNESS AND HOW WOULD I RECOGNIZE IT?**

Intense and prolonged exercise, hot and humid weather and dehydration can seriously compromise athlete performance and increase the risk of exertional heat injury. Exercise produces heat within the body and when performed on a hot or humid day with additional barriers to heat loss, such as padding and equipment, the athlete's core body temperature can become dangerously high. If left untreated, this elevation of core body temperature can cause organ systems to shut down in the body.

Young athletes should be pre-screened at their pre-participation physical evaluation for heat illness risk factors including medication/supplement use, cardiac disease, history of sickle cell trait, febrile or gastrointestinal illness, obesity, and previous heat injury. Athletes with non-modifiable risk factors should be closely supervised during strenuous activities in a hot or humid climate.

Sweating is one way the body tries to reduce an elevated core temperature. Once sweat (salt and water) leaves the body, it must be replaced. Water is the best hydration replacement, but for those athletes exercising for long periods of time where electrolytes may be lost, commercial sports drinks with electrolytes are available. Energy drinks that contain caffeine or other "natural" stimulants are not adequate or appropriate hydration for athletes and can even be dangerous by causing abnormal heart rhythms.

**PREVENTION** There are several ways to try to prevent heat illness:

#### **ADEQUATE HYDRATION**

Arrive well-hydrated at practices, games and in between exercise sessions. Urine appears clear or light yellow (like lemonade) in well-hydrated individuals and dark (like apple juice) in dehydrated individuals. Water/sports drinks should be readily available and served chilled in containers that allow adequate volumes of fluid to be ingested. Water breaks should occur at least every 15-20 minutes and should be long enough to allow athletes to ingest adequate fluid volumes (4-8 ounces).

#### **GRADUAL ACCLIMATIZATION**

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

#### **ADDITIONAL PREVENTION MEASURES**

Wear light-colored, light-weight synthetic clothing, when possible, to aid heat loss. Allow for adequate rest breaks in the shade if available. Avoid drinks containing stimulants such as ephedrine or high doses of caffeine. Be ready to alter practice or game plans in extreme environmental conditions. Eat a well-balanced diet which aids in replacing lost electrolytes.

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





## Parent/Student CIF Heat Illness Information Sheet



### HEAT EXHAUSTION

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

- Dizziness, lightheadedness, weakness
- Headache
- Nausea
- Diarrhea, urge to defecate
- Pallor, chills
- Profuse sweating
- Cool, clammy skin
- Hyperventilation
- Decreased urine output

### TREATMENT OF HEAT EXHAUSTION

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

---

### HEAT STROKE

Dysfunction or shutdown of body systems due to elevated body temperature which cannot be controlled. This occurs with a core body temperature greater than 107 degrees Fahrenheit. **Signs observed by teammates, parents, and coaches include:**

- Dizziness
- Drowsiness, loss of consciousness
- Seizures
- Staggering, disorientation
- Behavioral/cognitive changes (confusion, irritability, aggressiveness, hysteria, emotional instability)
- Weakness
- Hot and wet or dry skin
- Rapid heartbeat, low blood pressure
- Hyperventilation
- Vomiting, diarrhea

### TREATMENT OF HEAT STROKE

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

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

---

### FINAL THOUGHTS FOR PARENTS AND GUARDIANS

Heat stress should be considered when planning and preparing for any sports activity. Summer and fall sports are conducted in very hot and humid weather across regions of California. While exertional heat illness can affect any athlete, the incidence is consistently highest among football athletes due to additional protective equipment which hinders heat dissipation. Several heatstroke deaths continue to occur in high school sports each season in the United States. Heatstroke deaths are preventable, if the proper precautions are taken.

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

I acknowledge that I have received and read the CIF Heat Illness Information Sheet.

\_\_\_\_\_  
Student-Athlete Name  
*Printed*

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent or Legal Guardian Name  
*Printed*

\_\_\_\_\_  
Parent or Legal Guardian  
*Signature*

\_\_\_\_\_  
Date



# For Youth Sports Coaches & Officials



**A main job of school and community youth sports coaches and officials is to keep athletes safe. This fact sheet has information to help you protect athletes from Sudden Cardiac Arrest.**

## Why Don't Youth Report Symptoms?

Studies show that warning sign/s typically occur prior to a Sudden Cardiac Arrest—but they are not recognized as life threatening. Active youth should have bodies that shape up, not break down. If you see something, *ASK THEM!* Encourage youth to be their own heart health advocate and speak up if they're experiencing any symptoms.

### YOUTH DON'T REPORT SYMPTOMS BECAUSE:

- ▶ they don't want to be different
- ▶ they don't want to be left behind
- ▶ they think they are just out of shape and need to train harder
- ▶ they don't want to lose play time
- ▶ they've lived with it all their life so they think it's normal
- ▶ they think it will just go away

—Nobody Asks Them—

## How to Keep Athletes Safe

You can create a culture of prevention by acting on observed warning signs, by being prepared to respond to a cardiac emergency and engaging bystanders in the role they can play in saving a sudden cardiac arrest victim.

- Enforce state law to remove from play athletes who pass out or faint, or have suspected cardiac-related symptoms
- Document the incident to assist a medical evaluation
- Notify parent/guardian of the incident
- Require written clearance from a licensed healthcare provider for return to play
- Encourage youth to report any symptoms
- Follow state law to have administrators, coaches and sports officials take SCA Prevention Training
- Have an accessible AED onsite
- Review your cardiac emergency response plan pre-game and at team meetings

Sudden Cardiac Arrest is the  
**#1 KILLER**  
of student athletes

**1 IN 300**  
YOUTH HAS AN  
undetected heart condition  
that puts them at risk

**FAINTING**  
IS THE #1 SYMPTOM  
of a potential heart condition

**SURVIVAL**  
**DECREASES 10%**  
Each minute without intervention

**BYSTANDERS MUST**  
**TAKE ACTION**

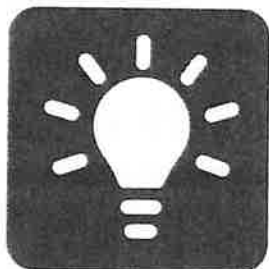
# What is Sudden Cardiac Arrest?

**Sudden Cardiac Arrest (SCA)** is a life-threatening emergency that occurs when the heart suddenly stops beating. It strikes people of all ages who may seem to be healthy, even children and teens. When SCA happens, the person collapses and doesn't respond or breathe normally. They may gasp or shake as if having a seizure, but their heart has stopped. SCA leads to death in minutes if the person does not get help right away. An automated external defibrillator (AED) is the **ONLY** way to restart a heart. CPR can be a bridge to life until the AED arrives.

## Recognize the Warning Signs

- ▶ 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

# Know the Cardiac Chain of Survival



## RECOGNIZE Sudden Cardiac Arrest

- Victim is collapsed, unresponsive and not breathing
- Don't be fooled by gasping, gurgling or seizure-like activity
- SCA may also be caused by a hard blow to the chest



## CALL 9-1-1

- 9-1-1 operators can talk bystanders through CPR
- If an AED is onsite, ask anyone to retrieve it immediately



## PUSH

- Start hands-only CPR immediately
- Push hard and fast in the center of the chest
- About 2" compressions, 100 beats/minute



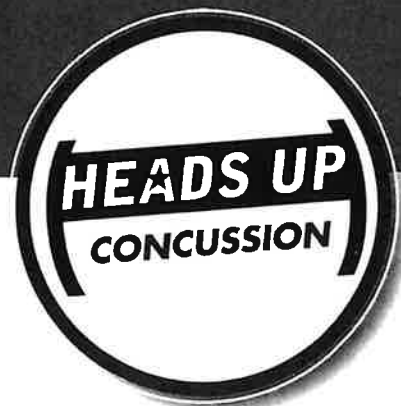
## SHOCK

- Anyone can use the AED—bystanders included
- Follow the step-by-step audio instructions
- AED will only shock if needed—let the machine decide
- AED **WILL NOT HURT THE PERSON, ONLY HELP**

While missing a game may be inconvenient, it would be a tragedy to lose a young athlete because warning signs were unrecognized or because sports communities were not prepared to respond to a cardiac emergency.

[KeepTheirHeartInTheGame.org](http://KeepTheirHeartInTheGame.org)

# PARENT & ATHLETE CONCUSSION INFORMATION SHEET



## WHAT IS A CONCUSSION?

A concussion is a type of traumatic brain injury that changes the way the brain normally works. A concussion is caused by a bump, blow, or jolt to the head or body that causes the head and brain to move quickly back and forth. Even a "ding," "getting your bell rung," or what seems to be a mild bump or blow to the head can be serious.

## WHAT ARE THE SIGNS AND SYMPTOMS OF CONCUSSION?

Signs and symptoms of concussion can show up right after the injury or may not appear or be noticed until days or weeks after the injury.

If an athlete reports one or more symptoms of concussion after a bump, blow, or jolt to the head or body, s/he should be kept out of play the day of the injury. The athlete should only return to play with permission from a health care professional experienced in evaluating for concussion.

## DID YOU KNOW?

- Most concussions occur without loss of consciousness.
- Athletes who have, at any point in their lives, had a concussion have an increased risk for another concussion.
- Young children and teens are more likely to get a concussion and take longer to recover than adults.

## SYMPTOMS REPORTED BY ATHLETE:

- Headache or "pressure" in head
- Nausea or vomiting
- Balance problems or dizziness
- Double or blurry vision
- Sensitivity to light
- Sensitivity to noise
- Feeling sluggish, hazy, foggy, or groggy
- Concentration or memory problems
- Confusion
- Just not "feeling right" or is "feeling down"

## SIGNS OBSERVED BY COACHING STAFF:

- Appears dazed or stunned
- Is confused about assignment or position
- Forgets an instruction
- Is unsure of game, score, or opponent
- Moves clumsily
- Answers questions slowly
- Loses consciousness (even briefly)
- Shows mood, behavior, or personality changes
- Can't recall events prior to hit or fall
- Can't recall events after hit or fall



**"IT'S BETTER TO MISS ONE GAME  
THAN THE WHOLE SEASON"**

## CONCUSSION DANGER SIGNS

In rare cases, a dangerous blood clot may form on the brain in a person with a concussion and crowd the brain against the skull. An athlete should receive immediate medical attention if after a bump, blow, or jolt to the head or body s/he exhibits any of the following danger signs:

- One pupil larger than the other
- Is drowsy or cannot be awakened
- A headache that gets worse
- Weakness, numbness, or decreased coordination
- Repeated vomiting or nausea
- Slurred speech
- Convulsions or seizures
- Cannot recognize people or places
- Becomes increasingly confused, restless, or agitated
- Has unusual behavior
- Loses consciousness (even a brief loss of consciousness should be taken seriously)

## WHAT SHOULD YOU DO IF YOU THINK YOUR ATHLETE HAS A CONCUSSION?

1. If you suspect that an athlete has a concussion, remove the athlete from play and seek medical attention. Do not try to judge the severity of the injury yourself. Keep the athlete out of play the day of the injury and until a health care professional, experienced in evaluating for concussion, says s/he is symptom-free and it's OK to return to play.
2. Rest is key to helping an athlete recover from a concussion. Exercising or activities that involve a lot of concentration, such as studying, working on the computer, and playing video games, may cause concussion symptoms to reappear or get worse. After a concussion, returning to sports and school is a gradual process that should be carefully managed and monitored by a health care professional.
3. Remember: Concussions affect people differently. While most athletes with a concussion recover quickly and fully, some will have symptoms that last for days, or even weeks. A more serious concussion can last for months or longer.

## WHY SHOULD AN ATHLETE REPORT THEIR SYMPTOMS?

If an athlete has a concussion, his/her brain needs time to heal. While an athlete's brain is still healing, s/he is much more likely to have another concussion. Repeat concussions can increase the time it takes to recover. In rare cases, repeat concussions in young athletes can result in brain swelling or permanent damage to their brain. They can even be fatal.

STUDENT-ATHLETE NAME PRINTED

STUDENT-ATHLETE NAME SIGNED

DATE

PARENT OR GUARDIAN NAME PRINTED

PARENT OR GUARDIAN NAME SIGNED

DATE

JOIN THE CONVERSATION ➡ [www.facebook.com/CDCHeadsUp](http://www.facebook.com/CDCHeadsUp)

TO LEARN MORE GO TO >> [WWW.CDC.GOV/CONCUSSION](http://WWW.CDC.GOV/CONCUSSION)

Content Source: CDC. Heads Up Program Created through a grant to the CDC from the National Operating Committee on Standards for Athletic Equipment (NOCOAE).

# HEADS UP