BRYAN COUNTY SCHOOLS

STUDENT/PARENT

ATHLETIC HANDBOOK

2016-2017

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BCS ATHLETIC BELIEF STATEMENTS

WE BELIEVE:

- We bring pride to the community
- Positively in teaching life lessons
- In building relationships and character
- Create role models & leaders
- Commitment & Accountability
- BCS athletics should prepare the student-athlete for life; responsibility, accountability and respect
- Athletics teaches students to work together to achieve a goal.

SPORTSMANSHIP GUIDE

A Guide for Athletes, Coaches, and Parents (present at all event sites)

Introduction

Participation in extra-curricular activities is a privilege. As representatives of Bryan County Schools, student athletes are expected to conduct themselves in a manner that meets the highest standards at all times.

It is the goal of Bryan County Schools to provide all students with opportunities to engage in athletic activities that enrich their education and further develop the core values of respect, responsibility, caring, fairness, trust/worthiness, and good citizenship.

Good sportsmanship and proper behavior are behaviors that are learned by engaging with others, modeling good behavior and by planned instruction. It is the responsibility of the administration, staff, coaches, parents, and the community at large to create a climate that fosters the development of these behaviors. This is accomplished by encouraging and modeling positive and appropriate behavior within the sporting environment while, at the same time striving for excellence.

Expectations for the behavior of athletes, coaches, and spectators at athletic contests, practices, and events are outlined below.

Athletes

Students who choose to participate in any sport must agree to read, sign, and abide by the BCS Student/ Parent Handbook as a condition of participation.

The Student/ Parent Handbook establishes high expectations and standards for all student athletes. These expectations embody a total lifestyle approach with emphasis on respect for self, others, and property; loyalty to self, teammates, coaches, and school; support for the ideas of true sportsmanship; and the ability to accept the consequences for all choices.

The effectiveness of the Student/ Parent Handbook depends on a collective commitment from students, parents, and school and district personnel and a proactive and positive approach to prevention and assistance.

Coaches

Coaches are required to meet the following expectations.

•Encourage good sportsmanship by demonstrating support for all athletes, coaches and officials at all games, practices, and other events.
•Place the emotional and physical well-being of players ahead of a personal desire to win.
•Treat each player as an individual and provide a safe environment for all players.
•Teach athletes to play by the rules and to resolve conflicts with civility and without resorting to hostility or violence.
•Be knowledgeable in the rules of the sport and teach the rules to players.
•Ensure that the sport is enjoyable for players and remember that the game is for the athletes and not the adults.
•Treat everyone with respect and be a positive role model for players and not engage in unsportsmanlike conduct with any official, coach, player, parent, or spectator.
•Demand a drug, tobacco, and alcohol-free sports environment
•Establish open lines of communication with players and their parents so that everyone understand the expectations and can express concerns.

Coaches are also expected to communicate to athletes and parents their coaching philosophy, expectations for all team members, locations and times of practices and contests, team rules and requirements, emergency procedures, and the consequences for violation of rules.

Parents

Parents of student athletes are required to meet the following expectations.

•Encourage good sportsmanship by demonstrating support for all athletes, coaches, and officials at every game, practice, or event.
•Place the emotional and physical well-being of student athletes ahead of any personal desire to win.
•Support coaches and officials in providing a positive, enjoyable experience for all.
•Discourage any behaviors or practices that would endanger the health and well-being of athletes.
•Treat other players, parents, coaches, fans, and officials with respect and refrain from verbal indignities.
•Teach their child to play by the rules and to resolve conflicts with civility and without resorting to hostility or violence.
•Respect the coaches and officials and their authority during games and do not question, discuss, or confront coaches at the game site.
•Discuss any issues or concerns with the coach at an agreed upon time and place.
•Help ensure that the sport is enjoyable for their child and remember that the game is for the athlete and not for the adults.
•Support a drug, tobacco, and alcohol-free sports environment for their child and refrain from their use at all events.

Athlete/Parent/Coach/Communication

BCS encourages open communication among athletes, parents, and coaches. Both athletes and parents are urged to discuss their concerns with the coach in the appropriate setting and at the appropriate time.

Appropriate concerns to discuss with the coach include issues of mental and physical well-being, strategies for improving performance, and issues of behavior.

Issues not appropriate for a parent to discuss with coaches include playing time, starting positions, team strategy, play calling, and other athletes.

Spectator Conduct

The GHSA and its member schools have made a commitment to promote good sportsmanship by student/athletes, coaches, and spectators at all GHSA sanctioned events. Profanity, degrading remarks, and intimidating actions directed at officials or competitors will not be tolerated, and are grounds for removal from the event site. Spectators are not allowed to enter the competition area during warm-ups or while the contest is being conducted. Thank you for your cooperation in the promotion of good sportsmanship at today's event.

COMMUNICATION

ATHLETIC BANQUETS

Each individual sport will schedule the date, time and place of the athletic banquet following the completion of the season. Schools may decide to hold multiple sport banquets at one time. Parents and student athletes are encouraged to attend the events so that each participating member can be recognized for their hard work, commitment and contributions to the team's season.

COACH TO STUDENT CONTACT

1. A social media public forum is the BCS preferred method (Twitter, Facebook, etc.)
2. If a coach chooses to send information to the players by text, parents should be included in the conversation.
3. BCS understands that there are times when a coach and a student may send individual texts; however, this practice should be the exception and not a part of normal team operations.
4. An example of acceptable private correspondence: "Coach, I'm running late for practice. I'll be there in 15 minutes."
5. Coaches are required to keep their websites up-to-date.

COACH TO PARENT CONTACT

Parents and student athletes should have a clear understanding that interscholastic sports combine personal skill with competitive, team-oriented goals. The staff of dedicated professional coaches must make decisions based on the playing ability of all students. Considering which options are best for the team and program to be successful constitutes their main responsibility. The Athletic Director, Principal and Head Coaches will operate with an open door policy to discuss any concerns the parent(s) and student athletes may have regarding their sport.

The parent(s) and student athlete must make prior arrangements, however, for an appointment with all parties to ensure that the most productive atmosphere exists in discussing these issues. Please do not attempt to confront a coach before or after a contest or practice. These can be emotional times for both the parent and the coach and generally do not promote a resolution.

Appropriate concerns to discuss with coaches are: (1) ways to help your child improve; and (2) concerns about your child's behavior. Issues that are not appropriate to discuss with coaches are: (1) team strategy; (2) play calling; (3) playing time; and (4) the performance of other student athletes.

COLLEGIATE SIGNINGS

The signing of a letter of intent to play a collegiate sport is a memorable event in life of your student athlete and their family. We want to make sure we celebrate all signings in a manner that is respectful of the hard work and many hours they have put in to reach this achievement.

1) College signings will be held the 2nd Wednesday of every month.
2) Coach informs the school AD of the signing. Student name, college, and amount of the offer.
3) AD will inform Dr. Robertson, who will then inform the press and BOE of the signing.
4) Expectations
    a. Start promptly
    b. Clean presentation area with school sign
    c. Welcome by the coach with explanation
    d. Photo op during/ at the end of the signing
    e. Photos will be given to AD to share with the press.

NCAA CLEARINGHOUSE

The NCAA Clearinghouse is a service provided to potential college-bound athletes to ease their transition into college-level athletics. It is mandatory that students seeking to play college athletics go through the clearinghouse. The office of Athletic Directors or a designated guidance office should be able to provide helpful publications concerning the NCAA Clearinghouse. They will be happy to assist any student and their parent(s) in obtaining information and registering with the clearinghouse.

NCAA Eligibility Center

NCAA Eligibility Center Contact Information:

Online: eligibilitycenter.org , NCAA.org/playcollegesports or 2point3.org
Twitter: @NCAA_EC
877-262-1492

Certification Processing:

NCAA Eligibility Center
Certification Processing
P.O. Box 7136
Indianapolis, IN 46207-7136

NCAA Eligibility Center
Certification Processing
1802 Alonzo Watford Sr. Drive
Indianapolis, IN 46202
Information is also available online at www.ncaaclearinghouse.net .

PRE-SEASON PARENT MEETING

1. BCS mandates all coaches hold a pre-season meeting with parents and athletes.
2. The meeting should include:
    a. Team Rules regarding--
        i. Attendance
        ii. Sport-Specific Discipline
        iii. County-Wide Discipline Policies in BCS Student Handbook
    b. Travel

i. All athletes must travel to their competitions with their coach. School buses will be used for all trips within the State of Georgia.
ii. For out-of-state contests, athletic events, and team camps, students will be transported via charter bus, at the expense of the school and/or athletic program. *(Exceptions can be made by AD or Principal prior to the scheduled event.)*
iii. If an athlete does not ride the bus to an away game or activity, they will not be allowed to participate in that scheduled contest. *(Exceptions can be made by AD or Principal prior to the scheduled event.)*
iv. Athletes will not be allowed to ride home with someone other than their parents unless written permission is given by the parents **prior** to the athletes leaving the school for the athletic event. *(Coaches may not obtain permission over the phone*. See Appendix E.)
v. Coaches should address the importance of being transported to and from games and practices in a timely manner.

c. General Expectations for Players
d. General Expectations for Parents
e. Expected Fundraisers
f. General Practice Schedule & Game Schedule
g. Parent Contact Information Sheets
h. Emergency Medical Information Sheets
i. School Athletic Handbook
j. Acknowledgement form to be signed.

DISCIPLINE FOR EXTRA-CURRICULAR ACTIVITIES

EXTRACURRICULAR ACTIVITY EXPECTATIONS

Participation in interscholastic athletic competitions is a privilege extended to the students by the Bryan County Board of Education. Students participating in any Georgia High School Association (GHSA) or middles school extracurricular athletic activities act as representatives of Bryan County Schools (BCS). All students are expected to conduct themselves in such a manner as to meet the highest standards of BCS at all times.

The Code of Conduct is designed to establish high expectations and standards for all students participating in GHSA sanctioned athletic activities. All students, parents, and coaches understand that the top priority is academic achievement. The Code of Conduct establishes high expectations regarding behavior and consistent consequences when violations occur.

The Code of Conduct goes into effect on the first day a student joins a BCS high school athletic team. The Code remains in effect for the entire calendar year, including time when school is not in session. The offenses and consequences listed below are in addition to (not in lieu of) any school or criminal consequences associated with the misconduct. All consequences listed in this Code of Conduct are minimum standards. The coach has the discretion to set consequences over and above these standards.

Violation A:

Long-term Suspension (exceeding 10 days, with or without alternative school placement).

Consequence:

Ineligible to attend or participate in any athletic or extracurricular activity during time of suspension

Violation B:

Arrest for, or charged with the commission of, any act that is a felony or would constitute a felony if committed by an adult (regardless of location or time of the alleged act; in or out of school).

Consequence: Immediate suspension from all participation until such time as:

a. School officials determine that the student did not commit the act(s);
b. Local prosecutors dismiss or drop all pending charges and petitions;
c. The student pleads guilty to a misdemeanor charge, in which case refer to Violation D;
d. The student is convicted and sentenced to a felony or is adjudicated delinquent in the Juvenile Court of conduct which if committed by an adult could be charged as a felony and serves any and all portions of the sentence including all periods of probation.

For the following violations (C, D, and E), the school administration must have valid evidence and/or verification of the violation as defined in the following:

a) Self-admitted involvement by the student
b) Witnessed student involvement by the sponsor, coach, or any staff member
c) Parent admission of their student's involvement in tobacco, alcohol or other drugs
d) Verifiable police report given to the school
e) Evidence of violations through investigation by school officials

If the offense occurs at school or on school property (at any time), off school grounds, at a school-sponsored activity, function, or event or en route to and from school, the student will be subject to the actions described in the Student Conduct Behavior Code (Policy JCD) and the following consequences for extracurricular activities.

Violation C:

Tobacco (any type)

Consequence:

1st Offense: Consequence determined by approved local school athletic/extracurricular policy.

2nd Offense: Suspension from athletic extracurricular competition for a minimum of 10% of the remainder of the season.

3rd Offense: Dismissed from team but allowed to try-out for subsequent athletic extracurricular activities after that sport/activity has completed its season.

Violation D:

Alcohol/Other Drugs (Possession and/or Use)/Misdemeanor Criminal Law Violations

Consequence:

Coach/Sponsor and Administrator will meet with the student and parent(s) or guardian.

1st Offense: Consequence determined by approved local school athletic/extracurricular policy.

2nd Offense: Suspension from athletic extracurricular activities for a minimum of 20% of the season.

Violation E:
Violations of school rules that result in OSS

Consequence:
Out-of-School Suspension (short-term, not exceeding 10 days)

Participation may resume after suspension is served (Policy JDD).

Violation F:
Hazing

Consequence:
Coach/Sponsor and local administrator will meet with the student and parent(s) or guardian.

1st Offense: Suspension from any athletic extracurricular activity for a minimum of 10% of the remainder of the season.

2nd Offense: Suspension from all athletic extracurricular activities for the remainder of school year.

3rd Offense: Possible permanent suspension from all athletic and school activities.

HEALTH

CONCUSSION POLICY

1. Prior to the beginning of each season of any extracurricular athletic activity, all parents or legal guardians of participating students shall be provided with an information sheet regarding the potential dangers of concussion injuries, the signs/symptoms of a concussion, and the concussion management protocol outlined.
2. No athlete is allowed to return to a game or practice on the same day that a concussion (1) has been diagnosed OR (2) cannot be ruled out.
3. Any athlete diagnosed with a concussion shall be cleared by an appropriate healthcare professional prior to resuming participation in any practice or contest. The formulation of a gradual return to play protocol shall be a part of the medical clearance.
4. It is mandatory that every coach in each GHSA sport (including Community Coaches, Student Teachers, and Interns) participate in a free, online course on concussion management prepared by the NFHS at least every two years. Please visit www.nfhslearn.com for more information.
5. Each school will be responsible for monitoring the participation of its coaches in the concussion management course, and shall keep a record of those who participate.

FIRST AID/ CPR TRAINING

The safety of our student athletes is always the number one priority. All BCS coaches are to be First Aid and CPR certified. This certification should be on file with your Athletic Director.

HEAT AND HUMIDITY PRACTICE POLICY

Schools must follow the statewide policy for conducting practices and voluntary conditioning workouts during times of extremely high heat and/or humidity. Each head coach will sign a copy of this policy at the

beginning of the season and will distribute this information to all players and their parents or guardians. The policy shall follow modified guidelines of the American College of Sports Medicine in regards to:

1) The scheduling of practices
2) The ratio of workout time to time allotted for rest and hydration
3) The heat/humidity levels that will result in a practice being terminated

A scientifically-approved instrument that measures the Wet Bulb Globe Temperature must be utilized at each practice to assess the surrounding environment. WBGT readings should be taken every hour, beginning 30 minutes before the start of practice.

WBGT	ACTIVITY GUIDELINES AND REST BREAK GUIDELINES

Under 82.0 Normal Activities. Provide at least three separate breaks each hour for a minimum duration of 3 minutes each.

82.0 - 86. Use discretion for intense or prolonged exercise; watch at-risk players carefully. Provide at least three separate breaks each hour with a minimum duration of 4 minutes each.

87.0 - 89.9 Maximum practice time is 2 hours.

For Football: Players are restricted to helmet, shoulder pads, and shorts during practice, and all protective equipment must be removed during conditioning activities. If the WBGT rises to this level **during** practice, players may continue to work out wearing football pants without changing to shorts.

For All Sports: Provide at least four separate breaks each hour with a minimum duration of 4 minutes each.

90.0 - 92.0 Maximum practice time is 1 hour.

For Football: No protective equipment may be worn during practice, and there may be no conditioning activities.

For All Sports: There must be 20 minutes of rest breaks distributed throughout the hour of practice.

Over 92 No outdoor workouts. Delay practice until a cooler WBGT level is reached.

Definitions:

1. Practices are defined as: the period of time that a participant engages in a coach-supervised, school-approved sport or conditioning-related activity. Practices are timed from when players report to the workout area until when players leave that area. If a practice is interrupted for a weather-related reason, the “clock” on that practice will stop and will begin again when the activity resumes.

2. Conditioning activities include such things as weight training, wind-sprints, timed runs for distance, etc., and may be a part of the practice time or included in “voluntary workouts.”

3. A walk-through is not a part of the practice time regulation, and may last no longer than one hour. This activity may not include conditioning activities or contact drills. No protective equipment may be worn during a walk-through, and no full-speed drills may be held.

4. Rest breaks may not be combined with any other type of activity and players must be given unlimited access to hydration. These breaks must be held in a “cool zone” where players are out of direct sunlight.

PHYSICALS

1) Students must have a certificate of an annual physical examination on file at the school prior to participating in any athletic try-outs, practices, voluntary workouts or games.
2) Physical examinations will be good for twelve (12) months from the date of the exam.
3) EXCEPTION: Any physical examination taken on or after April 1 in the preceding year will be accepted for the entire next GHSA school year.
4) The physical exam must be conducted by a licensed medical physician, doctor of osteopathic medicine, nurse practitioner or a physician's assistant.
5) The exam must be signed by an M.D., D.O., Physician's Assistant, or an Advance Practice Nurse who has been delegated that task by an M.D., or D.O.
6) The GHSA requires that schools use the latest edition of the pre-participation physical evaluation form approved by the American Academy of Pediatrics, et al, which can be found online.

PARTICIPATION

1) All student athletes must meet eligibility requirements set by GHSA or by the middle school region in which they compete.
2) Once a student athlete begins a season with a sport they are not allowed to begin a new sport until the original sport season is completed.
3) Students are not allowed to participate in "open gyms" or other non-school competitions in another sport on the same day they are participating in a school-sponsored, co-curricular sports activity without the permission from the head coach and their principal.
4) JV sports are only for high school students with following exceptions:
    a. A middle school's student athlete is too old to participate in middle school sports.
    b. The middle school sport is not offered by the high school. (subject to the approval of the HS AD)
    c. The middle school season has ended and the JV coach has invited an invited an 8th grader to participate in the remainder of the JV season (subject to the approval of the MS and HS AD).

DUAL SPORT ATHLETES

Rationale

Bryan County Schools seeks to provide quality co-curricular athletic opportunities for its students. Some students have multiple talents and abilities and desire to contribute to more than one team in a particular season. SEE APPENDIX B- Dual Sport Athlete.

Rules

1) A student who wishes to participate in two sports during the same season must designate a primary sport before the beginning of the first appointed date of practice set by GHSA.
2) A primary sport is defined as the activity which the student has decided takes precedence over the other, should a conflict of schedule or any other matter arise. The student must adhere to the primary sport's schedule, once they have made their choice. If one sport has a contest and the other has practice, the contest will take precedence. The following list of considerations shall be used to help determine an appropriate resolution:
    a. State level competitions including travel time
    b. Qualifying events to state and national competition

c. Level of activity (Varsity, JV, Freshman)
d. Conference tournaments and events
e. County tournaments and events
f. *If a direct conflict cannot be resolved through the above, then the importance of a student's participation in the group's performance will be considered.

3) The student must practice in both sports but the amount of practice time must be agreed upon by the head coaches of both sports.
4) Approval may be denied because of academic concerns at any time during the sport season. The athlete will then participate in the primary sport only.
5) The student, parents or legal guardians and both coaches must sign a contract of dual-sport participation before the first practice session is attended.
6) If after reviewing the schedule, the student athlete decides to reconsider and participate in only one activity, they must inform both coaches within a week of the beginning of the season.
7) In the event that a student is disciplined for any infraction in a specific sport, the consequence will also be applied to the second sport in the season of dual participation. For example-Student A is suspended 25% of a season for drug use. That suspension is to be served for both the primary sport and secondary sport.

The High School Athletic Director and the High School Principal will serve in the capacity of advisors and final judgments on matters concerning dual-sports.

LETTERING POLICY

The determination of whether or not a letter is awarded to a student athlete participating in a varsity sport is the responsibility of the Head Coach in conjunction with the approval of the school Athletic Director. A student athlete may be awarded a letter by completing the season in a varsity sport and should be earned as a result of their dedication and commitment to that sport and for making a significant contribution to the total team effort throughout the season. The decision to reward lettering will be determined by the Head Coach of the activity. Sport-specific policies that include additional parameters may be issued by each coach, but are nonetheless in line with the stated qualifications above.

APPENDIX A- BCS PARTICIPATION PACKET

AUTHORIZATION FOR EXCHANGE OF HEALTH AND EDUCATION INFORMATION

(The Health Insurance Portability and Accountability Act - HIPAA)

Bryan County Schools
8810 Hwy 280 East
Black Creek, Georgia 31308
912-851-4000

Student Information

Student Name:_____ Address:_____

_____ Male_____

Female_____ Date of Birth: _____

Parent/Guardian:_____

Phone: (H)_____(W)_____(C)_____

Parental Consent

I hereby authorize _____

(Name of Local Education Agency)

and _____ _____ _____

(Physicians Name) *(Title)* *(Phone Number)*

and _____

(Primary Insurance Company) *(Policy Number)*

to exchange health and education information/ records for the purposes listed below.

Description

The health information to be disclosed consists of the following:

Authorization

This authorization is valid for one year or as specified:_____

It will expire on:_____

I understand that I may revoke this authorization at any time by submitting written notice of the withdrawal of my consent. I recognize that health records, once received by the local education agency (LEA), may no

longer be protected by HIPPA, but they will become education records protected by the Family Educational Rights and Privacy Act (FERPA).

Parent/Guardian Signature:_____ Date:_____

CLEARANCE FORM

Name _____ Sex ☐M ☐F Age _____ Date of Birth _

□ Cleared for all sports without restriction

□ Cleared for all sports without restriction with recommendations for further evaluation or treatment for

_____

□ Not cleared

- □ Pending further evaluation
- □ For any sports
- □ For certain sports

□ Reason_____

□ Recommendations _____

_____

I have examined the above-named student and completed the pre-participation physical evaluation. The athlete does not have any apparent clinical reasons to limit practice or participation in the sport(s) as outlined above. A copy of the physical exam is on record and can be made available to the school at the request of the parents. If conditions of concern arise after the athlete has been cleared for participation, the physician may rescind the clearance until the problem has been resolved and the potential consequences are explained to the athlete (and parents/guardians).

Name of Physician

(Print)_____Date ____

_____

Address_____

Phone _____Signature of Physician_____, MD or DO

EMERGENCY INFORMATION

Allergies

Other Information

STUDENT/PARENT GHSA HEAT AND HUMIDITY AWARENESS FORM

Dangers of Heat and Humidity

Over the years, more and more cases of heat-related illness have occurred. It has resulted in a number of side effects including cramping, stroke, and even death. Certain sports are at higher risk than others, especially when considering equipment needs for safety (Football, Lacrosse, etc.). Heat illness is highly preventable, however, and extreme caution must be taken in order to protect our student athletes. Humidity plays an important role in our bodies' ability to dissipate heat. As the humidity rises, so do the risks to our health.

Player and parent education is essential to preventing heat exhaustion. Please read over the following information. This form must be reviewed and signed by **BOTH** the **parent/guardian** and the **student athlete** who wishes to participate in GHSA and RHHS Athletics.

Common Signs and Symptoms of Heat Illness

Headache	Chills	Pallor or flush	Nausea	Weak, rapid pulse
Incoherent	Vomiting	Cramping	Unusual fatigue/lightheadedness	

GHSA By-Law 2.67 - Practice Policy for Heat and Humidity:

(a) Schools must follow the statewide policy for conducting practices and voluntary conditioning workouts in all sports during times of extremely high heat and/or humidity. This policy will be signed by each head coach at the beginning of the season and distributed to all players and their parents or guardians. The policy shall follow modified guidelines of the American College of Sports Medicine in regards to:
(1) The scheduling of practices at various heat/humidity levels
(2) The ratio of workout time to breaks allotted for rest and hydration at various heat/humidity levels
(3) The heat/humidity levels that will result in practice being terminated

(b) A scientifically-approved instrument that measures the **Wet Bulb Globe Temperature** must be utilized at each practice to ensure that the written policy is being followed properly. WBGT readings should be taken every hour, beginning 30 minutes before the start of practice.

(c) **Practices** are defined as: the period of time that a participant engages in a coach-supervised, school-approved sport or conditioning-related activity. Practices are timed from when the players report to the practice or workout area until players leave that area. If a practice is interrupted for a weather-related reason, the "clock" on that practice will stop and will begin again when the practice resumes.

(d) **Conditioning activities** include such things as weight training, wind-sprints, timed runs for distance, etc., and may be a part of the practice time or included in "voluntary workouts."

(e) A **walk-through** is not a part of the practice time regulation, and may last no longer than one hour. This activity may not include conditioning activities or contact drills. No protective equipment may be worn during a walk-through, and no full-speed drills may be held.

(f) Rest breaks may not be combined with any other type of activity and players must be given unlimited access to hydration. These breaks must be held in a "cool zone" where players are out of direct sunlight.

PENALTIES: Schools violating the heat policy shall be fined a minimum of $500.00 and a maximum of $1,000.00.

WET BULB GLOBE TEMPERATURE (WBGT) ACTIVITY GUIDELINES

- **Under 82.0** - Normal Activities. Provide at least three breaks each hour with a minimum duration of 3 minutes each.
- **82.0 - 86.9** - Use discretion for intense or prolonged exercise; watch at-risk players carefully. Provide at least three breaks each hour with a minimum duration of 4 minutes each.
- **87.0 – 89** - Maximum practice time is 2 hours. For Football: players are restricted to helmet, shoulder pads, and shorts during practice, and all protective equipment must be removed during conditioning activities. If the WBGT rises to this level **during** practice, players may continue to work out wearing football pants without changing to shorts. For All Sports: Provide at least four breaks each hour with a minimum duration of 4 minutes each.
- **90.0 - 92.0** - Maximum practice time is 1 hour. For Football: no protective equipment may be worn during practice, and there may be no conditioning activities. For All Sports: There must be 20 minutes of rest breaks distributed throughout the hour of practice.
- **Over 92.1** - No outdoor workouts. Delay practice until a cooler WBGT level is reached.

I HAVE READ THIS FORM AND I UNDERSTAND THE INFORMATION PRESENTED.

ATHLETE SIGNATURE: Date: **PARENT/GUARDIAN SIGNATURE:** **Date:**

STUDENT/PARENT CONCUSSION AWARENESS FORM

SCHOOL NAME:_____

DANGERS OF CONCUSSION

Concussions at all levels of sports have received a great deal of attention and a state law has been passed to address this issue. Adolescent athletes are particularly vulnerable to the effects of concussion. Once considered little more than a minor "ding" to the head, it is now understood that a concussion has the potential to result in death, or changes in brain function (either short-term or long-term). A concussion is a brain injury that results in a temporary disruption of normal brain activity. A concussion occurs when the brain is violently rocked back and forth or twisted inside the skull as a result of a blow to the head or body. Continued participation in any sport following a concussion can lead to worsening symptoms, as well as increased risk for further injury to the brain.

Player and parental education in concussion policies is crucial. This form must be signed by the parent or guardian of each student who wishes to participate in GHSA athletics. One copy needs to be returned to the school, and one may be kept at home.

COMMON SIGNS AND SYMPTOMS OF CONCUSSION

- Headache, dizziness, poor balance, moves clumsily, reduced energy level/tiredness
- Nausea or vomiting
- Blurred vision, sensitivity to light and sounds
- Fogginess of memory, difficulty concentrating, slowed thought processes, confused about surroundings
- Unexplained changes in behavior and personality
- Loss of consciousness (Note: This does NOT occur in all concussion episodes.)

BY-LAW 2.68: GHSA CONCUSSION POLICY: In accordance with Georgia law and national playing rules published by the National Federation of State High School Associations, any athlete who exhibits signs, symptoms, or behaviors consistent with a concussion shall be immediately removed from the practice or contest and shall not return to play until an appropriate healthcare professional has determined that no concussion has occurred. (NOTE: An appropriate healthcare professional may include: a licensed physician (MD/DO) or another licensed individual under the supervision of a licensed physician, such as a nurse practitioner, physician assistant, or certified athletic director who has received training in concussion evaluation and management.

a) No athlete is allowed to return to a game or a practice on the same day that a concussion (a) has been diagnosed, OR (b) cannot be ruled out.

b) Any athlete diagnosed with a concussion shall be cleared by an appropriate healthcare professional prior to resuming participation in any practice or contest. The formulation of a gradual return to play protocol shall be a part of the medical clearance.

c) It is mandatory that every coach in each GHSA sport participate in a free, online course on concussion management prepared by the NFHS and available at www.nfhslearn.com at least every two years.

d) Each school will be responsible for monitoring the participation of its coaches in the concussion management course.

I HAVE READ THIS FORM AND I UNDERSTAND THE INFORMATION PRESENTED.

SIGNED:_____

(Student) (Parent or Guardian)

DATE:_____

STUDENT RELEASE FORM:

For Field Trips, Athletic Events and Other Activities Requiring System Transportation

I, as parent, custodian, or guardian of the below named minor, hereby release the Bryan County Board of Education, its employees and agents from any and all claims I may assert against such because of my child's participation in an off-campus event. This release shall act as a release of all claims that may occur at the event as well as all claims that may arise because of travel to and from the event.

SCHOOL: _____

CHILD'S NAME: _____

PARENT'S NAME: _____

PERSON(S) TO BE CONTACTED IN CASE OF EMERGENCY:

NAME:_____PHONE NUMBER: _____

NAME:_____PHONE NUMBER: _____

INSURANCE INFORMATION

Policy (Company) Name_____Policy/Group Number: _____

Name of Insured _____

MEDICAL INFORMATION

The following information will be provided to EMS personnel, physician(s), and other health care personnel as needed in the event your child needs assistance and you cannot be located.
I/We, the parent(s) of_____, hereby give EMS personnel, physician(s) and other health care personnel permission to render medical treatment to the child in case of illness or injury.
I further authorize you to transport the child to _____ hospital and enter the care of the family physician _____, whose phone number is_____.
If the family physician cannot be contacted, I authorize the emergency room physician to treat the child. I hereby release the Bryan County Board of Education and its employees and agents from all claims arising from such treatment or care.

MY CHILD HAS THE FOLLOWING MEDICAL CONDITIONS: _____

MY CHILD HAS AN ALLERGY TO THE FOLLOWING MEDICATION(S): _____

MY CHILD IS TAKING THE FOLLOWING MEDICATION(S): _____

Parent/Guardian Signature

NONDISCRIMINATION STATEMENT

It is the policy of the Bryan County Board of Education not to discriminate on the basis of sex, age, race, handicap, disability, religion, or nationality in the educational programs and activities or in admissions to facilities operated by the Bryan County Board of Education or in the employment practices of the Bryan County School System. The Bryan County Board of Education complies with all aspects of Title 1X of the Education Amendments of 1972, Title V1 of the Civil Rights Act of 1964 (Amended, 1973), Title 11 of Vocational Education Amendments of1976, Title

V11 of the Civil Rights Act of 1964(Amended, 1974), Title XX1X of age Discrimination, Act of 1967, Section S04 of the Rehabilitation Act of 1973, and the Americans With Disabilities Act.

PHYSICAL EXAMINATION FORM

Name: _____ Date of Birth: _____

_____

PHYSICIAN REMINDERS

Consider additional questions on more sensitive issues

- Do you feel stressed out or under a lot of pressure?
- Do you ever feel sad, hopeless, depressed, or anxious?
- Do you feel safe at your home or residence?
- Have you ever tried cigarettes, chewing tobacco, snuff, or dip?
- During the past 30 days, did you use chewing tobacco, snuff, or dip?
- Do you drink alcohol or use any other drugs?
- Have you ever taken anabolic steroids or used any other performance supplement?
- Have you ever taken any supplements to help you gain or lose weight or improve your performance?
- Do you wear a seat belt, use a helmet, and use condoms?

Consider reviewing questions on cardiovascular symptoms (5–14).

EXAMINATION		
Height Weight ☐ Male ☐ Female		
BP / (/) Pulse Vision R 20/ L 20/ Corrected ☐ Y ☐ N		
MEDICAL	**NORMAL**	**ABNORMAL FINDINGS**
Appearance • Marfan stigmata (kyphoscoliosis, high-arched palate, pectus excavatum, arachnodactyly, arm span > height, hyperlaxity, myopia, MVP, aortic insufficiency)		
Eyes/ears/nose/throat • Pupils equal • Hearing		
Lymph nodes		
Heart [a] • Murmurs (auscultation standing, supine, +/- Valsalva) • Location of point of maximal impulse (PMI)		
Pulses • Simultaneous femoral and radial pulses		
Lungs		
Abdomen		
Genitourinary (males only)[b]		
Skin • HSV, lesions suggestive of MRSA, tinea corporis		
Neurologic [c]		
MUSCULOSKELETAL		
Neck		
Back		
Shoulder/arm		
Elbow/forearm		
Wrist/hand/fingers		
Hip/thigh		
Knee		
Leg/ankle		
Foot/toes		

Functional • Duck-walk, single leg hop		

aConsider ECG, echocardiogram, and referral to cardiology for abnormal cardiac history or exam.
bConsider GU exam if in private setting. Having third party present is recommended.
cConsider cognitive evaluation or baseline neuropsychiatric testing if a history of significant concussions.

□ Cleared for all sports without restriction
□ Cleared for all sports without restriction with recommendation for further evaluation or treatment for
□ Not cleared
- Pending further evaluation
- For any sports
- For certain sports

Reason_____ Recommendation_____

I have examined the above-named student and completed the pre-participation physical evaluation. The athlete does not present any apparent limitations to practice and participate in the sport(s) as outlined above. If conditions arise after the athlete has been cleared for participation, the physician may rescind the clearance until the problem is resolved and the potential consequences are completely explained to the athlete (and parents/guardians).

Name of physician (print/type)_____Date _____

_____

Address_____

_____Phone _____

_____ Signature of physician_____, MD or DO

PRE-PARTICIPATION PHYSICAL EVALUATION HISTORY FORM

Date of Exam _____

Name _____ Date of birth _____

Sex _____ Age _____ Grade _____ School _____

Sport(s) _____

Do you have any allergies?	□ Yes ⛃ No If yes, please identify specific allergy below.		
□ Medicines	□ Pollens	⛃ Food	□ Stinging Insects

	Yes	No
GENERAL QUESTIONS		

1. Has a doctor ever denied or restricted your participation in sports for any reason?		
2. Do you have any ongoing medical conditions? If so, please identify below: □ Asthma □ Anemia □ Diabetes □ Infections Other: _____		
3. Have you ever spent the night in the hospital?		
4. Have you ever had surgery?		
HEART HEALTH QUESTIONS ABOUT YOU		
5. Have you ever passed out or nearly passed out DURING or AFTER exercise?		
6. Have you ever had discomfort, pain, tightness, or pressure in your chest during exercise?		
7. Does your heart ever race or skip beats (irregular beats) during exercise?		
8. Has a doctor ever told you that you have any heart problems? If so, check all that apply: □ High blood pressure □ A heart murmur □ High cholesterol □ A heart infection □ Kawasaki disease Other: _____		
9. Has a doctor ever ordered a test for your heart? (For example, ECG/EKG, echocardiogram)		
10. Do you get lightheaded or feel more short of breath than expected during exercise?		
11. Have you ever had an unexplained seizure?		
12. Do you get more tired or short of breath more quickly than your friends during exercise?		
HEART HEALTH QUESTIONS ABOUT YOUR FAMILY		
13. Has any family member or relative died of heart problems or had an unexpected or unexplained sudden death before age 50 (including drowning, unexplained car accident, or sudden infant death syndrome)?		
14. Does anyone in your family have hypertrophic cardiomyopathy, Marfan syndrome, arrhythmogenic right ventricular cardiomyopathy, long QT syndrome, short QT syndrome, Brugada syndrome, or catecholaminergic polymorphic ventricular tachycardia?		
15. Does anyone in your family have a heart problem, pacemaker, or implanted defibrillator?		
16. Has anyone in your family had unexplained fainting, unexplained seizures, or near drowning?		
BONE AND JOINT QUESTIONS		
17. Have you ever had an injury to a bone, muscle, ligament, or tendon that caused you to miss a practice or a game?		
18. Have you ever had any broken or fractured bones or dislocated joints?		
19. Have you ever had an injury that required x-rays, MRI, CT scan, injections, therapy, a brace, a cast, or crutches?		
20. Have you ever had a stress fracture?		
21. Have you ever been told that you have or have you had an x-ray for neck instability or atlantoaxial instability? (Down syndrome or dwarfism)		
22. Do you regularly use a brace, orthotics, or other assistive device?		
23. Do you have a bone, muscle, or joint injury that bothers you?		

24. Do any of your joints become painful, swollen, feel warm, or look red?		
25. Do you have any history of juvenile arthritis or connective tissue disease?		
MEDICAL QUESTIONS		
26. Do you cough, wheeze, or have difficulty breathing during or after exercise?		
27. Have you ever used an inhaler or taken asthma medicine?		
28. Is there anyone in your family who has asthma?		
29. Were you born without or are you missing a kidney, an eye, a testicle (males), your spleen, or any other organ?		
30. Do you have groin pain or a painful bulge or hernia in the groin area?		
31. Have you had infectious mononucleosis (mono) within the last month?		
32. Do you have any rashes, pressure sores, or other skin problems?		
33. Have you had a herpes or MRSA skin infection?		
34. Have you ever had a head injury or concussion?		
35. Have you ever had a hit or blow to the head that caused confusion, prolonged headache, or memory problems?		
36. Do you have a history of seizure disorder?		
37. Do you have headaches with exercise?		
38. Have you ever had numbness, tingling, or weakness in your arms or legs after being hit or falling?		
39. Have you ever been unable to move your arms or legs after being hit or falling?		
40. Have you ever become ill while exercising in the heat?		
41. Do you get frequent muscle cramps when exercising?		
42. Do you or someone in your family have sickle cell trait or disease?		
43. Have you had any problems with your eyes or vision?		
44. Have you had any eye injuries?		
45. Do you wear glasses or contact lenses?		
46. Do you wear protective eyewear, such as goggles or a face shield?		
47. Do you worry about your weight?		
48. Are you trying to or has anyone recommended that you gain or lose weight?		
49. Are you on a special diet or do you avoid certain types of foods?		
50. Have you ever had an eating disorder?		
51. Do you have any concerns that you would like to discuss with a doctor?		
FEMALES ONLY		
52. Have you ever had a menstrual period?		
53. How old were you when you had your first menstrual period?		
54. How many periods have you had in the last 12 months?		

Explain "yes" answers here

I hereby state that, to the best of my knowledge, my answers to the above questions are complete and correct.

Signature of athlete _____

Date _____

Signature of parent/guardian

_____

PRE-PARTICIPATION PHYSICAL EVALUATION HISTORY FORM-SPECIAL NEEDS

Date of Exam _____

Name _____ Date of birth _____

Sex _____ Age _____ Grade _____ School _____

Sport(s) _____

1. Type of disability		
2. Date of disability		
3. Classification (if available)		
4. Cause of disability (birth, disease, accident/trauma, other)		
5. List the sports you are interested in playing		
	Yes	**No**
6. Do you regularly use a brace, assistive device, or prosthetic?		
7. Do you use any special brace or assistive device for sports?		
8. Do you have any rashes, pressure sores, or any other skin problems?		
9. Do you have a hearing loss? Do you use a hearing aid?		
10. Do you have a visual impairment?		
11. Do you use any special devices for bowel or bladder function?		
12. Do you have burning or discomfort when urinating?		
13. Have you had autonomic dysreflexia?		
14. Have you ever been diagnosed with a heat-related (hyperthermia) or cold-related (hypothermia) illness?		
15. Do you have muscle spasticity?		
16. Do you have frequent seizures that cannot be controlled by medication?		

Explain “yes” answers here

Please indicate if you have ever had any of the following.

	Yes	**No**
Atlantoaxial instability		
X-ray evaluation for atlantoaxial instability		
Dislocated joints (more than one)		
Easy bleeding		
Enlarged spleen		
Hepatitis		

Osteopenia or osteoporosis		
Difficulty controlling bowel		
Difficulty controlling bladder		
Numbness or tingling in arms or hands		
Numbness or tingling in legs or feet		
Weakness in arms or hands		
Weakness in legs or feet		
Recent change in coordination		
Recent change in ability to walk		
Spina bifida		
Latex allergy		

Explain "yes" answers here

I hereby state that, to the best of my knowledge, my answers to the above questions are complete and correct.

Signature of athlete _____ Signature of parent/guardian _____ Date _____

APPENDIX B: DUAL ATHLETE PARTICIPATION FORM

It is the intention of the athlete named below to participate in two sports during one season. In order for this to occur, the following stipulations must be met:

1. The process must be initiated by a scheduled conference with the athletic director.

2. The athlete must declare which sport is primary and which secondary for participation purposes.

3. Approval may be denied because of academic concerns at any time during the sport season. The athlete will then participate in the primary sport only.

4. Practice and Game/Meet requirements must be established prior to the start of the sport season. Contests take precedence over practice, and the primary sport contests take precedence over secondary sport contests. This should be detailed in writing below after a conference between the athletic director and the coaches involved.

Name of Athlete: _____ Sports: _____

Primary Sport: _____

Practice and Game/Meet Requirements (Attached):

Additional Stipulations (Attached):

Coach Signature (primary)	**Date**	**AD Signature**	**Date**
Coach Signature (secondary)	**Date**		
Parent Signature	**Date**	**Athlete Signature**	**Date**

APPENDIX C: ATHLETIC HANDBOOK ACKNOWLEDGEMENT

I have received a copy of the 2016-17 Bryan County School System Student/Parent Handbook. The contents of the handbook have been reviewed by me. I understand my rights and responsibilities as an athletic coach employed by the Bryan County School System.

Name	Date