

*Student Athletics*Equal Opportunity

The District will take affirmative action to ensure that a balanced program for men and women is maintained at all times. The following factors shall be considered in assessing the balance of the program:

- the nature and extent of the sports offered and their accommodation of the interests and abilities of men and women both in terms of sports and levels of competition offered
- the provision of equipment and supplies
- the scheduling of games and practice time
- the provisions for travel
- the quality and extent of the coaching provided
- the assignment and compensation of coaches
- the provision of locker room, practice, and competitive facilities
- the nature and extent of publicity

Although equal aggregate expenditures shall not be required, financial resources shall be allocated as necessary to provide facilities, equipment, supervision, supplies, and opportunities for participation and competition which equally accommodate the athletic interests and abilities of both men and women.

Each school year, prior to participating in an athletic activity, including interscholastic, intramural and club sports, every student athlete and their parent/guardian shall be required to sign and return the following: (1) Sudden cardiac arrest symptoms and warning signs information sheet, which shall include information about electrocardiogram testing; and (2) Concussion and traumatic brain injury information sheet. These required forms can be found at **Attachment A** and **Attachment B**, respectively, of this Administrative Regulation.

Students participating in interscholastic athletics shall be responsible for signing and returning all paperwork and permission forms required by the PIAA. To the extent that the required sudden cardiac arrest and concussion/traumatic brain injury information sheets noted above are included and completed in connection with the required PIAA paperwork, it is not necessary for students to separately sign and return the specific forms attached at Attachment A and Attachment B.

The District will follow the guidelines as set forth in Pennsylvania Interscholastic Athletic Association (“PIAA”) By-Law Article XVI with regard to mixed gender participation in athletics in a manner that does not limit the ability of that District team to participate in competitions, including playoffs, with other teams of the District’s team’s gender designation. In general, a student is eligible to participate on sports teams that correspond with the student’s birth gender. Certain exceptions shall be made on a case-by-case basis in accordance with PIAA regulations as long as the eligibility of a student does not exclude the team as a whole from PIAA competition or playoffs with other teams of their gender. PIAA defines a mixed gender team as one consisting of both boys and girls. Mixed gender teams may only participate in post-season playoffs for boys’ teams.

Name, Image, and Likeness

These guidelines reflect Article II, § 3(J) of the Pennsylvania Interscholastic Athletic Association's (PIAA) bylaws, which allows students to receive consideration in exchange for use of their name, image, and likeness (NIL) in certain permissible activities. In the event the PIAA amends or revokes this bylaw, the PIAA's terms shall control.

NIL contracts and agreements need to come from analysis of the value an athlete brings for providing a specific service or activity, and not as an incentive for enrollment decisions or membership on a team.

1. Restrictions on PIAA and District name and logo use

In engaging in NIL activities, students may not make any reference to the PIAA or a District school (including the school and/or team name, nicknames, terms by which a school or team is commonly referred or identified, or logo) and may not wear school uniforms or school-identifying apparel or items. Students may not endorse or promote any third-party entities, goods or services during team or school activities. Students may not wear the apparel or display the logo, insignia, or identifying mark of an NIL partner during any team or school athletic activities unless it is part of the standard school uniform for that sport.

2. Prohibited endorsement categories:

Students may not engage in any NIL activities involving, displaying or endorsing the following categories of products and services:

- a. Adult entertainment products and services;
- b. Alcohol products;
- c. Casinos and gambling, including sports betting, the lottery, and betting in connection with video games, on-line games and mobile devices;
- d. Tobacco and electronic smoking products and devices;
- e. Opioids and prescription pharmaceuticals;
- f. Controlled dangerous substances;

- g. Weapons, firearms and ammunition.

3. Notice requirement

Within 72 hours after entering into any type of NIL contract or agreement, a student, or the student's parents/guardians must notify the Principal or Athletic Director of the student's school of entering into that agreement.

Students who enter into an NIL agreement must provide a copy of that agreement to the Athletic Director (ideally prior to signing) so the terms can be reviewed for compliance. In the event an oral agreement is not reduced to a written form, then the student and/or family must schedule a meeting with the Athletic Director to review the terms of the oral NIL agreement (again, ideally prior to the student accepting such agreement).

The purpose of this review is not to discourage any student from entering into an NIL agreement, but rather to ensure any such agreement is in line with PIAA rules. While we believe that entering into an NIL agreement can be a positive learning experience for a student-athlete, any violation of PIAA's bylaws may result in a student-athlete becoming ineligible to participate in interscholastic athletics in the District.

4. Guidelines for District employees and affiliates

If the PIAA determines that an employee, coach, staff member or affiliate violated its NIL bylaw, then the student-athlete could lose their eligibility and the team, coach, school or entire District could be placed on probation, suspended or expelled by the PIAA and be forced to forfeit victories and well-deserved accomplishments or awards.

In order to both avoid the appearance of any impropriety and protect the interests of the District, we are directing all employees, staff members, and coaches to employ the following best practices with regard to student-athletes' NIL arrangements:

- Refrain from discussions regarding the contents of any of your student-athletes' NIL agreements or arrangements. Discussing terms can be misconstrued for giving advice or "negotiating."
- Avoid making referrals to third-party attorneys, marketing groups, or individuals who are working in the NIL space.
- Avoid offering opinions concerning the substantive aspects of NIL agreements or comparing students' NIL agreements (i.e., "This sounds okay"), even if the students or their families are asking for your help. Please refer any such inquiries to the Athletic Director or building principal.
- To the extent possible, refer any complaints regarding NIL misfeasance to the

- Athletic Director or building principal; and
- Report any NIL violations that you witness or become aware of to the Athletic Director or building principal. Failing to do so may be considered “willful” by the PIAA and constitute grounds for severe penalties for all parties involved.

Cross Reference:

Policy and Administrative Regulation 5311 (Eligibility for Participation in School-Related Activities)

Adopted: October 17, 2014
Revised: November 9, 2017
Revised: February 2, 2021
Revised: November 8, 2023



ATHLETE/PARENT/GUARDIAN SUDDEN CARDIAC ARREST INFORMATION AND RECEIPT/ REVIEW ACKNOWLEDGEMENT

WHAT IS SUDDEN CARDIAC ARREST?

Sudden Cardiac Arrest (SCA) occurs when the heart stops beating, suddenly and unexpectedly. When this happens, blood and oxygen stop flowing to the brain and other vital organs. SCA is NOT a heart attack. A heart attack is caused by a blockage in a coronary artery that stops the flow of blood and oxygen to the heart; SCA occurs due to a malfunction in the heart's electrical system that causes the heart to suddenly stop beating.

HOW COMMON IS SUDDEN CARDIAC ARREST IN THE U.S.?

There are about 350,000 cardiac arrests that occur outside of hospitals each year. More than 10,000 individuals under the age of 25 die of SCA each year. SCA is the number one killer of student athletes and the leading cause of death on school campuses.

ARE THERE ANY WARNING SIGNS?

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

- Dizziness or lightheadedness when exercising;
- Fainting or passing out during or after exercising;
- Shortness of breath or difficulty breathing with exercise, not asthma related;
- Racing, skipped beats or fluttering heartbeat (palpitations);
- Fatigue (extreme or recent onset of tiredness);
- Weakness; and/or
- Chest pains/pressure or tightness during or after exercise.

These symptoms can be unclear and confusing to athletes. Some may ignore the signs or think they are normal from physical exhaustion. If the conditions that cause SCA are diagnosed and treated before a life-threatening event, sudden cardiac death can be prevented in many young athletes.

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. The symptoms might mean something is wrong with the athlete, and they should be checked before returning to play. When the heart stops due to a cardiac arrest, 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 experience a SCA die from it; survival rates are below 10 percent.

ACT 73—PEYTON'S LAW: ELECTROCARDIOGRAM TESTING FOR STUDENT ATHLETES

The Act is intended to keep student athletes safe while practicing or playing. Please review the warning sign/s symptoms and know that you can request, at your expense, an electrocardiogram (ECG or EKG) to help uncover hidden heart issues that can lead to SCA.

WHY DO HEART CONDITIONS THAT PUT YOUTH AT RISK GO UNDETECTED?

- Up to 90 percent of underlying heart issues are missed when using only the history and physical exam;
- Most heart conditions that can lead to SCA are not detectable by listening to the heart with a stethoscope during a routine physical; and
- Often, youth don't report or recognize symptoms of a potential heart condition.



WHAT IS AN ELECTROCARDIOGRAM (ECG OR EKG)?

An ECG/EKG is a quick, painless and noninvasive test that measures and records a moment in time of the heart's electrical activity. Small electrode patches are attached to the skin of your chest, arms and legs by a technician. An ECG/EKG provides information about the structure, function rate and rhythm of the heart.

WHY ADD AN ECG/EKG TO THE PHYSICAL EXAMINATION?

Adding an ECG/EKG to the history and physical exam can suggest further testing or help identify up to two-thirds of heart conditions that can lead to SCA. An ECG/EKG can be ordered by your physician for screening for cardiovascular disease (**ICD 10 code: Z13.6**) or for a variety of symptoms such as chest pain, palpitations, dizziness, fainting, or family history of heart disease and will generally be paid for by insurance.

- ECG/EKG screenings should be considered every 1-2 years because young hearts grow and change.
- ECG/EKG screenings may increase sensitivity for detection of undiagnosed cardiac disease but may not prevent SCA.
- ECG/EKG screenings with abnormal findings will need to be evaluated by trained physicians.
- If the ECG/EKG screening has abnormal findings, additional testing may need to be done (with associated cost and risk) before a diagnosis can be made, and may prevent the student from participating in sports for a short period of time until the testing is completed and more specific recommendations can be made.
- The ECG/EKG can have false positive findings, suggesting an abnormality that does not really exist after more testing (false positive findings occur less than 3% of the time when ECG/EKGs are read by a medical practitioner proficient in ECG/EKG interpretation of children, adolescents and young athletes.).
- ECGs/EKGs result in fewer false positives than the current history and physical exam (10%).

The American College of Cardiology/American Heart Association guidelines do not recommend an ECG or EKG in **asymptomatic** patients but do support local programs in which ECG or EKG can be applied with high-quality resources.

REMOVAL FROM PLAY/RETURN TO PLAY

Any student-athlete who has warning signs or symptoms of SCA must be removed from play or practice. 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 medical provider may consult any other licensed or certified medical professional.

SIGNATURE

I have reviewed this form and understand the symptoms and warning signs of SCA. I have also read the information about the electrocardiogram testing and how it might help to detect hidden heart issues.

Signature of Student-Athlete

Print Student-Athlete's Name

Date

Signature of Parent/Guardian

Print Parent/Guardian's Name

Date

Athlete/Parent/Guardian Concussion Information Sheet and Acknowledgement Form

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

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

The Safety in Youth Sports Act signed into law in November of 2011 mandates measures to be taken in order to ensure the safety of student-athletes involved in interscholastic sports in Pennsylvania. It is imperative that athletes, coaches, and parent/guardians are educated about the nature and treatment of sports related concussions and other head injuries. The Act states that:

- A student participating in or desiring to participate in an athletic activity and the student's parent or guardian shall each school year, prior to participation by the student in an athletic activity, sign and return to the student's school an acknowledgment of receipt and review of a concussion and traumatic brain injury information sheet.
- A school entity may hold an informational meeting prior to the start of each athletic season for all ages of competitors regarding concussions and other head injuries, the importance of proper concussion management and how preseason baseline assessments can aid in the evaluation, management and recovery process.
- In addition to students, parents, coaches and other school officials, the informational meetings may include physicians, neuropsychologists, athletic trainers and physical therapists.
- A student who, as determined by a game official, coach from the student's team, certified athletic trainer, licensed physician, licensed physical therapist or other official designated by the student's school entity, exhibits signs or symptoms of a concussion or traumatic brain injury while participating in an athletic activity shall be removed by the coach from participation at that time.
- The coach shall not return a student to participation until the student is evaluated and cleared for return to participation in writing by an appropriate medical professional.
- The governing body of a school entity may designate a specific person or persons, who must be appropriate medical professionals, to provide written clearance for return to participation.
- In order to help determine whether a student is ready to return to participation, an appropriate medical professional may consult any other licensed or certified medical professionals.

- Once each school year, a coach shall complete the concussion management certification training course offered by the Centers for Disease Control and Prevention, the National Federation of State High School Associations or another provider approved by the Department of Health.
- A coach shall not coach an athletic activity until the coach completes a concussion management certification training course.
- The governing body of a school entity shall establish the penalties for a coach found in violation of the requirements of removing a player or returning to play.

Quick facts

- Most concussions do not involve loss of consciousness.
- Athletes who have, at any point in their lives, had a concussion have an increased risk of another concussion.
- Young children and teens are more likely to get a concussion and take longer to recover than adults.
- You can sustain a concussion even if you do not hit your head.
- A blow elsewhere on the body can transmit an “impulsive” force to the brain and cause a concussion.
- Signs and symptoms of a concussion can show up right after the injury or may not appear or be noticed until days or weeks after the injury.

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 not only does not diminish, but 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).

Examples of signs of concussions observed by coaches, athletic trainers, parents/guardians

- Appears dazed or stunned.
- Is confused about assignment or position.
- Forgets plays or demonstrates short term memory difficulties.
- Unsure of game, score, or opponent.
- Exhibits difficulties with balance, coordination, concentration, and attention.
- Answers questions slowly or inaccurately.
- Demonstrates mood, behavior or personality changes.
- Unable to recall events prior to or after the hit or fall.

Examples of symptoms of concussions reported by student-athletes

- Headache or “pressure” in head.
- Nausea/vomiting.
- Balance problems or dizziness.
- Double vision or changes in vision.
- Sensitivity to light and/or sound.
- Feeling sluggish, hazy, or foggy.
- Difficulty with concentration and/or short term memory.
- Confusion.
- Just not “feeling right” or “feeling down.”

Why should a student-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.

What should a student-athlete do if they think they have a concussion?

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

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

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

What should you as a parent/guardian do if you think your athlete has a concussion?

- If you suspect that an athlete has a concussion notify the school and seek medical attention.
- Do not try to judge the severity of the injury yourself.
- Keep your athlete out of play until a health care professional, experienced in evaluating for concussions, says s/he is symptom-free and it’s OK to return to play.
- Rest is the 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, or playing video games, may cause concussion symptoms to reappear or get worse.
- Remember that after a concussion returning to sports and school is a gradual process that should be carefully managed and monitored by a health care professional.

Should there be any temporary academic accommodations made for student-

athletes who have suffered a concussion?

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

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

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

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. It's better to miss one game than the whole season.

For more information on Sports-Related Concussions and other Head Injuries, please visit the following websites:

www.cdc.gov/concussion

www.gopats.org

www.biapa.org

www.brainsteps.net

www.stopsportsinjuries.org/concussion

www.ncaa.org/health-safety

www.concussonwise.com/pennsylvania

http://www.portal.state.pa.us/portal/server.pt/community/grants_funding/14140/traumatic_brain_injury/666239

Signature of Student-Athlete

Print Student-Athlete's Name

Date

Signature of Parent/Guardian

Print Parent/Guardian's Name

Date

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1. The Centers for Disease Control and Prevention (CDC): "Heads Up Tool Kit for Youth Sports"
2. NCAA: "Concussion- A Fact Sheet for Student-Athletes"