

Riddle High School

PO Box 6

147 Main Street

Riddle, OR 97469

(541) 874-2251

www.riddleschooldistrict.com

School Colors: Kelly Green/White/Black

School Mascot: Irish



Irish Card Athletic Participation Packet

In order to participate in Riddle Jr/Sr High athletic programs you will need to an Irish Card. Please follow the directions below.

Read the packet instructions prior to filling the paperwork out.

Please fill out each page and drop them off, IN PERSON, to Russell Hobson or Lavelda Schuyler in the office. Do NOT leave forms anywhere else.

Be sure all forms are read, completed and signed where appropriate. Incomplete forms will delay your Irish Card.

Forms to be turned into the office Include:

- ❖ School Sports Pre-Participation Examination Form (Every Two Years)
- ❖ Health Update Form (on years where a physical is not needed)
- ❖ Sport Participation Travel Form (Emergency & Insurance)
- ❖ A copy of a health insurance card
- ❖ Athletic Handbook Policies

Sincerely,

Riddle Jr/Sr High
Athletic Department

Health Update Form

This form only needs to be completed if you do not need a physical this year. Please fill this out in ink.

_____ / / _____
(Last Name) (First Name) (M.I.) (Grade) (D.O.B)

1. Have you had any injuries (sports related or otherwise) for which you saw a physician or other health care provider since the last sports season you participated in?
YES NO

If **YES**, please explain: _____

2. Do you have any injuries/illness that you are currently being treated for by a physician or other health care provider?
YES NO

If **YES**, please explain: _____

3. Have you been hospitalized or had surgery since the last sports season you participated in?
YES NO

If **YES**, please explain: _____

4. Have you had a concussion since your last sports season?
YES NO

If **YES**, please explain: _____

5. Do you have any allergies (especially to medications) or take any medications on a regular and continuing basis?
YES NO

If **YES**, please explain: _____

(Student Signature)

(Date)

(Parent Signature)

(Date)

School Sports Pre-Participation Examination – Part 1: Student or Parent Completes

Revised April 2023

HISTORY FORM

(Note: Form to be completed by the patient and parent/guardian prior to seeing the provider. Providers keep a copy in the patient's record. Schools keep a copy in the student's education records according to the requirements of the Family Education Rights and Privacy Act (FERPA). Under FERPA, education records may include any student's health records that are maintained by schools.)



Please scan QR code for updated mental health related resources.

Name: _____ Date of birth: _____

Sex: _____ Age: _____ Grade: _____ School: _____ Sport(s): _____

Medicines and Allergies: Please list all of the prescription and over-the-counter medicines and supplements (herbal and nutritional) that you are currently taking.

Do you have any allergies? Yes No If yes, please identify specific allergy below.

Medicines Pollens Foods Stinging Insects

Over the last two weeks, how often have you been bothered by any of the following problems?
Give answers as 0 to 3, using this scale: 0 = Not at all; 1 = Several days; 2 = More than half the days; 3 = Nearly every day

Little interest or pleasure in doing things:	0	1	2	3	Feeling down, depressed, or hopeless:	0	1	2	3
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Note to Providers: If combined score is 3 or greater, the student should be further evaluated with the PHQ-9 to determine whether they meet criteria for a depressive disorder.

Explain "Yes" answers below. Circle questions you do not know the answers to.

GENERAL QUESTIONS	YES	NO	THESE QUESTIONS LET US KNOW ABOUT ANY BONE OR JOINT PROBLEMS THAT COULD LIMIT YOUR ABILITY TO BE PHYSICALLY ACTIVE.	YES	NO
1. Do you have any concerns you would like to discuss with your provider?			15. Have you ever had a stress fracture or an injury to a bone, muscle, ligament, joint or tendon that caused you to miss a practice or game?		
2. Has a doctor or other healthcare professional ever denied or restricted your participation in sports for any reason?			16. Do you have a bone, muscle, ligament, or joint injury that bothers you?		
3. Do you have any ongoing medical issues or recent illness?			THESE QUESTIONS LET US KNOW ABOUT ANY CURRENT OR PAST MEDICAL ISSUES		
4. Have you had a COVID-19 infection that required hospitalization?			17. Do you cough, wheeze, or have difficulty breathing during/after exercise?		
THESE QUESTIONS LET US KNOW ABOUT THE HEALTH OF YOUR HEART			YES	NO	
5. Have you ever passed out or nearly passed out during or after exercise?			18. Are you missing a kidney, an eye, a testicle (males), your spleen, or any other organ?		
6. Have you ever had discomfort, pain, tightness or pressure in your chest during exercise?			19. Do you have groin or testicle pain or a painful bulge or hernia in the groin area?		
7. Does your heart ever race, flutter in your chest, or skip beats (irregular beats) during exercise?			20. Do you have any recurring skin rashes, or rashes that come and go, including herpes or methicillin-resistant Staphylococcus aureus (MRSA)?		
8. Has a doctor ever told you that you have any heart problems? If so, check all that apply: <input type="checkbox"/> High blood pressure <input type="checkbox"/> A heart murmur <input type="checkbox"/> High cholesterol <input type="checkbox"/> A heart infection <input type="checkbox"/> Kawasaki disease <input type="checkbox"/> Other: _____			21. Have you had a concussion or head injury that caused confusion, a prolonged headache, or memory problems?		
9. Has a doctor ever ordered a test for your heart? For example, electrocardiography (ECG) or echocardiography.			22. Have you ever had numbness, had tingling, had weakness in your arms or legs or been unable to move your arms or legs after being hit or falling?		
10. Do you get lightheaded or feel shorter of breath than your friends during exercise?			23. Have you ever become ill while exercising in the heat?		
11. Have you ever had a seizure?			24. Do you or does someone in your family have sickle cell trait or disease?		
THESE QUESTIONS LET US KNOW ABOUT HEART HEALTH IN YOUR FAMILY. PLEASE ANSWER AS BEST YOU CAN.			YES	NO	
12. Has any family member or relative died of heart problems or had an unexpected sudden death before age 35 years (including drowning or unexplained car accident)?			25. Have you ever had, or do you have any problems with your eyes or vision?		
13. Does anyone in your family have a genetic heart problem such as hypertrophic cardiomyopathy (HCM), Marfan syndrome, arrhythmogenic right ventricular cardiomyopathy (ARVC), long QT syndrome (LQTS), short QT syndrome (SQTS), Brugada syndrome or catecholaminergic polymorphic ventricular tachycardia (CPVT)?			THESE QUESTIONS LET US KNOW IF YOU ARE PROVIDING YOUR BODY WITH ENOUGH ENERGY (FUEL) WHEN YOU ARE PHYSICALLY ACTIVE		
14. Has anyone in your family had a pacemaker or an implanted defibrillator before age 35?			26. Do you worry about your weight?		
			27. Are you trying to or has anyone recommended that you gain/lose weight?		
			28. Are you on a special diet or do you avoid certain types of food or food groups?		
			29. Have you ever had an eating disorder?		
			30. Have you ever had a menstrual period? (If yes, please answer the following questions.)		
			31. How old were you when you had your first menstrual period? _____		
			32. When was your most recent menstrual period? _____		
			33. 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 _____ Signature of Parent/Guardian _____ Date _____

ORS 336.479, Section 1 (3) "A school district shall require students who continue to participate in extracurricular sports in grades 7 through 12 to have a physical examination once every two years." Section 1(5) "Any physical examination required by this section shall be conducted by a (a) physician possessing an unrestricted license to practice medicine; (b) licensed naturopathic physician; (c) licensed physician assistant; (d) certified nurse practitioner; or (e) licensed chiropractic physician who has clinical training and experience in detecting cardiopulmonary diseases and defects."

Form adapted from ©2023 American Academy of Family Physicians, American Academy of Pediatrics, American College of Sports Medicine, American Medical Society for Sports Medicine, American Orthopedic Society for Sports Medicine, and American Osteopathic Academy of Sports Medicine. OHA mental health related resources can be found on the OSAA website via the QR code above or at <https://www.osaa.org/resources>.

School Sports Pre-Participation Examination – Part 2: Medical Provider Completes

Revised April 2023

PHYSICAL EXAMINATION FORM

(Note: Providers keep a copy in the patient's record. Schools keep a copy in the student's education records according to the requirements of the Family Education Rights and Privacy Act (FERPA). Under FERPA, education records may include any student's health records that are maintained by schools.)



Please scan QR code for updated mental health related resources.

Date of Exam: _____

Name: _____ Date of birth: _____

Sex: _____ Age: _____ Grade: _____ School: _____ Sport(s): _____

EXAMINATION		
Height:	Weight:	BMI %:
BP: / (/)	Pulse:	Vision R 20/ L 20/ Corrected <input type="checkbox"/> YES <input type="checkbox"/> NO
MEDICAL	NORMAL	ABNORMAL FINDINGS
Appearance		
Eyes/ears/nose/throat		
Lymph nodes		
Heart •Murmurs (auscultation standing, supine, with and without Valsalva)		
Pulses		
Lungs		
Abdomen		
Skin		
Neurologic		
MUSCULOSKELETAL		
Neck		
Back		
Shoulder/arm		
Elbow/forearm		
Wrist/hand/fingers		
Hip/thigh		
Knee		
Leg/ankle		
Foot/toes		

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 preparticipation physical evaluation. The athlete does not present apparent clinical contraindications to practice and participate in the sport(s) as outlined above. A copy of the physical exam is on record in my office and can be made available to the school at the request of the parents. If conditions arise after the athlete has been cleared for participation, the provider may rescind the clearance until the problem is resolved and the potential consequences are completely explained to the athlete (and parents/guardians). This form is an exact duplicate of the current form required by the State Board of Education containing the same history questions and physical examination findings. I have also reviewed the "Suggested Exam Protocol".

Name of Provider (print/type): _____ Date: _____

Address: _____ Phone: _____

Signature of Provider: _____

ORS 336.479, Section 1 (3) "A school district shall require students who continue to participate in extracurricular sports in grades 7 through 12 to have a physical examination once every two years." Section 1(5) "Any physical examination required by this section shall be conducted by a (a) physician possessing an unrestricted license to practice medicine; (b) licensed naturopathic physician; (c) licensed physician assistant; (d) certified nurse practitioner; or a (e) licensed chiropractic physician who has clinical training and experience in detecting cardiopulmonary diseases and defects."

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Riddle Jr/Sr High School Sport Travel Form

Page 1

* I hereby give my permission for _____ to compete for
(name of student)
 Riddle Jr/SR High School in OSAA approved sports/activities and to go with the coach on any trips.

* All members of athletic teams must travel in school transportation and must return by school transportation. Parents who wish to transport their own children from away events may do so after signing the student out in the presence of the coach. Athletes can only be checked out by parents or other relatives that have been predetermined on the emergency contact list in the office and on the athletic travel form. Relatives must have a valid driver's license and insurance. Emergencies may require additional consideration. Please fill out below your emergency contact information and the list of relatives that will be allowed to check out your child at away athletic events.

Last Name	First Name	Relationship with Athlete	Work Phone Number	Home Phone Number	Contact if Emergency
					Yes or No
					Yes or No
					Yes or No
					Yes or No
					Yes or No
					Yes or No
					Yes or No
					Yes or No
					Yes or No
					Yes or No
					Yes or No

By signing below, I authorize Riddle High School the ability to release my son/daughter to the family members listed above.

 Signature of Parent and/or Guardian

 Date

Riddle Jr/Sr High School Sport Travel Form

Page 2

While I expect school authorities to exercise reasonable precautions to avoid injury, I understand that they assume no financial obligation for any injury that may occur. If I cannot be contacted, or if the distance is too far to get the injured student back home to the parent, I authorize the employees of Riddle School District # 70 to obtain the nearest licensed doctor to help my child.

Insurance:

1. All athletes must be covered by insurance. A low cost policy will be available for all sports. Parents must verify in writing with the high school office that their son/daughter is covered by appropriate insurance coverage to practice and compete in athletics.
2. The school and the Athletic Department do not assume financial responsibility for bill in excess of what each individual's policy does not pay.
3. When an injury occurs, the coach and the athlete have the responsibility for immediately notifying the office of the injury and for completion of the necessary forms.

Verification of Insurance:

****Riddle Jr./Sr. High School requires that a photo copy of a valid/current insurance card be attached to this document.***

Allergies (bee stings, etc.) or ongoing medical conditions (diabetes, asthma, etc.):

<u>Allergy/Medical Condition</u>	<u>Treatment</u>
1) _____	_____
2) _____	_____

I understand that if my son/daughter is seen by a physician for an injury, we will be required to provide a note from the physician releasing your son/daughter to return to full activity.

Signature of Parent and/or Guardian

Date

Athletic Handbook Page

<u>Section</u>	<u>Parent Initials</u>	<u>Athlete Initials</u>
Injury Policy	_____	_____
Health Insurance	_____	_____
Publication of Names and Athletic Rosters	_____	_____
Athletic Field Guidelines	_____	_____
Training Rules	_____	_____
Behavior Contract	_____	_____
Eligibility	_____	_____
NFHS Supplements Position Statement	_____	_____
RHS Irish Athletics Parent Pledge	_____	_____

I have been offered an athletic handbook. I have received, read and understand each of the different sections of the athletic handbook (The following pages are excerpts from the athletic handbook).

Signature of Parent and/or Guardian

Date

Signature of Athlete

Date

Athletic Handbook Policies

Page 1

Injury Policy

THE POLICY OUTLINED BELOW IS ADHERRED TO WITHOUT EXCEPTION

1. An injured student-athlete should talk to their coach as their first step in having their injury assessed and cared for.
2. Parents and athletes may elect to see a physician at any time. If you choose to see a physician for an injury, please be sure to provide a note that indicates the following:
 - a. The date the athlete was seen by the physician.
 - b. A brief description of the problem or the diagnosis of the problem.
 - c. If indicated, a specific date the athlete may return to activity.
 - d. If the physician has treatment suggestions please have them include this in the note.
3. This policy also applies to injuries that happen off-campus when that injury prevents the athlete from participating in their sport.

This may seem like an inconvenience, but it is in the best interest of our student-athletes' health and safety.

Insurance:

1. All athletes must be covered by insurance. A low cost policy will be available for all sports. Parents must verify in writing with the high school office that their son/daughter is covered by appropriate insurance coverage to practice and compete in athletics.
2. The school and the Athletic Department do not assume financial responsibility for bill in excess of what each individual's policy does not pay.

When an injury occurs, the coach and the athlete have the responsibility for immediately notifying the office of the injury and for completion of the necessary forms.

Publications of Names and Athletic Rosters

If parents object to the publication of their child's name on an athletic roster that may appear in the newspapers, they should contact the Principal.

Athletic Field Guidelines:

Motorcycles, horses or unauthorized cars are not allowed on the track or field at any time. Bicycles are not to be ridden on the track or skinned areas of the ball fields. Climbing on dug-outs, grandstands, fences or other football, baseball, or physical education equipment on the field is forbidden. Animals are not allowed on District property for safety reasons.

Handling irrigation pipes, sprinklers, and playing on tractors, mowers, or other equipment is forbidden. Writing on grandstands or other buildings is also forbidden. Please use trash cans and avoid littering. Abuse of the fields will result in their being locked except for regularly scheduled events and practices. The hillside where the "R" resides is off-limits.

Athletic Handbook Policies

Page 2

Training Rules

Students are not required to participate in athletics. They choose to participate. Students are not only representing themselves, but they are representing a team, a school, and a community. The students are to be made aware of the rules before they participate; therefore, upon choosing to participate they must abide by the rules or face the consequences.

Training is not usually difficult, but it can be to some athletes. It is simply getting into condition physically and mentally by means of common sense living and intelligent hard work. Students should understand that if they do not plan to abide by the training rules on and off the school grounds, they should not go out for athletics. The following 3 rules apply to students for the entirety of the school year once they have been identified as an athlete; regardless of whether or not they are participating in a sport at the time of the infraction. For example: In the fall, a student who only participates in track violates a rule. The penalty will apply to the athletes' first contests in the spring. Athletes must realize that they are expected to set an excellent example the entire school year as they represent Riddle High School.

ATHLETES WILL NOT:

- ❖ Use or possess illegal drugs
- ❖ Consume or possess alcoholic beverages
- ❖ Possess, or use tobacco or look-a-like alternatives, either smoking or chewing

*Where appropriate, he/she will be referred to a substance abuse program and shall continue in that program until completed in order to play again.

Violations identified by school employees or law enforcement officers shall be dealt with as follows:

1. First Violation (minimum penalty):
 - a. Suspension of 4 contests or 2 weeks of games; whichever is least.
2. Second Violation:
 - a. Suspension from all athletic activities for the remainder of the school year.
3. Third Violation:
 - a. To be determined by the Athletic Committee.

All disciplinary action recommendations will be referred through the head coach to the Athletic Director and Principal for final determination. The student or parent can appeal with the Athletic Appeals Committee. The Athletic Appeals Committee could consist of: a non-coaching faculty member, the drug and alcohol counselor, a full-time teacher/coach of a sport other than the sport involved, the Athletic Director and the Principal. The student and/or parent must submit a written appeal which will be reviewed by the committee. If the student or parent is not satisfied with the decision of the Athletic Appeals Committee, he/she may then appeal through the district grievance process; appealing first to the Superintendent and, if not satisfied, to the School Board.

The student who is suspended or quits for the season will receive no award for that sport. In addition, the athlete may not utilize school athletic facilities or equipment, unless in gym class, until the season the athlete was participating in officially ends. If in violation of rule 1 or 2 above, then the student must be enrolled in a substance abuse program and will continue that program until completed.

Athletic Handbook Policies

Page 3

Riddle Jr./Sr. High School Athletic/Activity Behavior Contract

I recognize that athletic participation is a voluntary activity and is subject to limitations on my behavior. I therefore agree to the following:

1. I will not possess or use alcoholic beverages.
2. I will not possess or use illegal drugs.
3. I will not possess or use any tobacco (chewing or smoking).
4. I will not engage in activities which result in criminal convictions.
5. I will not miss practice except when excused by my coach.
6. I will be in school all day on game day and practice days unless arrangements are made with the administration (office).
7. I will ride to and from athletic contests with the team except when a parent contacts the coach at the game site and signs out their son/daughter with the coach.
8. I recognize that I will not be allowed to change sports after the first week of practice unless agreed upon by both coaches.
9. I will meet all the detention obligations before participating in sports.
10. I will be responsible for all school equipment which is issued to me and will pay for any lost or damaged equipment.
11. I will not wear athletic gear for personal use.
12. I will not turn-out for a sport until all previous equipment is turned in and all student body fees are paid.
13. I will abide by these and the rules set forth in the Riddle J./Sr. High School Coaches'/Athletes'/Parents'/Activities Handbook.

I understand that violations of this contract will result in consequences as listed in the Coaches'/Athletes'/Parents'/Activities Handbook. These consequences may range from a coach's penalty up to dismissal from athletics for the remainder of the year.

Riddle High School Credit Acquisition

Any athlete who begins in, participates in, and finishes the entire athletic season will receive a ¼ credit in P.E. or elective towards their graduation path.

Athletic Handbook Policies

Page 4

Eligibility:

Basic eligibility rules are standard for all teams at Riddle Jr./Sr. High School. Any additional rules by individual coaches must not conflict with basic policy rules. All individual rules must be approved by the Athletic Director and Principal. Athletic participant's hair will be clean and out of the eyes. Also, there shall be no facial hair. Hair length for all students shall be determined by health and safety standards on a sport-by-sport basis. Any student trying out for or becoming a member of any athletic team shall comply with the dress and personal appearance rules and requirements (tattoos, hair color, body piercing) of the coach whether or not they are more restrictive than those applicable to other students. Any student trying out for such athletic teams or becoming a member thereof agrees to comply with such requirements.

Eligibility Requirements:

Our sports program must comply with the requirements of the Oregon State Athletic Association, known as OSAA, as well as with the policies of the School Board.

Eligibility of students is based on the following criteria:

- a. The students will be younger than 19 years old prior to August 15th.
- b. Any student who has received any article of compensation for athletic skills during the school year, other than the school's official athletic letter, or awards given by OSAA shall be declared ineligible.
- c. An athlete will not be allowed to quit one sport and start another sport after the end of the first week of the season without the approval of both coaches.
- d. A student proven guilty of a felony will be dropped from athletics for the remainder of the year.
- e. An athlete must be enrolled and have passed 5 classes the previous semester. Failure to pass 5 classes and be on track to graduate will result in ineligibility for the entire next semester (**This is OSAA regulation**). A student with fewer than 5 semester classes may make up credits through the summer Alternative Education Program to become eligible for the fall semester, if available.
- f. The Riddle Scholastic requirement goes beyond that of the OSAA. In order to ensure that the OSAA academic requirements are met, the office, athlete, drama participant and Just Us participant will monitor their grades on a **weekly** basis while participating in their activity. At the start of a new season, eligibility will be based on Semester Grades and the Weekly Grade Check.
 - i. If at any time, the student shows an "F", the student will be put on probation. Probation will allow the student one week to get all of their grades up to passing.
 - A letter will be sent home to parents/guardian informing them of probation.
 - Athlete may still practice and play in scheduled contests.

- The athlete will be assigned a study hall of 2.5 hours during the week that will need to be completed and signed off on by the coach or supervising teacher. Failure to do this will make the student ineligible.
- ii. If the athlete is still failing any classes the end of that week, he/she will be deemed ineligible to participate in any scheduled contests (but will still be able to practice) until they are passing all of their classes.
- g. An incomplete grade will be considered an “F” until the work has been completed and a grade has been issued.

h. Citizenship:

We expect our student-athletes to model good citizenship in the classroom, hallways, and on and off the court. Students who fail to meet these expectations can be dismissed from the extra-curricular activities. School referrals, violations of the law, inappropriate behavior, and inappropriate social media activity are a few of the many reasons students may be dismissed from the activity.

Referrals are one method to track student behavior. Referrals are classified as either Major or Minor. Multiple Minor violations (ie phone) can count as a Major violation.

During each sport season the following will apply:

One Major Referral= can practice but is ineligible for 1 week of games

Two Minor Referral's= can practice but is ineligible for 1 week of games

Two Major Referrals= ineligible for remainder of that season

- i. Students not in school the entire day of the game/practice day, Saturday being the exception to this, will not play that afternoon or evening. Any exceptions must be cleared by the Principal. These exceptions should in all cases possible, be cleared before the absence.
- j. A student will not be allowed to work with, or become a member of any team until his athletic equipment from a previous season is checked in, paid for, or cleared by the coach.
- k. A participant who is dropped from a squad for disciplinary reasons will not be allowed to become a member, or work out with any other team during that sport season.
- l. All students participating in interschool competition must have satisfied their student body fee requirements before they are eligible to play. This may be waived for those students not able to meet the requirement. Waivers will involve a written statement signed by the student and parent/guardian and presented to the Principal.



DIETARY SUPPLEMENTS POSITION STATEMENT

National Federation of State High School Associations (NFHS)
Sports Medicine Advisory Committee (SMAC)

EXISTING POLICIES/STANDS:

The NFHS Sports Medicine Advisory Committee (SMAC) strongly opposes the use of dietary supplements for the purpose of obtaining a competitive advantage. Research shows that there continues to be widespread use of dietary supplements by adolescent and high school athletes, despite considerable safety concerns. Dietary supplements are marketed as an easy way to enhance appearance and athletic performance, increase energy levels, lose weight, and feel better. Adolescents are more susceptible to peer pressure and these advertising messages, which may increase the incidence of dietary supplement usage and reinforce a culture more concerned about short-term performance rather than overall long-term athletic development and good health.

BACKGROUND:

The Dietary Supplement Health and Education Act (DSHEA) of 1994 removed dietary supplements from pre-market regulation by the Food and Drug Administration (FDA). Under DSHEA, a manufacturing firm is responsible for determining that the dietary supplements it manufactures or distributes are safe and that any representations or claims made about them are substantiated by adequate evidence to show that they are not false or misleading. This essentially classifies dietary supplements as a food, not a drug, and as such, they are not subject to the same strict tests and regulations as prescription and “over-the-counter” medications by the FDA. Only the companies that produce dietary supplements are responsible for ensuring that their products are pure, safe and effective for their intended use. As the FDA has limited resources to analyze the composition of dietary supplements, there is often no guarantee concerning the true amount, concentration or purity of the ingredients as listed on the label. In fact, the FDA cannot remove a dietary supplement from the marketplace unless the supplement has been shown to be “unsafe.”

The NFHS SMAC strongly opposes the use of supplements by high school athletes for performance enhancement, due to the lack of published, reproducible scientific research documenting the benefits of their use and confirming that there are no potential long-term adverse health effects with their use, particularly in the adolescent age group. Dietary supplements should be used only upon the advice of one’s health care provider for health-related reasons – not for the purpose of gaining a possible competitive advantage. School personnel and coaches should never recommend, endorse or encourage the use of any dietary supplement, drug, or medication for performance enhancement.

We recommend that coaches, athletic directors, and other school personnel develop strategies that address the prevalence and growing concerns of using dietary supplements. Such strategies may include conversations with athletes and their parents about the potential dangers of dietary supplement use. Athletes should be encouraged to pursue their athletic goals through hard work, appropriate rest and good nutrition, not unsubstantiated dietary shortcuts.

In order to discourage dietary supplement use for athletic performance:

- School personnel, coaches, and parents should allow for open discussion about dietary supplement use, and strongly encourage obtaining optimal nutrition through a well-balanced diet.
- Remind athletes that no supplement is harmless or free from consequences and that there are no short cuts to improve athletic performance.
- Because they are not strictly regulated, dietary supplements may contain impurities, additives that may produce allergenic response (in those with allergies) and banned substances not listed on the label.
- Remind athletes that energy drinks are not appropriate for hydration or as dietary supplements.

References/Resources:

- American College of Sports Medicine (ACSM). Nutrition and Athletic Performance Position Statement. March 2009.
- American Academy of Pediatrics, Committee on Sports Medicine and Fitness. Policy Statement. Use of Performance Enhancing Substances. Pediatrics.115(4): 1103-06. 2005.
- Dietary Supplement Health and Education Act of 1994 (DSHEA). <http://www.fda.gov/opacom/laws/DSHEA.html>
- Dodge TL, Jacard JJ. The effect of high school sports participation on the use of performance-enhancing substances in young adulthood. Journal of Adolescent Health 39: 367-373, 2006.
- Mellion MB, Walsh, WM, et al. The Team Physician's Handbook. 3rd ed. Philadelphia: Hanley & Belfus, 2001.
- McKeag DB, Moeller JL. ACSM's Primary Care Sports Medicine. 2nd ed. Philadelphia: Lippincott Williams & Wilkins, 2007.
- National Federation of State High School Associations. <http://www.nfhs.org>.
- Overview of Dietary Supplements. <http://www.fda.gov/Food/DietarySupplements/ConsumerInformation/ucm110417.htm>
- The National Center for Drug Free Sport, Inc. <http://www.drugfreesport.com>.
- United States Anti-Doping Agency <http://www.usada.org/>.

Revised and Approved April 2015

2012

2009

2002

DISCLAIMER – NFHS Position Statements and Guidelines

The NFHS regularly distributes position statements and guidelines to promote public awareness of certain health and safety-related issues. Such information is neither exhaustive nor necessarily applicable to all circumstances or individuals, and is no substitute for consultation with appropriate health-care professionals. Statutes, codes or environmental conditions may be relevant. NFHS position statements or guidelines should be considered in conjunction with other pertinent materials when taking action or planning care. The NFHS reserves the right to rescind or modify any such document at any time.



RHS Irish Athletics Parent Pledge

Read, initial each item, sign and return to the coach

- _____ 1. I pledge to be committed to my student athlete's education, to make sure he/she attends and maintains a discipline of completing quality assignments on a daily basis. My student athlete's education is, and always will be, a number one priority in his/her life.
- _____ 2. I pledge to get my student athlete to practice and games on time. I understand it can be embarrassing for my student athlete to be late, and I may be putting him/her at risk by not providing adequate time for warmup. This shows respect for the team and the coaching staff, and it tells my student athlete he/she is my top priority.
- _____ 3. I pledge to use positive encouragement to support my student athlete. Athletes do their best when their 'Emotional Tank' is full. I understand that less than 1% of youth sports participants receive college scholarships and the top three reasons students play sports are to: have fun, make new friends and learn new skills. I understand the game is for the players and I will keep sports in the proper perspective.
- _____ 4. I pledge to reinforce the Irish Athletics program philosophy with my student athlete. Our philosophy is giving maximum effort, learning and improvement, and bouncing back from mistakes. Winners are people who make maximum effort, continue to learn and improve, and do not let mistakes, or fear of making mistakes stop them. I understand mistakes are an inevitable part of any game and that people learn from their mistakes. I understand children are born with different abilities and the true measure is not how my student athlete compares to others but how he/she is doing in comparison to his/her best self.
- _____ 5. I pledge to 'Be a Good Fan.' I understand the importance of setting a good example for my student athlete. No matter what others may do, I will show respect for all involved in the game including coaches, players, opponents, opposing fans, officials and the media. I understand officials are human and make mistakes. If an official makes a 'bad' call against my team, I will 'Be a Good Fan' and encourage my team.
- _____ 6. I pledge to understand the coaching staff will not be available to talk to parents, at any time, about playing time or player positions. Student athletes are encouraged to speak directly with coaches to foster athlete responsibility in learning and improving. Parents may call, email or schedule an appointment to discuss or clarify any issue other than playing time or player positions.
- _____ 7. I pledge to refrain from yelling out instructions to my student athlete. I understand this is the coach's job. I understand games are, at times, hectic for student athletes trying to deal with fast-paced action and respond to opponents, teammates and coaches. I will limit my comments during games to encourage my student athlete and other players for both teams.
- _____ 8. I pledge to refrain from making negative comments about my student athlete's coach, especially, in my student athlete's presence. I understand, this plants an unconstructive seed in my student athlete's head that can negatively influence my student athlete's motivation and overall experience.

I will honor the RHS Irish Parent Athletics Pledge in my words and actions.

Parent/Guardian Signature(s)

Print Student Athlete's Name

Date