

Rowan Salisbury Schools

EMERGENCY SPORTS MEDICINE RECORD

STUDENT NAME _____ DATE OF BIRTH _____

HOME ADDRESS _____

HOME TELEPHONE NUMBER _____

PARENT'S/GUARDIAN NAME _____

ADDRESS (IF DIFFERENT FROM ABOVE) _____

HOME TEL. NUMBER (IF DIFFERENT FROM ABOVE) _____

BUSINESS TELEPHONE NUMBER _____

CELL TELEPHONE NUMBER _____

EMERGENCY CONTACT (PERSON OTHER THAN PARENT/GUARDIAN)

_____ TELEPHONE NUMBER _____

NAME OF FAMILY DOCTOR _____ TELEPHONE NUMBER _____

HOSPITAL PREFERENCE _____

NAME OF INSURANCE _____

POLICY NUMBER _____

CURRENT MEDICATIONS (If Any) _____

MEDICATION ALLERGIES (If Any) _____

PAST ILLNESSES AND DATES: _____

PAST INJURIES AND DATES: _____

Release for Emergency Medical Treatment

In the case of injury or illness, I give permission for my son/daughter _____
to receive emergency medical treatment if necessary.

Parent or Guardian Signature: _____ Date: _____

Parent or Guardian Signature: _____ Date: _____

Gfeller-Waller NCHSAA Student-Athlete & Parent/Legal Custodian Concussion Statement Form

Instructions: The student athlete and his/her parent or legal custodian, must initial beside each statement acknowledging that they have read and understand the corresponding statement. The student-athlete should initial in the left column and the parent or legal custodian should initial in the right column. Some statements are applicable only to the student-athlete and should only be initialed by the student-athlete. This form must be completed for each student-athlete, even if there are multiple student-athletes in the household.

Student-Athlete Name: (please print) _____

Parent/Legal Custodian Name(s): (please print) _____

Student-Athlete Initials		Parent/Legal Custodian(s) Initials
	A concussion is a brain injury, which should be reported to my parent(s) or legal custodian(s), my or my child's coach(es), or a medical professional if one is available.	
	A concussion cannot be "seen." Some signs and symptoms might be present immediately; however, other symptoms can appear hours or days after an injury.	
	I will tell my parents, my coach and/or a medical professional about my injuries and illnesses.	Not Applicable
	If I think a teammate has a concussion, I should tell my coach(es), parent(s)/ legal custodian(s) or medical professional about the concussion.	Not Applicable
	I, or my child, will not return to play in a game or practice if a hit to my, or my child's, head or body causes any concussion-related symptoms.	
	I, or my child, will need written permission from a medical professional trained in concussion management to return to play or practice after a concussion.	
	Based on the latest data, most concussions take days or weeks to get better. A concussion may not go away, right away. I realize that resolution from a concussion is a process that may require more than one medical visit.	
	I realize that ER/Urgent Care physicians will not provide clearance to return to play or practice, if seen immediately or shortly after the injury.	
	After a concussion, the brain needs time to heal. I understand that I or my child is much more likely to have another concussion or more serious brain injury if return to play or practice occurs before concussion symptoms go away.	
	Sometimes, repeat concussions can cause serious and long-lasting problems.	
	I have read the concussion symptoms listed on the Student-Athlete/ Parent Legal Custodian Concussion Information Sheet.	
	I have asked an adult and/or medical professional to explain any information contained in the Student-Athlete & Parent Concussion Statement Form or Information Sheet that I do not understand.	

By signing below, we agree that we have read and understand the information contained in the Student-Athlete & Parent/Legal Custodian Concussion Statement Form, and have initialed appropriately beside each statement.

Signature of Student-Athlete

Date

Signature of Parent/Legal Custodian

Date

Gfeller-Waller NCHSAA Student-Athlete & Parent/Legal Custodian Concussion Information Sheet

What is a concussion? A concussion is an injury to the brain caused by a direct or indirect blow to the head. It results in your brain not working as it should. It may or may not cause you to black out or pass out. It can happen to you from a fall, a hit to the head, or a hit to the body that causes your head and your brain to move quickly back and forth.

How do I know if I have a concussion? There are many signs and symptoms that you may have following a concussion. A concussion can affect your thinking, the way your body feels, your mood, or your sleep. Here is what to look for:

Thinking/Remembering	Physical	Emotional/Mood	Sleep
Difficulty thinking clearly	Headache	Irritability-things bother you more easily	Sleeping more than usual
Taking longer to figure things out	Fuzzy or blurry vision	Sadness	Sleeping less than usual
Difficulty concentrating	Feeling sick to your stomach/queasy	Being more moody	Trouble falling asleep
Difficulty remembering new information	Vomiting/throwing up	Feeling nervous or worried	Feeling tired
	Dizziness	Crying more	
	Balance problems		
	Sensitivity to noise or light		

Table is adapted from the Centers for Disease Control and Prevention (<http://www.cdc.gov/concussion/>)

What should I do if I think I have a concussion? If you are having any of the signs or symptoms listed above, you should tell your parents, coach, athletic trainer or school nurse so they can get you the help you need. If a parent notices these symptoms, they should inform the school nurse or athletic trainer.

When should I be particularly concerned? If you have a headache that gets worse over time, you are unable to control your body, you throw up repeatedly or feel more and more sick to your stomach, or your words are coming out funny/slurred, you should let an adult like your parent or coach or teacher know right away, so they can get you the help you need before things get any worse.

What are some of the problems that may affect me after a concussion? You may have trouble in some of your classes at school or even with activities at home. If you continue to play or return to play too early with a concussion, you may have long term trouble remembering things or paying attention, headaches may last a long time, or personality changes can occur. Once you have a concussion, you are more likely to have another concussion.

How do I know when it's ok to return to physical activity and my sport after a concussion? After telling your coach, your parents, and any medical personnel around that you think you have a concussion, you will probably be seen by a doctor trained in helping people with concussions. Your school and your parents can help you decide who is best to treat you and help to make the decision on when you should return to activity/play or practice. Your school will have a policy in place for how to treat concussions. You should not return to play or practice on the same day as your suspected concussion.

You should not have any symptoms at rest or during/after activity when you return to play, as this is a sign your brain has not recovered from the injury.

This information is provided to you by the UNC Matthew Gfeller Sport-Related TBI Research Center, North Carolina Medical Society, North Carolina Athletic Trainers' Association, Brain Injury Association of North Carolina, North Carolina Neuropsychological Society, and North Carolina High School Athletic Association.

High School Athletic Participation Requirements

Rowan-Salisbury Schools	Parent Permission Interscholastic Athletics
Name of Parent/Guardian:	Student-Athlete:
Street Address:	School: Grade:
City: State: Zip Code:	Date of Birth: Phone: Home- Work- Cell- Emergency Contact Name: Phone:

Request for Permission: We, the undersigned student and the student's parent/guardian, apply for permission to participate in interscholastic athletics in the following sports:

<input type="checkbox"/> Basketball	<input type="checkbox"/> Football	<input type="checkbox"/> Swimming	<input type="checkbox"/> Wrestling
<input type="checkbox"/> Baseball	<input type="checkbox"/> Golf	<input type="checkbox"/> Tennis	
<input type="checkbox"/> Cheerleading	<input type="checkbox"/> Soccer	<input type="checkbox"/> Track	
<input type="checkbox"/> Cross Country	<input type="checkbox"/> Softball	<input type="checkbox"/> Volleyball	

General Requirements: We have read and discussed the general requirements for high school athletic eligibility. We understand that additional questions or specific circumstances should be directed to my student's coach, athletic director or principal.

Athletic Eligibility, Academics: Must have passed a minimum academic load during the previous semester, and meet local promotion standards. NCHSAA scholastic requirements are located in the Rowan-Salisbury Schools Athletic Handbook. Rising 9th graders enter with academic and attendance exemption for the 1st semester.

Athletic Eligibility, Attendance: Must be a properly enrolled student at the time you participate, must be enrolled no later than the 15th day of the present semester; and must be in regular attendance at that school.

Must comply with Rowan-Salisbury Schools' board policy on attendance.

Must not have exceeded eight consecutive semesters of attendance or have participated more than four seasons in any sport since first entering grade 9.

Athletic Eligibility, Change of Residence or Special Transfer: Must live with your parents or legal custodian within the school administrative unit (exceptions must be approved by your principal and the NCHSAA). A student is eligible if he has attended school within that unit the previous two semesters (if eligible in all other respects).

Must not falsify any official eligibility information such as residency/address. Penalty for such acts will result in loss of eligibility for 365 days.

Risk of injury: By the nature, participation in Interscholastic Athletics includes risk of injury which range in severity from minor to disabling to even death. Although serious injuries are not common in supervised school athletic programs, it is impossible to eliminate the risk. Participants can and have the responsibility to help reduce the chance of injury. Players must obey all safety rules, report all physical problems to their coaches, follow a proper conditioning program, and inspect their own equipment daily. By signing this form, I acknowledge that I have read the above information.

PARENTS OR STUDENTS WHO DO NOT WISH TO ACCEPT THIS RISK DESCRIBED IN THIS WARNING SHOULD NOT SIGN THIS FORM.

Certification and Medical Authorization: We certify that all of the information provided by us on this form is correct. If the student athlete is injured while participating in athletics and the Rowan-Salisbury Schools is unable to contact the parent, we grant the Rowan-Salisbury Schools permission and the authority to obtain necessary medical care and/or treatment for the student's injury, including first aid, medical or surgical treatment recommended by a physician and we accept financial responsibility for such medical care or treatment.

Insurance: NCHSAA requires that all students who participate in athletics be adequately covered by medical or accident insurance. We certify that we have purchased and will maintain in full force the following insurance policy during the student athlete's participation in athletics.

Check one: School Accident Insurance Name of Other Insurance Company

Insurance Company Name: _____

Policy Number: _____ Group Number: _____ Policy Term: From: _____ To: _____

Photographic/Videotaping Permission: The Rowan-Salisbury Public Schools System uses photographs slides, videos or illustrations of the students for many purposes. Such photographs, videos, or other illustrating material may be used in newsletters or publications produced by the school system, in slide presentations and/or videos about the schools, by the news media in school related news coverage, in video productions aired on television produced by the school system or in similar forms of communication. This form allows you as a parent or guardian to choose whether your child may be in a video, photograph or other illustration used by the Rowan-Salisbury Schools School System or news media.

Initial one:

_____ I give my permission to the Rowan-Salisbury Public Schools School System or the news media to make photographs, slides, videos, or illustrations of my child. Further, I authorize their use without inspecting or approving the finished product or its specific use.

_____ I do not give permission for my child to be included in presentations by the Rowan-Salisbury Public Schools System or the news media.

NCHSAA Regulations Student Athlete Pledge: As a student athlete, I am a role model. Using inappropriate language; taunting; baiting; or the use of unwarranted physical contact directed at opposing players, coaches, and fans are contrary to the spirit of fair play and the good sportsmanship my school, my conference, and the NCHSAA expects of its members. I accept my responsibility to model good sportsmanship that comes with being a student athlete.

Parent Pledge: As a parent, I am a role model. I will remember that school athletics are an extension of the classroom, offering learning experiences for the students. I will show respect for the opposing players, coaches, spectators and support groups. I will participate in cheers that support and uplift the teams involved. Using inappropriate language and taunting are contrary to the spirit of fair play and the good sportsmanship our school, our conference and the NCHSAA expects of its members. I accept my responsibility to model good sportsmanship that comes with being the parent of a student athlete. I certify that the home address as parents/guardians shown in this document is my sole bona fide residence and I will notify the school principal immediately of any change in residence, since such a move may alter the eligibility status of my student-athlete. All other information contained in this form is accurate and current.

I, the undersigned student and parent, have read this document and understand all of the expectations for athletic participation at my high school.

Student:	Date:
Parent/Guardian	Date:

Additional Information:

2020-2021 NCHSAA ELIGIBILITY, CONSENT TO PARTICIPATE AND RELEASE FORM

THIS DOCUMENT MUST BE SIGNED BY THE STUDENT-ATHLETE OF AN NCHSAA MEMBER SCHOOL AND BY THE STUDENT'S PARENT OR LEGAL CUSTODIAN BEFORE PARTICIPATION. STUDENTS MAY NOT PARTICIPATE WITHOUT THE SIGNATURE OF THE STUDENT AND PARENT(S)/LEGAL CUSTODIAN.

I acknowledge that I have read and understand, the North Carolina High School Athletic Association's (NCHSAA) Eligibility Rules. I understand that a copy of the NCHSAA Handbook is on file with the member school's principal and/or Athletic Director, and that I may review it, in its entirety if I so choose. I know my school is a member of the NCHSAA and must adhere to all regulations that govern interscholastic athletic programs, including, but not limited to, Federal and State laws, local regulations and those imposed by the NCHSAA. I understand that local rules may be more stringent than the NCHSAA and agree to follow the rules of my school and the NCHSAA and to abide by their decisions. I acknowledge and understand that participation in interscholastic athletics is a privilege, not a right. I understand that classroom performance, dropping a class or taking coursework through other educational options could affect eligibility and compliance with NCHSAA academic standards.

STUDENT CODE OF RESPONSIBILITY

As a student athlete, I understand and accept the following responsibilities:

I will respect the rights and beliefs of others and will treat others with courtesy and consideration. I will be fully responsible for my own actions and the consequences of my actions.

I will respect the property of others.

I will respect and obey the rules of my school and laws of my community, state and country.

I will show respect to those who are responsible for enforcing the rules of my school and the laws of my community, state and country.

I understand that a student whose character or conduct violates the school's Athletic Code or School Code of Responsibility could be deemed ineligible for a period of time as determined by the principal or school system Administration

PARENTS, LEGAL CUSTODIANS OR STUDENTS WHO DO NOT WISH TO ACCEPT THE RISK DESCRIBED IN THIS WARNING SHOULD NOT SIGN THIS FORM. The student and parent/legal custodian recognize that participation in interscholastic athletics involves some inherent risks for potentially severe injuries including, but not limited to, serious neck, head and spinal injuries, serious injury to virtually all bones, joints, ligaments, muscles, tendons, and other aspects of the musculoskeletal system, serious injury or impairment to other aspects of the body, or effects to the general health and well-being of the child, and in rare cases death. Although serious injuries are not common in supervised school athletic programs, it is impossible to eliminate all risk. Because of these inherent risks, the student and parent/legal custodian have a responsibility to help reduce that risk. Participants must obey all safety rules, report all physical and hygiene problems to their coaches, follow a proper conditioning program, and inspect their own equipment daily.

I authorize medical treatment should the need arise for such treatment while I or my child/ward ("student-athlete") is under the supervision of the member school. I consent to medical treatment for the student-athlete following an injury or illness suffered during practice and/or a contest. I understand that in the case of injury or illness requiring treatment by medical personnel and transportation to a health care facility, a reasonable attempt will be made to contact the parent/legal custodian in the case of the student-athlete being a minor, but that, if necessary, the student-athlete will be treated and transported via ambulance to the nearest hospital. I further authorize the use or disclosure of my student-athlete's personally identifiable health information should treatment for illness or injury become necessary.

I understand all concussions are potentially serious and may result in complications including prolonged brain damage and death if not recognized and managed properly. Further, I understand that if my student is removed from a practice or competition due to a suspected concussion, he or she will be unable to return to participation that day. After that day, written authorization from a physician (M.D. or D.O.) or an athletic trainer working under the supervision of a physician will be required before the student is allowed to return to participation. I also acknowledge that I have received, read and signed the Gfeller-Waller Concussion Information Sheet.

I consent to the NCHSAA's use of the herein named student's name, likeness, and athletic-related information in reports of contests, promotional literature of the Association and other materials and releases related to interscholastic athletics and grant the NCHSAA the right to photograph and/or videotape the participant and further to use the participant's face, likeness, voice and appearance in connection with exhibitions, publicity, advertising, promotional and commercial materials without reservation or limitation. The NCHSAA, however, is under no obligation to exercise said rights herein. I further consent to the disclosure, by the member school, to the NCHSAA, upon its request, of all records relevant to the student-athlete's athletic eligibility including, but not limited to, their records relating to enrollment, attendance, academic standing, age, discipline, finances, residence and physical fitness. The student and parent/legal custodian individually and on behalf of the student, hereby irrevocably, and unconditionally release, acquit, and discharge, without limitation, the NCHSAA its officers, agents, attorneys, representatives and employees (collectively, the "Releasees") from any and all losses, claims, demands, actions and causes of action, obligations, damages, and costs or expenses of any nature (including attorney's fees) that the student and/or legal custodian incur or sustain to person, property or both, which arise out of, result from, occur during or are otherwise connected with the student's participation in interscholastic athletics if due to the ordinary negligence of the Releasees.

By signing this document, we acknowledge that we have read the above information and that we consent to participation by the herein named student. We understand that the authorizations and rights granted herein are voluntary and that we may revoke any or all of them at any time by submitting said revocation in writing to the participant's member school. By doing so, however, we understand that the participant would no longer be eligible for participation in interscholastic athletics.

Student's Signature _____ Date of Birth _____ Grade in School _____ Date _____

Signature of Parent or Legal Custodian _____ Date _____

CERTIFICATION OF DOMICILE FOR ATHLETIC PARTICIPATION

NORTH CAROLINA

ROWAN-SALISBURY SCHOOLS

Education Law in North Carolina, a publication of the Institute of Government and the Principal's Executive Program in Chapel Hill, North Carolina states the following:

1. Domicile. In applying the requirements of G.S. 115c-366, it is necessary to distinguish between domicile and residence. North Carolina courts have said that establishing domicile requires "legal capacity, physical presence and intent to acquire domicile." In other words, to establish a new domicile one must actually move to a new location intending to abandon one's prior domicile and remain in the new location as a permanent home for an indefinite period. In contrast, a residence is an established home, but it need not be one's exclusive home. A person may have more than one residence but only one domicile. For example if someone has his permanent home in the city and a weekend retreat at the lake, he has a residence in both locations, but his domicile is the city because he did not intend to abandon that residence as a permanent home when he took up lodging at the lake. Likewise, if a family lives permanently in one school system and establishes a second home in an adjoining school system for the purpose of sending the children to the neighboring school system, the family has not established domicile in the second location because it has a continuing intention to return to its permanent home.

2. Pursuant to North Carolina General Statute 14-209, if it is found that a person willfully and knowingly provided false information in this sworn affidavit, the student will be removed from school and the maker of the affidavit shall be guilty of a Class F felony and shall pay to the local board an amount equal to the cost of educating the student during the period of enrollment (if the student is not a domiciliary of the local school administrative unit). Repayment shall not include State funds. Offenders will be prosecuted to the full extent of the law.

By my signature below, I certify that I have read the preceding description of "domicile" and I further certify that my domicile is located the following address:

_____ *Street Address*

_____ *City, State, Zip Code*

In addition, I hereby certify that the address written above became my domicile according to the definition above on or about the _____ day of _____, 20_____.
Date Month Year

So certified, this _____ day of _____, 20_____.
Date Month Year

Signature of Adult with Whom

Parent/Custodian is Living (If Applicable)

Parent/Custodian of _____

_____ (Seal)

Signature of Parent or Legal Custodian

Name(s) of Student(s)

Signature of Athlete

REQUEST AND PERMISSION FOR PRIVATE TRANSPORTATION

As the parent(s)/guardian(s) of _____, I (we) request that he/she be allowed to travel home
(Student's Name)
from away games with the following adults:

Parent(s)/Guardian(s):

_____ Name	_____ Name
_____ Address	_____ Address
_____ City/State/Zip Code	_____ City/State/Zip Code
_____ Phone Number	_____ Phone Number

Other Adults:

_____ Name	Relationship to Student: _____
_____ Address	
_____ City/State/Zip Code	
_____ Phone Number	

This request is in effect during the following sport's season: _____

This request is in effect for all away games specific away games (list below)

List the specific dates that the student is being allowed to travel home for an away game with an approved adult.

I (we) acknowledge and understand that the Rowan Salisbury School System does not carry or may not carry any insurance applicable to any injury arising out of the student's transportation as requested. I (we) release and waive, and further agree to indemnify, hold harmless or reimburse the Rowan-Salisbury School System, the individual members, agents, employees and representatives thereof, as well as event sponsors and/or supervisors, from and against any claim which I (we), any other parent or guardian, any sibling, the student, or any other persons, firm or corporation may have or claim to have known, unknown, directly or indirectly, for any losses, damages or injuries arising out of, during, or in connection with the student's transportation by the person(s) named above.

This request and permission form has been signed only with full understanding and consideration of and agreement with, the provision stated above.

(Signature of Parent/Guardian)

(Signature of Parent/Guardian)

(Date)

(Date)

Safe Weight Loss and Weight Gain for Young Athletes

(Ages 12-18 Years)

Rev. 4/4/13

Many athletes and teens actively seek changes in body weight in hopes of improving athletic performance or to improve how they look. In some sports, such as wrestling, gymnastics, dancing, and running, athletes and coaches associate optimal performance with a relatively low body mass. In contact and collision sports, such as football, increased body mass is often encouraged. Athletes interested in losing or gaining weight should discuss strategies for healthy weight loss or weight gain with their doctor. Your doctor and Registered Dietitian can assist you with an individual plan to meet your goals while maximizing healthy growth, energy and performance.

Weight and Sports Performance

Athletes who are trying to improve sports performance should keep the following in mind:

- *There is no single "best" weight for a given sport. For each athlete there is a range of healthy weights that allow for peak athletic performance.*
- *It is often more beneficial to monitor athletic performance (such as strength, speed, jump height) than weight.*
- *In athletes, weight and body mass index (BMI) are not good indicators of body fat and lean muscle.*
- *Athletes who are thinking about making major changes in weight, and those who are in weight-classified sports (such as wrestling), should have body composition measurements taken to find out percentages of body fat and lean tissue.*
- *Coaches and parents often do not realize the influence they have on young athletes. Even a casual weight-related comment from a coach might place the athlete at increased risk for unhealthy eating behaviors and trigger eating disorders. Parents should try to be aware of weight-related messages their children may be receiving from coaches, media and family.*

Weight loss

Athletes (and coaches) in many sports, such as wrestling, gymnastics, dancing, and running, believe that they will perform better if they lose weight. For athletes who are above their healthy weight, losing excess body fat may be beneficial. However, weight loss in athletes who are already at a healthy weight is neither healthy nor likely to improve performance. Also, most diets that limit calories often result in decreased training intensity and peak performance. Weight loss can be difficult and frustrating and dangerous.

For the athlete who wants to lose weight in a healthy way, the following tips may be helpful:

- *Do not lose more than 1 pound per week. Anything faster than this is often due to loss of muscle tissue or water (both of which are important for athletic performance).*
- *Weight loss efforts should combine changes in athletic training and diet.*
- *Cycles of weight loss and gain should be avoided. This leads to decreases in metabolism and calorie requirements.*
- *Get a baseline assessment to determine current weight and body composition and to set realistic goals.*
- *Manage portion sizes – do not overload your plate*
- *Listen to your body and stop eating when you are satisfied rather than "stuffed". Eat slowly to give your body time to recognize the feeling of fullness.*
- *Focus on meals to avoid mindless eating and minimize distractions like the TV and reading.*
- *Log your food and fluid intake is a great way to create awareness, identify areas for improvement, and ensure accountability.*
- *Consistency is key to making food choices. At each meal and snack choose foods that support your weight loss goals.*
- *Have a plan when you enter a cafeteria or restaurant buffet. Start by filling half your plate with veggies and then add a lean protein and grain or carbohydrate source.*
- *Prioritize protein by including an appropriate serving size in every meal and snack. (Skinless poultry, fish, lean meat, low-fat dairy products, eggs, tofu, and beans)*
- *Make ½ of your carbohydrates whole grains by including a ¼ to ½ cup or 1-2 slices at meals. (Brown/wild rice, quinoa, oatmeal, corn tortillas, whole wheat breads/pasta/crackers)*
- *Add color by filling half your plate with veggies and snack on fruit and veggies. (≥ 3 servings of veggies + 1-2 servings of fruit per day)*

- *Add healthy fats in small amounts at meals to slow digestion and keep you full for longer. (Nuts, seeds, oily fish, avocado, plant oils)*
- *Re-think your drink by choosing water, low-fat milk, or tea instead of sweetened drinks. (Always carry a water bottle)*
- *Avoid alcohol to avoid unwanted calories and do not take supplements*
- *Avoid skipping meals and include small snacks to help with recovery & avoid overeating at meals.*
- *Nutrient-filled desserts are an easy way to curb cravings while staying within a calorie budget.*
- *When dining out watch portion sizes. Include veggies and a lean protein, and ask for sauces on the side. (Choose grilled, baked, roasted, broiled, and steamed foods to limit extra calories.)*
- *Do not take weight-loss supplements/diet pills as they may contain harmful substances or additives.*

Weight gain

Athletes in some sports, such as weightlifting and football, think that strength, power, and sports performance will get better if they are able to gain weight. However, it is important to remember that weight gain can come from increases in either fat or muscle. Increases in muscle may be very helpful for some young athletes, but increases in fat may result in decreased sports performance. Unfortunately, it is much easier to gain fat than muscle. Young athletes should be encouraged to make changes that will help with improving strength, rather than just gaining weight.

For the athlete who wants to gain lean muscle in a healthy way, the following tips may be helpful:

- *Gain only 1 pound each week. Gains faster than this often lead to greater increases in fat.*
- *Increase calories by 300 to 400 calories each day. Two servings of instant breakfast or meal replacement products can be one option. (Note: "Weight gainers" supplements often contain too many calories and cause greater increases in fat than in muscle. Many supplements contain harmful substances or additives and should never be taken.)*
- *Eat every 2 to 3 hours, or about 5 to 9 times per day.*
- *Weight lifting should be done in sets of 8 to 15 repetitions for muscle growth, or in sets of 4 to 6 repetitions to develop strength and power.*
- *There should be at least 48 hours between hard workouts. This allows muscles to recover between training sessions.*
- *Increases in weight and muscle size tend to become much easier during puberty.*
- *Eat a bed time snack – include a source of protein (cereal + milk, smoothie, cheese + crackers).*
- *Increase protein & leucine – ensure foods containing the amino acid leucine (meat, fish, poultry, dairy & legumes) are spread evenly through the day, at meals AND snacks, not all at one time, to aid in the growth of new tissue.*
- *Consistency is key – as with training, practice consistency with these tips Monday – Sunday.*
- *Get a baseline assessment to determine current weight and body composition and to set appropriate goals.*
- *Proper preparation by beginning training sessions well fueled to maximize the cellular growth stimulus on muscles during training.*
- *Recovery is a key element for muscle growth. Prioritize a recovery nutrition snack or meal immediately post-training as well as a bedtime snack.*
- *Increase daily calorie intake in order to create new muscle tissue by adding in 1-2 snacks OR increasing portion sizes at meal times. Additional calories should come from all nutrients, not just protein.*
- *Choose quality calories in the form of whole grains, fruit, dairy, veggies, lean animal protein, oily fish, and healthy fats to ensure nutrients are available for muscle growth in addition to training and daily physiological functioning.*
- *Monitor progress and track your weight on a weekly to bi-weekly basis and have body composition reassessed every 4-6 weeks to ensure weight gain is primarily muscle.*

Sources: *Care of the Young Athlete, Patient Education Handouts (American Academy of Pediatrics) & USOC SPORT NUTRITION TEAM*

I acknowledge that I have read and understand the Safe Weight Loss and Weight Gain for Young Athletes

Parent Name (printed): _____

Parent Signature: _____

Date: ____/____/____

Athlete Name (printed): _____

Athlete Signature: _____

Date: ____/____/____

A copy of Safe Weight Loss and Weight Gain for Young Athletes can be found at (school medical forms website)

Heat Related Illnesses

Rev. 5/2/18

Pre-season and the summer high temperatures put student athletes at increased risk of heat illness. There are several types of heat illness. They range in severity, from heat cramps and heat exhaustion, which are common but not severe, to heat stroke, which can be deadly. Although heat illnesses can be fatal, death is preventable if they're quickly recognized and properly treated. Heat-related illnesses have many factors but can be caused when an individual is subjected to extreme temperatures and humidity, and is unable to cool down. Dehydration also can be a factor. Dehydration makes it more difficult for your body to properly cool itself and function, and it takes a toll on your performance. Primary contributors to heat-related emergencies include: Heat and high humidity; Extreme physical exertion; Wearing Layered or rubberized clothing; Inadequate fluid intake. Certain types of athletes might be at a higher risk for heat-related illness and should be monitored closely. These types of players include: Those with a prior history of heat illness; Overweight or obese players; Players with a medical history of gastrointestinal, diabetic, kidney, or heart problems; Players who were recently (within 2 weeks) ill with upper respiratory illness or cold or flu virus. Certain medications can also put an athlete at risk for heat illness. These include things like antihistamines, anticholinergics, decongestants, stimulants, and some antidepressants. The athlete should check with his/her physician prior to sports participation if there are any concerns.

Heat Syncope

Heat syncope is a fainting (syncope) episode or dizziness that usually occurs with prolonged standing or sudden rising from a sitting or lying position. Factors that may contribute to heat syncope include dehydration and lack of acclimatization.

Signs/Symptoms of heat syncope include: Light-headedness; Dizziness; Fainting

Emergency Treatment: Sit or lie down in a cool place when they begin to feel symptoms; slowly drink water, clear juice, or a sports beverage.

Heat Cramps

Heat cramps usually affect athletes who sweat a lot during strenuous activity. This sweating depletes the body's salt and moisture levels. Low salt levels in muscles causes painful cramps. Heat cramps may also be a symptom of heat exhaustion.

Signs/Symptoms of heat exhaustion include: Muscle pain or spasms usually in the abdomen, arms, or legs.
Emergency Treatment: Stop all activity, and sit in a cool place; Drink clear juice or a sports beverage; Do not return to strenuous activity for a few hours after the cramps subside because further exertion may lead to heat exhaustion or heat stroke; Seek medical attention if any of the following apply: *The athlete has heart problems. The athlete is on a low-sodium diet. The cramps do not subside within one hour.*

Heat Exhaustion

Heat exhaustion is the body's response to an excessive loss of the water and salt, usually through excessive sweating. With heat exhaustion, your body temperature rises as high as 104 F (40 C) and you may experience nausea, vomiting, headache, fainting, weakness, and cold, clammy skin. If left untreated, this can lead to heatstroke.

Signs/Symptoms of heat exhaustion include: Heavy sweating; Extreme weakness or fatigue; Dizziness/Lightheadedness; Confusion; Nausea/Vomiting; Clammy or Moist skin; Pale or flushed complexion; Muscle cramps; slightly elevated body temperature; Fast and shallow breathing

Emergency Treatment: Have them rest in a cool, shaded or air-conditioned area; Have them drink plenty of water or other cool, nonalcoholic beverages; Have them take a cool shower or bath

Heat Stroke

The Center for Disease Control describes heat stroke as the most serious heat-related disorder. It occurs when the body becomes unable to control its temperature: the body's temperature rises rapidly, the sweating mechanism fails, and the body is unable to cool down. When heat stroke occurs, the body temperature can rise to 104 degrees Fahrenheit or higher within 10 to 15 minutes. Heat stroke can cause death or permanent disability if emergency treatment is not given.

Signs/Symptoms of heat stroke include: Hot, dry skin or profuse sweating; Hallucinations/Mental Confusion; Chills; Throbbing headache; High body temperature; Confusion/Dizziness; Slurred speech; Loss of Consciousness; Seizures; Rapid heart rate; Rapid Breathing and Low Blood Pressure

Emergency Treatment: Call 911; Move the athlete to a cool shaded area; Cool the athlete using methods such as: Immersing the athlete in a tub of cold water/ice bath; Spraying, sponging, or showering them with water; fanning their body; Monitor vital signs and perform CPR, if needed

Recommendations

As a rule-of-thumb, most athletes should consume 200 to 300 milliliters or 8-10 ounces of fluid every 15 minutes of exercise. For each pound that a player lost in a previous work-out and did not replace, they need to consume 20-24 ounces to fully rehydrate for the next training session. For the first week or so, hold shorter practices with lighter equipment so players can acclimate to the heat. Clothing worn by athletes should be light colored, lightweight and protect against the sun. Follow a work-to-rest ratio, such as 10-minute breaks after 40 minutes of exercise. Get an accurate measurement of heat stress using a wet-bulb globe temperature, which accounts for ambient temperature, relative humidity and radiation from the sun. Remove unnecessary equipment, such as helmets and padding, when environmental conditions become extreme. If someone is suffering from exertional heat stroke, remember to cool first and transport second. Have large cold tubs ready before all practices and games in case cold water immersion is needed to treat exertional heat stroke. Keep beverages cold – cold beverages are consumed 50 percent more than warm beverages. Hydrate before, during and after activity.

Sources:

National Athletic Trainers' Association, www.nata.org Coach Safely, www.coachsafely.com/heat-illness
NFL/Gatorade GSSJ, www.nfl.com/static/content/catch_all/nfl_genetic_content/BTH-Preventing-Heat.pdf
NFL/Gatorade GSSJ, www.nfl.com/static/content/catch_all/nfl_genetic_content/gatorade-safety.pdf

I acknowledge that I have read and understand the Heat Related Illness

Parent Name (printed): _____ Date: _____

Parent Signature: _____

Athlete Name (printed): _____ Date: _____

Athlete Signature: _____

A copy of Heat Related Illness can be found at (school medical forms website)

PARTICIPANT: PLEASE READ CAREFULLY BEFORE SIGNING. THIS DOCUMENT HAS LEGAL CONSEQUENCES AND WILL AFFECT YOUR LEGAL RIGHTS AND ABILITY TO BRING FUTURE LEGAL ACTIONS.

PERMISSION TO TREAT

I hereby give my consent and grant permission for medical treatment deemed necessary for any condition arising while participating in interscholastic sports, provided by Novant Health Sports Medicine athletic trainers ("ATCs"). This would include administration of medication(s) such as Albuterol or an EpiPen to treat allergic reactions (e.g., anaphylactic reaction) or restrictive airway reactions (e.g., exercise-induced asthma) should such emergent need arise. If my injury/illness requires care not available on site, I understand every effort will be made to contact emergency contact prior to treatment being rendered at an off-site facility. I also grant permission for the ATC to release pertinent information to related health care providers, as well as those providers to release pertinent information to the ATC regarding care of my condition.

Signature of the Student-Athlete _____ Date _____
 Printed _____
 Signature of the Parent/Legal Guardian (if student-athlete is under 18 years of age) _____ Date _____
 Printed _____

HIPAA AUTHORIZATION

The Health Insurance Portability and Accountability Act (HIPAA) of 1996 and The Family Educational Rights and Privacy Act (FERPA) of 1974 require Novant Health to guard the privacy of your protected health information. You have the right to confidential treatment of all information and records pertaining to your care; as well as full consideration of privacy concerning your treatment and records during the course of your medical care. If you be advised as to the reason for the presence of any individual during the course of your medical care. If you sustain an injury while participating in interscholastic athletics at _____ ("School"), it is important to understand that Novant Health may need to discuss your injury with your coaches, assistant coaches, parents, and/or other people involved in your care. Novant Health may discuss issues relevant to your care only under the following circumstances:

1. You have given oral or implied consent through your actions.
2. You have signed the authorization form below, which permits us to disclose health information to the parties mentioned.

Please note that even when you have signed this authorization allowing Novant Health to share your health information, it is important to know that Novant Health will only release the minimum amount of information necessary to protect you.

This authorizes the certified athletic trainers, physicians, sports medicine staff and other medical personnel representing Novant Health to release information concerning my medical status, medical condition, injuries,

Sudden Cardiac Arrest Education and Information

Rev. 4/10/18

What is sudden cardiac arrest?

Sudden cardiac arrest (SCA) is when the heart stops beating, suddenly and unexpectedly. When this happens, blood stops flowing to the brain and other vital organs. SCA is NOT a heart attack. A heart attack may cause SCA, but they are not the same. A heart attack is caused by a blockage that stops the flow of blood to the heart. SCA is due to a structural disorder of the heart that is often genetic or a malfunction in the heart's electrical system, causing the heart to suddenly stop beating. SCA also can occur from a direct blow to the chest by a firm projectile (baseball, softball, lacrosse ball, or hockey puck) or by chest contact from another player (called "commotio cordis"). If not treated within minutes, SCA results in death. The normal rhythm of the heart can only be restored with defibrillation, an electrical shock that is safely delivered to the chest by an automated external defibrillator (AED).

How common is sudden cardiac arrest?

The Centers for Disease Control and Prevention estimate that every year there are about 300,000 cardiac arrests outside hospitals. About 2,000 patients under 25 die of SCA each year.

Are there warning signs?

Although SCA happens unexpectedly, and many times there are no early warning signs, some people at rest and/or with exercise may have the following signs or symptoms, such as:

- Dizziness; Fatigue (extreme tiredness); Lightheadedness; Weakness; Shortness of Breath; Difficulty Breathing; Nausea; Vomiting; Racing or Fluttering Heartbeat (palpitations); Syncope (fainting); and Chest Pains.*

Predisposing factors may include:

A history of high blood pressure; family member with early onset heart disease or sudden death from a heart condition before the age of 50. Specifically a family history of: Long QT Syndrome (fast chaotic heartbeats), Brugada Syndrome (genetic condition causing fainting due to malfunction of the heart's electrical system), Hypertrophic Cardiomyopathy (HCM) [Abnormally thickened heart muscle for Arrhythmogenic Right Ventricular Dysplasia (ARVD) [genetic defects of the parts composing the heart muscle], Wolf-Parkinson-White (WPW) Syndrome (an extra electrical pathway in the heart causing rapid heartbeats), Myocarditis (inflamed heart muscle), Coronary Artery Anomalies (malformation of an artery around the heart) and Marfan's Syndrome (genetic disorder that affects the body's connective tissue). Use of recreational or performance enhancing drugs, dietary supplements and even energy drinks high in caffeine can result in SCA. The signs and symptoms can be unclear and confusing in athletes. The warning signs are often confused with physical exhaustion. SCA can sometimes be prevented if the underlying causes can be diagnosed and treated.

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

There are risks associated with continuing to practice or play after experiencing these symptoms. When the heart stops, so does the blood that flows to the brain and other vital organs. Death or permanent brain damage can occur in just a few minutes. Most people who have SCA die from it. Symptoms are the body's way of indicating that something might be wrong. Athletes who experience one or more symptoms should get checked out. Athletes should report symptoms immediately to their coach and athletic trainer.

What is the best way to treat Sudden Cardiac Arrest?

- *Early Recognition of SCA* (collapse – abnormal, labored/gasping-like breathing – seizure like activity)
- *Early 9-1-1 Access* (call 911 for help and get an AED)
- *Early CPR* (begin chest compressions – push hard/push fast on middle of the chest – 100 compressions per minute)
- *Early Defibrillation* (use AED as soon as possible – turn it on and follow the prompts)
- *Early Advance Care* (continue CPR and AED use until EMS arrives)

I acknowledge that I have read and understand the Sudden Cardiac Arrest Information Sheet

Parent Name: _____ (Printed) Athlete Name: _____ (Printed)
 Parent Signature: _____ Athlete Signature: _____
 Date: ____/____/____ Date: ____/____/____

The Competitive Edge: Winning Nutrition – Food Works

Want to improve your performance at meets? Want to have more strength and energy? Nutrition can help you do all of this! Get to know what your body needs and wants for the best performance. Athletes usually require a higher level of calorie intake than non-athletes, although the amount varies depending on the athlete's sex, age, height, weight, body composition, stage of growth, level of fitness, and the intensity, frequency, and duration of physical exercise. An appropriate diet for most athletes consists of a minimum of 2000 calories per day, 55–65% should come from carbohydrates, 15–20% from protein, and 20–30% from fats.

Carbohydrates are the best source of energy for before and during any athletic practice or performance.

There are great carbohydrates that increase your strength and speed! So, what is a carbohydrate? Sometimes called "carbs." A carb comes from milk, cheese, yogurt, fruits, vegetables and grains. Cereal, pasta, cheese and crackers, bananas, oranges, apples are a few of the great carbs that "super charge" your muscles.

Two days before the competition, you can already be improving your strength. Start with lots of water. You should have at least 8 glasses of water each day. For meals and snacks, focus on lots of good carbohydrates. A suggested meal plan follows:

SAMPLE MEAL PLAN	
Breakfast	Cereal with low-fat milk. Some good cereals – Frosted Mint, Wheat, Raisin Bran, Quaker Crunchy Corn Bran, Post Fruit & Bran, Barbara's Bakery Cinnamon Puffins & Fresh Fruit
Snack	Fresh Fruit and Whole Wheat Crackers and cheese
Lunch	Sandwich – meat, cheese, lettuce/tomato, bread – 2 slices & Fresh fruit
Snack	Yogurt & Fig bars
Dinner	Pasta with tomato sauce, Salad, Bread & Milk

Snacks for eating during the day of an event:

Bagel with peanut butter or cream cheese, Fruit and grain bars, Trail mix – combine dry cereal, nuts & dried fruit, Yogurt and fresh fruit, Fruit muffins, English muffin with apple slices and cheddar cheese, Granola with low fat milk and fruit, a smoothie made with low-fat yogurt, fresh fruit and Diluted fruit juice to drink

* Remember to keep lots of water going in each and every day. Sipping on water throughout the sporting event is better than drinking large amounts before or during the event.

Eating Out (Before or during an event)

A sub sandwich from Subway or other sub shops with meat and cheese and lots of vegetables is always a better choice than a burger and fries. Try some low fat frozen yogurt after the meal for some quick energy. Another choice would be chili or baked potato at Wendy's. If you can add some fruit to the meal, that is the best. Panera Bread has some excellent choices and fruit salad on the side. Chick Fillet has broiled chicken sandwich with carrot-raisin salad or their Superfood salad as a side dish.

A word on sweets – candy and desserts will slow you down. Sodas and other sweetened drinks stay a long time in your stomach and decrease your muscle performance. Save these items for the end of the day of the event, or substitute fruit and dairy.

Vegetarian and vegan diets

It is possible for an athlete to maintain strength and overall health on a vegetarian diet provided that a variety of plant-based sources of protein are consumed on a daily basis and energy intake is adequate. Vegetarian and especially vegan athletes are at risk of inadequate protein, creatine and iron intake, however, as well as insufficient amounts of zinc, vitamin B₁₂, vitamin D, and calcium may also occur. These deficiencies will eventually affect athletic performance.

Female Athlete Triad

Parents should watch for indications of the female athlete triad, such as missing three or more menstrual periods; an unusual number of stress fractures; an excessive amount of time spent exercising or working out; a tendency to wear baggy or concealing clothes even in warm weather; and a restricted eating pattern. Adopting a vegetarian or vegan diet may indicate the onset of an eating disorder in a female athlete. Should these situations occur a referral to a physician & Registered Dietitian for evaluation is warranted to reduce the risk of injury!

Precautions

Consultation with a qualified sports nutritionist is a sound practice for anyone in any age group who is heavily involved in any sport, whether amateur or professional. Specific precautions:

- Consultation should be individualized, as people vary in their energy needs, sweating rates, & body composition
- Any female athlete who stops having menstrual periods (amenorrhea) or has only scanty periods (oligomenorrhea) should be evaluated by a physician & Registered Dietitian for disordered eating.
- Nutritional advice should be given by a registered dietitian, certified athletic trainer or physician.
- Coaches should avoid discussing weight loss and body image with young athletes (with the exception of sports requiring weight-ins before competition), as such discussions often lead to the athlete's use of harmful weight-loss practices.
- Athletes should never take or use any dietary supplements without consulting their physician and a nutritionist.
- Athletes following a vegetarian or vegan diet require special attention to protein and iron intake.

REMEMBER: A strong foundation of a healthful diet is necessary to provide sufficient energy, prevent fatigue, and aid in cardiovascular and muscle work.

Resources:

- Brought to you by Barb Andresen, RDN, LDN, FAND, BAndresen & Associates Nutrition Services
Medical Nutrition Therapist – Sports Nutritionist 336-659-8622 www.MyMNI.net
- American Academy of Pediatrics (AAP). 141 Northwest Point Blvd., Elk Grove Village, IL 60007. Telephone: (847) 434-4000. Website:<http://www.aap.org>.
- American College of Sports Medicine (ACSM). P. O. Box 1440, Indianapolis, IN 46206-1440. Telephone: (317) 637-9200. Website:<http://www.acsm.org>.
- American Council on Exercise (ACE). 4851 Paramount Drive, San Diego, CA 92123. Telephone: (858) 279-8227. Website: <http://www.acefitness.org>.
- American Dietetic Association (ADA). 120 South Riverside Plaza, Suite 2000, Chicago, IL 60606-6995. Telephone: (800) 877-1600. Website:<http://www.eatright.org>.

I acknowledge that I have read and understand the Winning Nutrition – Food Works

Parent Name (printed): _____ Date: ____/____/____

Parent Signature: _____

Athlete Name (printed): _____ Date: ____/____/____

Athlete Signature: _____