

ATHLETE'S NAME: \_\_\_\_\_ GRADE: \_\_\_\_\_

Please Print



## MIDDLE SCHOOL 2025-26 ATHLETIC RELEASE PACKET

Before any student will be released to participate in any MCMS sport they must first complete the following:

- 1) Academic release of eligibility
- 2) Athletic fee paid

An Athletic Release Packet must be completed for each sport played for the 2025-26 school year. The athletic fee is:

1st Sport	\$100.00	2nd Sport	\$75.00	3rd Sport	\$50.00
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**NOTE: Failure to complete the entire packet will make the student ineligible to participate in any sport including any practice(s).**

*At Modesto Christian School, all students participating in athletics are required to pay a **non-refundable, non-transferable athletic fee**. This fee must be submitted through your **FAMILY PORTAL** prior to the start of the season and before your child is permitted to participate in any practices, games, or team activities. The fee helps cover essential program costs such as equipment, facilities, officials, and league fees. Please note that this payment is final and cannot be refunded or applied to other programs or siblings, regardless of withdrawal, injury, or changes in participation.*

Thank you for your cooperation,

MCMS Athletic Department

**Sport:** ☐ Girls Volleyball ☐ Boys Volleyball ☐ Girls Basketball ☐ Cross Country  
☐ Boys Basketball ☐ Track & Field ☐ Wrestling

### **Athletic Office Use Only**

Received in office date: \_\_\_\_\_

Athletic Fee Paid:

☐ FACTS ☐ Ck # \_\_\_\_\_ ☐ Cash Amt: \$ \_\_\_\_\_ Date: \_\_\_\_\_ Initial \_\_\_\_\_

☐ Square Payment Date: \_\_\_\_\_ Initial \_\_\_\_\_

Academic Eligibility Cleared: \_\_\_\_\_ Released by: \_\_\_\_\_

GPA: \_\_\_\_\_ Date: \_\_\_\_\_ Released by: \_\_\_\_\_

☐ Ethics/Commitment \_\_\_\_\_ ☐ Emergency Information \_\_\_\_\_

☐ Policy Page \_\_\_\_\_ ☐ Concussion Form \_\_\_\_\_

☐ Sudden Cardiac arrest Form \_\_\_\_\_ ☐ Heat Illness Form \_\_\_\_\_

☐ Physical Completion Date \_\_\_\_\_ ☐ Copy to Coach \_\_\_\_\_

ATHLETE'S NAME: \_\_\_\_\_ GRADE: \_\_\_\_\_

*Please Print*



## **MCMS 2025-26 ATHLETIC RELEASE PACKET PARENT AND ATHLETE ETHICS AND COMMITMENT**

The MC parent/athlete agrees to "Pursue Victory with Honor" by adhering to the rules of competition and sportsmanship, and to display the Six Pillars of Character (trustworthiness, respect, responsibility, fairness, caring and citizenship) on and off the playing field.

The MC parent/athlete agrees to establish a positive relationship with all opposing fans, players and officials.

The MC parent/athlete agrees to respect the integrity and judgment of all sports officials.

The MC parent/athlete agrees to abide by the coach's decisions and team rules. If unable to do so, the parent/athlete is to speak with the coach instead of other players, students or parents.

The MC parent/athlete agrees to advise the coach if there is some reason the athlete cannot practice. This is to be done prior to the start of practice.

The MC parent/athlete agrees to support all athletes and to work hard to maintain the unity among players and parents.

The MC parent/athlete agrees to be on time to all practices, games, team meetings, parent meetings and buses.

The MC athlete agrees to develop and pursue a relationship with Jesus Christ.

The MC parent/athlete agrees to attend all regularly scheduled award ceremonies for his/her sport season.

The MC parent/athlete agrees to support MC and to work hard to maintain unity of the athletic department and school.

The MC parent/athlete agrees that no parent, family member, or friend is allowed on the sideline, bench, dugout or locker room during an athletic contest.

The MC parent/athlete realizes that failure to abide by this agreement could result in the following action: a) lack of playing time; b) suspension for part of the season and c) removal from the team.

\_\_\_\_\_  
*Signature of Parent/Guardian*

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

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

**MODESTO CHRISTIAN MIDDLE SCHOOL  
ATHLETIC EMERGENCY INFORMATION**  
**\*All Sports offered during the 2025-26 School Year\***

ATHLETE'S NAME: \_\_\_\_\_ GRADE: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_  
*Please Print*

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Student's Cell #: \_\_\_\_\_ Parent/Guardian cell #: \_\_\_\_\_

Parent/Guardian Name(s): \_\_\_\_\_ Work #: \_\_\_\_\_

Parent's Email Address: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Tel#: \_\_\_\_\_ Relationship: \_\_\_\_\_

Insurance Carrier: \_\_\_\_\_ **Policy #:** \_\_\_\_\_ Hospital Preference: \_\_\_\_\_

Chronic Ailments: \_\_\_\_\_ Allergies: \_\_\_\_\_ Medications: \_\_\_\_\_

I (We) the undersigned parent(s)/guardian(s) of \_\_\_\_\_ a minor, do hereby authorize Modesto Christian High School Athletics, as agents for the undersigned to consent to any X-rays deemed advisable by, and is 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, 2026**, unless sooner revoked in writing and delivered to say agents.

**LIABILITY RELEASE**

**BOTH THE APPLICANT STUDENT & PARENT/GUARDIAN MUST READ CAREFULLY & SIGN**

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 musculoskeletal 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 any sport, 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 any sport I understand that I assume all of the risks associated with the sport and agree to hold harmless Modesto Christian School, its employees, agents, representatives, coaches and volunteers from any and all liability.

Insurance: MCS provides excess medical insurance for any member athlete participating in MCS sanctioned practice or event. If the athlete has other medical coverage, theirs will be applied first, followed by MCS insurance. If the athlete has no other coverage, the MCS 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 Modesto Christian School and its employees, agents, representative, 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 Modesto Christian School. 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

\_\_\_\_\_  
Athlete Signature

\_\_\_\_\_  
Date

ATHLETE'S NAME: \_\_\_\_\_ GRADE: \_\_\_\_\_

*Please Print*

**2025-26 MODESTO CHRISTIAN MIDDLE SCHOOL  
STUDENT TRANSPORTATION PERMISSION FORM**

We, the undersigned, understand and agree that Modesto Christian School 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 reasonable risks associated with the travel and activities.

Without reservation, we agree to hold harmless Modesto Christian School, its affiliated organizations, employees, agents, and representatives, including volunteers 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: **1) obtain LiveScan clearance, 2) get a TB test 3) Provide copies of a valid state driver's license, 4) vehicle registration, and 5) declaration of vehicle insurance with minimum liability coverage of \$100,000/\$300,000.** We understand that driver's vehicle insurance is the primary coverage.

We give permission for the following: (please initial the appropriate items)

\_\_\_\_ For my child to be a passenger in a student driven vehicle driven by (Complete name of each driver): \_\_\_\_\_

\_\_\_\_ For my child to travel by public or chartered transportation

\_\_\_\_ For my child to ride with a school approved parent or employee driver to any MCHS athletic event

\_\_\_\_ For my child to travel by MCMS vehicle

\_\_\_\_ **Do not check until your paperwork is submitted.** I will provide a passenger vehicle with the proper seat-belts and that I cannot carry more than nine persons, including the driver.

\_\_\_\_ **Must be submitted each school year for each driver and vehicle.** I have provided a copy of my driver's license, proof of vehicle registration, and insurance declaration page.

We, as parents/legal guardians of \_\_\_\_\_, understand and agree to the conditions and terms as described above.

\_\_\_\_\_  
**Signature Parent/Guardian**

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

I, \_\_\_\_\_ (student), as an MC student understand and agree to the conditions and terms as described above.

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

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

ATHLETE'S NAME: \_\_\_\_\_ 2025-26

MODESTO CHRISTIAN MIDDLE SCHOOL

FOR COACH USE ONLY

MCMS AND COACH'S RECORD OF STUDENT TRANSPORTATION

Parent Signature (Person signing out)	Parent Note Attached	Date	Activity	Place
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12.				
13.				
14.				
15.				
16.				

**2025-26 MODESTO CHRISTIAN MIDDLE SCHOOL**  
**Athletic Department Policies**

In order for your student(s) to participate in any athletic event at Modesto Christian Middle School there are a few policies you and your athlete must be aware of. Please review the following policies and sign below stating you've read and agree to abide by the policies.

**Discipline Policy:**

All student-athletes will follow the student handbook and MCS Discipline Chart.

CBP (Campus Beautification Program) was created to hold students accountable for their actions. If a CBP is issued the student-athlete must complete the hours served.

**Any failure to serve CBP will result in an athlete not able to return to the sport until the CBP has been served.**

**Eligibility/Appeals 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. Pay all athletic fees to the school office.
2. An athletic release packet completed with all necessary signatures.
3. School tuition account paid up to date.

B.) Student-athletes must have a 2.0 G.P.A. at each grading period (quarter) to be eligible for extracurricular activities.

C.) Student athletes must attend a minimum of four full periods during a school day in order to participate in athletic games. ***If a student does not attend four full periods during a school day and participates in a game, then he/she will be suspended from the next game.*** Exceptions are made only for those student athletes who are appropriately excused (i.e. doctor or dentist appointment, driving test, funeral attendance).

---

**Athletic Department Policy Agreement**

I/We, \_\_\_\_\_, as parent/guardian of \_\_\_\_\_ agree to the policies as described above.

\_\_\_\_\_  
**Signature Parent/Guardian**

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

I, \_\_\_\_\_, as an MCHS student, understand and agree to the policies as described above.

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

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



## CIF Concussion Information Sheet

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

You are receiving this information sheet about concussions because of California state law AB 25 (effective January 1, 2012), now Education Code § 49475:

- 1. The law requires a student athlete who may have a concussion during a practice or game to be removed from the activity for the remainder of the day.*
- 2. Any athlete removed for this reason must receive a written note from a medical doctor trained in the management of concussion before returning to practice.*
- 3. Before an athlete can start the season and begin practice in a sport, a concussion information sheet must be signed and returned to the school by the athlete and the parent or guardian.*

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

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

A concussion is a kind of brain injury. It can be caused by a bump or hit to the head, or by a blow to another part of the body with the force that shakes the head. Concussions can appear in any sport, and can look differently in each person.

*Most concussions get better with rest and over 90% of athletes fully recover.* However, all concussions should be considered serious. If not recognized and managed the right way, they may result in problems including brain damage and even death.

*Most concussions occur without being knocked out.* Signs and symptoms of concussion (see back of this page) may show up right after the injury or can take hours to appear. If your child reports any symptoms of concussion or if you notice some symptoms and signs, seek medical evaluation from your team's athletic trainer and a medical doctor trained in the evaluation and management of concussion. If your child is vomiting, has a severe headache, or is having difficulty staying awake or answering simple questions, call 911 to take him or her immediately to the emergency department of your local hospital.

On the CIF website is a **Graded Concussion Symptom Checklist**. If your child fills this out after having had a concussion, it helps the doctor, athletic trainer or coach understand how he or she is feeling and hopefully shows improvement. We ask that you have your child fill out the checklist at the start of the season even before a concussion has occurred so that we can understand if some symptoms such as headache might be a part of his or her everyday life. We call this a "baseline" so that we know what symptoms are normal and common for your child. Keep a copy for your records, and turn in the original. If a concussion occurs, he or she should fill out this checklist daily. This Graded Symptom Checklist provides a list of symptoms to compare over time to make sure the athlete is recovering from the concussion.

### **What can happen if my child keeps playing with concussion symptoms or returns too soon after getting a concussion?**

*Athletes with the signs and symptoms of concussion should be removed from play immediately. There is NO same day return to play for a youth with a suspected concussion.* Youth athletes may take more time to recover from concussion and are more prone to long-term serious problems from a concussion.

Even though a traditional brain scan (e.g., MRI or CT) may be "normal", the brain has still been injured. Animal and human research studies show that a second blow before the brain has recovered can result in serious damage to the brain. If your athlete suffers another concussion before completely recovering from the first one, this can lead to prolonged recovery (weeks to months), or even to severe brain swelling (Second Impact Syndrome) with devastating consequences.

There is an increasing concern that head impact exposure and recurrent concussions may contribute to long-term neurological problems. One goal of this concussion program is to prevent a too early return to play so that serious brain damage can be prevented.

**Signs observed by teammates, parents and coaches include:**

- |  |  |
|--|--|
| <ul style="list-style-type: none"><li>· Looks dizzy</li><li>· Looks spaced out</li><li>· Confused about plays</li><li>· Forgets plays</li><li>· Is unsure of game, score, or opponent</li><li>· Moves clumsily or awkwardly</li><li>· Answers questions slowly</li></ul> | <ul style="list-style-type: none"><li>· Slurred speech</li><li>· Shows a change in personality or way of acting</li><li>· Can't recall events before or after the injury, seizures or has a fit</li><li>· Any change in typical behavior or personality</li><li>· Passes out</li></ul> |
|--|--|

**Symptoms may include one or more of the following:**

- |  |  |
|--|--|
| <ul style="list-style-type: none"><li>· Headaches</li><li>· "Pressure in head"</li><li>· Nausea or throws up</li><li>· Neck pain</li><li>· Has trouble standing or walking</li><li>· Blurred, double, or fuzzy vision</li><li>· Bothered by light or noise</li><li>· Feeling sluggish or slowed down</li><li>· Feeling foggy or groggy</li><li>· Drowsiness</li><li>· Change in sleep patterns</li></ul> | <ul style="list-style-type: none"><li>· Loss of memory</li><li>· "Don't feel right"</li><li>· Tired or low energy</li><li>· Sadness</li><li>· Nervousness or feeling on edge</li><li>· Irritability</li><li>· More emotional</li><li>· Confused</li><li>· Concentration or memory problems</li><li>· Repeating the same question/comment</li></ul> |
|--|--|

**What is Return to Learn?**

Following a concussion, student athletes may have difficulties with short- and long-term memory, concentration and organization. They will require rest while recovering from injury (e.g., avoid reading, texting, video games, loud movies), and may even need to stay home from school for a few days. As they return to school, the schedule might need to start with a few classes or a half-day depending on how they feel. If recovery from a concussion is taking longer than expected, they may also benefit from a reduced class schedule and/or limited homework; a formal school assessment may also be necessary. Your school or doctor can help suggest and make these changes. Student athletes should complete the Return to Learn guidelines and return to complete school before beginning any sports or physical activities, unless your doctor makes other recommendations. Go to the CIF website (cifstate.org) for more information on Return to Learn.

**How is Return to Play (RTP) determined?**

Concussion symptoms should be completely gone before returning to competition. A RTP progression involves a gradual, stepwise increase in physical effort, sports-specific activities and the risk for contact. If symptoms occur with activity, the progression should be stopped. If there are no symptoms the next day, exercise can be restarted at the previous stage.

RTP after concussion should occur only with medical clearance from a medical doctor trained in the evaluation and management of concussions, and a stepwise progression program monitored by an athletic trainer, coach, or other identified school administrator. Please see cifstate.org for a graduated return to play plan. [AB 2127, a California state law effective 1/1/15, states that return to play (i.e., full competition) must be **no sooner** than 7 days after the concussion diagnosis has been made by a physician.]

**Final Thoughts for Parents and Guardians:**

*It is well known that high school athletes will often not talk about signs of concussions, which is why this information sheet is so important to review with them.* Teach your child to tell the coaching staff if he or she experiences such symptoms, or if he or she suspects that a teammate has had a concussion. You should also feel comfortable talking to the coaches or athletic trainer about possible concussion signs and symptoms that you may be seeing in your child.

**References:**

- American Medical Society for Sports Medicine position statement: concussion in sport (2013)
  - Consensus statement on concussion in sport: the 4th International Conference on Concussion in Sport held in Zurich, November 2012
  - <http://www.cdc.gov/concussion/HeadsUp/youth.html>
- CIFSTATE.ORG CIF 5/2015





### CIF Concussion Information Acknowledgement

Please read the CIF Concussion Information Sheet. Once completed, please sign and return this portion with the Athletic Release Packet to the office. This acknowledgement must be signed as part of completing the Athletic Release Packet in order for your student to be cleared for sports.

I, (parent/guardian) of \_\_\_\_\_ (student) have read the CIF Concussion Information sheet provided in the MCHS Athletic Release Packet. I have reviewed and understand the warning signs and symptoms as well as protocol coaches will follow if a student athlete shows any symptoms of a concussion.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# Fact Sheet for Parents & Student Athletes



**This sheet has information to help protect your student athlete from Sudden Cardiac Arrest**

## Why do heart conditions that put student athletes at risk go undetected?

While a student athlete may display no warning signs of a heart condition, studies do show that symptoms are typically present but go unrecognized, unreported, missed or misdiagnosed.

- Symptoms can be misinterpreted as typical in active student athletes
- Fainting is often mistakenly attributed to stress, heat, or lack of food or water
- Student athletes experiencing symptoms regularly don't recognize them as unusual – it's their normal
- Symptoms are not shared with an adult because student athletes are embarrassed they can't keep up
- Student athletes mistakenly think they're out of shape and just need to train harder
- Students (or their parents) don't want to jeopardize playing time
- Students ignore symptoms thinking they'll just go away
- Adults assume students are OK and just "check the box" on health forms without asking them
- Medical practitioners and parents alike often miss warning signs
- Families don't know or don't report heart health history or warning signs to their medical practitioner
- Well-child exams and sports physicals do not check for conditions that can put student athletes at risk
- Stethoscopes are not a comprehensive diagnostic test for heart conditions

## Protect Your Student's Heart

Educate yourself about sudden cardiac arrest, talk with your student about warning signs, and create a culture of prevention in your school sports program.

- Know the warning signs
- Document your family's heart health history as some conditions can be inherited
- If symptoms/risk factors present, ask your doctor for follow-up heart/genetic testing
- Don't just "check the box" on health history forms—ask your student how they feel
- Take a cardiac risk assessment with your student each season
- Encourage student to speak up if any of the symptoms are present
- Check in with your coach to see if they've noticed any warning signs
- Active students should be shaping up, not breaking down
- As a parent on the sidelines, know the cardiac chain of survival
- Be sure your school and sports organizations comply with state law to have administrators, coaches and officials trained to respond to a cardiac emergency
- Help fund an onsite AED

## What happens if my student has warning signs or risk factors?

- State law requires student athletes who faint or exhibit other cardio-related symptoms to be re-cleared to play by a licensed medical practitioner.
- Ask your health care provider for diagnostic or genetic testing to rule out a possible heart condition.

Electrocardiograms (ECG or EKG) record the electrical activity of the heart. ECGs have been shown to detect a majority of heart conditions more effectively than physical and health history alone. Echocardiograms (ECHO) capture a live picture of the heart.

- Your student should be seen by a health care provider who is experienced in evaluating cardiovascular (heart) conditions.
- Follow your providers instructions for recommended activity limitations until testing is complete.

## What if my student is diagnosed with a heart condition that puts them at risk?

There are many precautionary steps that can be taken to prevent the onset of SCA including activity modifications, medication, surgical treatments, or implanting a pacemaker and/or implantable cardioverter defibrillator (ICD). Your practitioner should discuss the treatment options with you and any recommended activity modifications while undergoing treatment. In many cases, the abnormality can be corrected and students can return to normal activity.



**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. Survival depends on people nearby calling 911, starting CPR, and using an automated external defibrillator (AED) as soon as possible.

### What CAUSES SCA?

SCA occurs because of a malfunction in the heart's electrical system or structure. The malfunction is caused by an abnormality the person is born with, and may have inherited, or a condition that develops as young hearts grow. A virus in the heart or a hard blow to the chest can also cause a malfunction that can lead to SCA.

### How COMMON is SCA?

As a leading cause of death in the U.S., most people are surprised to learn that SCA is also the #1 killer of student athletes and the leading cause of death on school campuses. Studies show that 1 in 300 youth has an undetected heart condition that puts them at risk.

### 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 known unexplained fainting, seizures, drowning or near drowning or car accidents
- ✓ Family members with known structural heart abnormality, repaired or unrepaired
- ✓ Use of drugs, such as cocaine, inhalants, "recreational" drugs, excessive energy drinks, diet pills or performance-enhancing supplements

## FAINTING IS THE #1 SYMPTOM OF A HEART CONDITION

### RECOGNIZE THE WARNING SIGNS & RISK FACTORS

Ask Your Coach and Consult Your Doctor if These Conditions are Present in Your Student

#### 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

## Cardiac Chain of Survival

Their life depends on your quick action!  
CPR can triple the chance of survival.  
Start immediately and use the onsite AED.



**CALL**



**PUSH**



**SHOCK**

**KeepTheirHeartInTheGame.org**

# Fact Sheet for Parents & Student Athletes



**This sheet has information to help protect your student athlete from Sudden Cardiac Arrest**

To learn more, go to **KeepTheirHeartInTheGame.org**

Get free tools to help create a culture of prevention at home, in school, on the field and at the doctor's office.

Discuss the warning signs of a possible heart condition with your student athlete and have each person sign below.

Detach this section below and return to your school.

Keep the fact sheet to use at your students' games and practices to help protect them from Sudden Cardiac Arrest.

-----  
I learned about warning signs and talked with my parent or coach about what to do if I have any symptoms.

STUDENT ATHLETE NAME PRINTED

STUDENT ATHLETE SIGNATURE

DATE

I have read this fact sheet on sudden cardiac arrest prevention with my student athlete and talked about what to do if they experience any warning signs, and what to do should we witness a cardiac arrest.

PARENT OR LEGAL GUARDIAN PRINTED

PARENT OR LEGAL GUARDIAN SIGNATURE

DATE

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

## Keep Their Heart In the Game!







## 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.

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### **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.

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### **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