



BRONCO ATHLETICS

Stacy Van Nest, Athletic Director
760-873-4275 (ext. 2726)

Dear Student Athlete and Parents/Guardians:

Thank you for continuing the legacy of the Bronco Athletic Program. Dedication, sportsmanship and school pride are essential components for success on the playing field/court. I expect you to wear your uniform with pride as you represent your school and community in a positive and appropriate manner at all times. Please take the time to read the Code of Conduct in its entirety at www.bishopschools.org under the Bishop Union High School Athletics webpage. Also, copies are available for your convenience in the main office.

I would like to take this opportunity to bring your attention to a few points of emphasis/excerpts from the Athletic Code of Conduct:

- ***The Athletic Code of Conduct*** is in effect for the duration of a student's enrollment in BUHS and misconduct "off season" is subject to athletic consequence.
- ***Appropriate behavior on and off the field of play:*** Good sportsmanship and citizenship is expected at all times while taking part in our athletic programs. As a representative of our school as a student athlete, inappropriate behavior or conduct can lead to disciplinary consequences regardless of where it takes place.
- ***The use of tobacco (including vapor pens and e-cigarettes):*** Suspension from one third of the sport's athletic contests. If the season ends before the full suspension is served, the remaining suspension shall be proportionally applied to the subsequent season.
- ***The use of alcohol:*** Removal from current team for the remainder of season and possible contest suspensions for subsequent season as determined by Athletic Committee. The athlete's enrollment in a Drug and Alcohol Education Program required in order to be eligible for subsequent sport season.
- ***The use of a controlled substance or failed drug test:*** Removal from current team for the remainder of season. Eligibility for subsequent season allowed under Disciplinary Athletic Contract.

I would also like to thank Mammoth Hospital for providing athletic trainer services for our student athletes. Please be sure to complete the Mammoth Hospital forms at the end regardless if you are not a patient of theirs so our athletic trainer can treat your student in preventative maintenance and any injuries.

Best wishes for a successful season of the sport of your choice! If you have any questions, please do not hesitate to contact me via email: svannest@bishopschools.org or 760-873-4275 ext. 2726.

Sincerely,

A handwritten signature in blue ink that reads "Stacy Van Nest".

BUHS Athletic Director

Go Broncos!

STUDENT NAME _____ GRADE _____

Please Print

Sports you will participate in this school year: _____

PHYSICAL PACKET, 2023-2024

Bishop Union High School Athletic Department

*301 N. Fowler Street, Bishop, CA 93514
(760) 873-4275 FAX (760) 873-3065*

BEFORE YOU PARTICIPATE you must have the following completed, signed, and submitted to the BUHS Athletic Office AND your name included on an official team roster:

- Form A: Athletic Conduct Code Acknowledgment
- Form B: Interscholastic Athletic Insurance Verification
- Form C: General Authorization & Permission/Release from Liability
- Form D: Pre-Participation Physical Evaluation
- Form E: Physical Examination (to be completed by physician)
- Form F: Consent To Treat
Mammoth Treatment Forms

All forms must have all required signatures by parent/guardian, athlete and physician. Please pay special attention to the SUDDEN CARDIAC ARREST CONCUSSION INFORMATION provided in this packet.

Please keep the informational pages and return all forms (A-F) in to the Athletic Office or Main Office (preferably as a packet). If the above is not completed, you may not practice or participate! No exceptions!

Please be aware that all potential athletes will be reviewed for Student Bills and those owing outstanding fees will be considered ineligible until paid in full or payment arrangements are made with administration.

BOOSTER MEMBERSHIP for parents/guardians is optional.

If you have any questions, please contact the Athletic Director,
873-4275 ext. 2726.

BUHS Athletic Conduct Acknowledgment

- The BUHS Athletic Code of Conduct is in effect for the duration of the student's enrollment at BUHS and misconduct "off season" is subject to athletic consequence. If a participant is placed on an Athletic Disciplinary Contract, those conditions must be met in order to participate in any subsequent season. Subsequent seasons are defined as the next sport a student intends to take part in even if it is not the following season. The BUHS Code of Conduct can be found on the BUHS website or you may request a copy at your convenience.
- Fighting/purposeful physical contact or ejection from a contest by officials: Whether during practice, game, or BUHS sponsored event will be met with CIF sanctions, BUHS discipline, and possible Police involvement.

CIF CENTRAL SECTION - ETHICS IN SPORTS

I. Policy Statement

The Central Section, CIF is committed to the exhibition of sportsmanlike and ethical behaviors in and around all athletic contests. All contests must be safe, courteous, fair, controlled and orderly for all athletes and fans alike. It is the intent of the CIF that violence, in any form, not be tolerated. In order to enforce this policy, the Central Section has established rules and regulations, which set forth the manner of enforcement and of this policy and the penalties incurred when violation of the policy occurs. The rules and regulations shall focus upon the responsibility of the coach to teach and demand high standards of conduct and to enforce the rules and regulations set forth by CIF.

The Central Section requires the following Code of Ethics be issued each year and requires signing by student athletes, parent/guardian and coaches prior to participation as a guide to govern their behavior.

II. Code of Ethics

- a. To emphasize the proper ideas of sportsmanship, ethical conduct and fair play.
- b. To eliminate all possibilities which tend to destroy the best values of the game.
- c. To stress the values derived from playing the game fairly.
- d. To show cordial courtesies to visiting teams and officials.
- e. To establish a happy relationship between visitors and hosts.
- f. To respect the integrity and judgment of sports officials.
- g. To achieve a thorough understanding and acceptance of the rules of the game and the standards of eligibility.
- h. To encourage leadership, use of initiative and good judgment by the players on a team.
- i. To recognize that the purpose of athletics is to promote the physical, mental, moral, social and emotional wellbeing of the individual players.
- j. To remember that an athletic contest is only a game, not a matter of life and death for player, coach, school, official, fan, or nation.

I have read and I understand the CIF Central Section Policy Statement, the Code of Ethics and the violations and Minimum Penalties of the "Ethics in Sports" policy. I agree to abide by the policy and related consequences while participating in interscholastic athletics, regardless of context, site or jurisdiction. Also, I have read and understand the BUHS Code of Conduct.

Student Signature

Printed Name

Date

Parent Signature

Printed Name

Date

This form will remain on file and in effect during enrollment at BUHS.

ATHLETE's NAME: _____

**Interscholastic Athletic Insurance Verification/Medical Authorization -Bishop Union High School
(This form must be fully complete and signed prior to participation)**

The California Education Code requires insurance coverage in the amount of at least \$1,500 for medical and hospital expenses resulting from Accidental bodily injury to members of any athletic team injured while participating in or practicing for, interschool athletic events or while being transported to and from such athletic events. Athletic team members are defined by the law to include any student who travels to and performs duties in connection with a team or athletic event.

DO YOU HAVE (please indicate insurance company name & policy number):

- Meyers/Stevens Insurance (school provider) Purchase Date: _____
- Private Insurance: _____ Policy Number: _____
- Covered California: _____ Policy Number: _____
- Medi-Cal: _____ Policy Number: _____
- Other: _____ Policy Number: _____

By my signature below, I hereby verify that there is held on behalf of my child, whose name appears above, an insurance policy in an amount equal to or greater than that required by the California Education Code sections 32220-24 and 35330-31 for medical and hospital expenses resulting from accidental bodily injury while participating in, or practicing for, interschool athletic events, or while being transported to and from such athletic events.

Also, I agree to indemnify and hold harmless Bishop Unified School District from any and all responsibility or liability arising out of or in any way related to the requirement under the aforementioned code section to provide insurance coverage for the above-named student. Also, I understand the insurance named above will be the primary insurance coverage and Bishop Union High School's insurance coverage for athletic injuries will be secondary and is limited. Also, as guardian/parent, I am fully responsible for any expenses related to any injuries sustained if I fail to notify the Athletic Director if my student becomes uninsured for any reason or I fail to notify the Athletic Director/Coach of any injury within 48 hours of the injury.

PARENT/GUARDIAN SIGNATURE _____ **DATE** _____

To be completed by Parents of Tackle Football Players Only.

Your attention is directed to the fact that many insurance policies EXCLUDE Tackle Football. Please read your policy! You may need additional insurance!

TACKLE FOOTBALL INSURANCE VERIFICATION

I hereby verify that the aforementioned Insurance Policy DOES INCLUDE coverage for Tackle Football, therefore I DO NOT want/will not to purchase the school-provided tackle football insurance.

Parent/Guardian Name

Signature

Date

ATHLETE's NAME: _____

PERMISSION/RELEASE FROM LIABILITY & GENERAL AUTHORIZATIONS

- Student to ride to/from school sponsored activities in school authorized vehicles
- Permission to participate in competitive extra-curricular activity
- Required athletic drug testing • Cardiac/Concussion Acknowledgements

As a student participant and school representative, I hereby agree to accept and abide by the standards, rules and regulations set forth by the Bishop Unified School District Board of Trustees and by the sponsors of any activity in which I participate.

Therefore, I authorize Bishop Union High School to drug-test a urine specimen I provide. I also authorize the release of information concerning the results of that test to the District and to my parent(s)/guardian(s). This signed agreement shall be deemed a consent pursuant to the Family Education Right to Privacy Act for the release of the above information to the parties named herein.

Also, as parent/guardian of a BUHS student athlete/participant of school sponsored activities, I understand that my child will need to be transported to and from events in school authorized transportation that may include school buses operated by school bus drivers, public bus companies operated by their drivers, and passenger vans and vehicles (school or private) operated by school approved/authorized drivers. As such, I agree to and do hereby indemnify and hold harmless the Bishop Unified School District, its officers, agents, employees, and authorized operators from every claim or demand made from liability, loss, damage, or expense, of any nature whatsoever, which may be incurred by reason of my child(ren) riding in any of the above named vehicles as operated as described.

Also I give my permission for my student to be under the general supervision of the team's coach, driver, or other chaperone for all athletic trips during any athletic season my child is participating.

Also, my signature below acknowledges that I did receive the Sudden Cardiac Arrest Information Sheet and Concussion Information Sheet adapted from the CDC and 3rd International Conference on Concussion in Sports (created in 5/20/2010). I have reviewed and understand the symptoms and warning signs of SCA and the new CIF protocol to incorporate SCA prevention strategies into my student's sports program.

Parent _____
Name Signature Date

Athlete _____
Name Signature Date

PRE-PARTICIPATION PHYSICAL EVALUATION to be completed by participant and parent/guardian

ATHLETE'S NAME _____

GENDER _____ Age _____ DOB _____ GRADE: _____

Sport(s) _____

Circle Y (yes) or N (no). Explain "yes" answers below. Circle entire question you don't know the answer or understand.

- Y or N Have you had a medical illness or injury since your last check up or sports physical?
 - Y or N Do you have an ongoing or chronic illness?
 - Y or N Have you ever been hospitalized overnight?
 - Y or N Have you ever had surgery?
 - Y or N Are you currently taking any prescription or nonprescription (over-the-counter) medications or pills or using an inhaler?
 - Y or N Have you ever taken any supplements or vitamins to help you gain or lose weight or improve your performance?
 - Y or N Do you have any allergies (for example, to pollen, medicine, food, or stinging insects)? Have you ever had a rash or hives develop during or after exercise?
 - Y or N Have you ever passed out during or after exercise?
 - Y or N Have you ever been dizzy during or after exercise?
 - Y or N Have you ever had chest pain during or after exercise?
 - Y or N Do you get tired more quickly than your friends do during exercise?
 - Y or N Have you ever had racing of your heart or skipped heartbeats?
 - Y or N Have you had high blood pressure or high cholesterol?
 - Y or N Have you ever been told you have a heart murmur?
 - Y or N Has any family member or relative died of heart problems or of sudden death before age 50?
 - Y or N Have you had a severe viral infection (for example, myocarditis or mononucleosis) within the last month?
 - Y or N Has a physician ever denied or restricted your participation in sports for any heart problems?
 - Y or N Do you have any current skin problems (for example, myocarditis or mononucleosis) within the last month?
 - Y or N Has a physician ever denied or restricted your participation in sports for any heart problems?
 - Y or N Do you have any current skin problems (for example, itching, rashes, acne, warts, fungus, or blisters)?
 - Y or N Have you ever had a head injury or concussion?
 - Y or N Have you ever been knocked out, become unconscious, or lost your memory?
- What was the longest time between periods in the last year? _____
- Y or N Have you ever had a seizure?
- Y or N Do you have frequent or severe headaches?
- Y or N Have you ever had numbness or tingling in your arms, hands, legs, or feet?
- Y or N Have you ever had a stinger, burner or pinched nerve?
- Y or N Have you ever become ill from exercising in the heat?
- Y or N Do you cough, wheeze, or have trouble breathing during or after activity?
- Y or N Do you have asthma
- Y or N Do you have seasonal allergies that require medical treatment?
- Y or N Do you use any special protective or corrective equipment or devices that aren't usually used for your sport or position (for example, knee brace, special neck roll, foot orthotics, retainer on your teeth, hearing aid)?
- Y or N Have you had any problems with your eyes or vision?
- Y or N Do you wear glasses, contacts, or protective eye wear?
- Y or N Have you ever had a sprain, strain, or swelling after injury?
- Y or N Have you broken or fractured any bones or dislocated any joints?
- Y or N Have you had any other problems with pain or swelling in muscles, tendons, bones, or joints? Of yes, check and explain below:
- Y or N Do you want to weigh more or less than you do now?
- Y or N Do you lose weight regularly to meet weight requirements for your sport?
- Y or N Do you feel stressed out?
- Y or N Records the dates of your most recent immunizations for:
Tetanus _____ Measles _____ Hepatitis
B _____ Chickenpox _____

FEMALES ONLY:
When was your first menstrual period? _____
When was your most recent menstrual period? _____
How much time do you usually have from the start of one period to the start of another? _____
How many periods have you had in the last year? _____

Explain "YES" answers here: _____

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

Signature of participant _____ Date _____

Signature of parent/guardian _____ Date _____

ATHLETE's NAME: _____ GRADE _____ DOB _____

B.U.H.S. ATHLETIC PARTICIPATION HEALTH FORM - PHYSICAL EXAMINATION
This form is to be completed and signed by a licensed physician.

Please (T) check sports participation:

___ Football ___ Basketball ___ Softball ___ Golf ___ Tennis ___ Ski Race ___ Baseball ___ Volleyball ___ Wrestling
___ Swimming ___ X-Country ___ Soccer ___ Track

Please indicate Y=yes or N=no for the following PRE-PARTICIPATION EVALUATION/HISTORY questions:

- Y N Do you get chest pain with exercise?
- Y N Pain in calves/buttocks on walking relieved by rest?
- Y N Do you have to stop while running around 1/4 mile track twice?
- Y N Dizziness/transient episodes or unconsciousness?
- Y N Do you have troubles with hot weather such as heat stroke?
- Y N Difficulty with excessive bleeding after teeth extraction or surgery?
- Y N Any illness/condition/injury that caused you to miss a game or practice?
- Y N Have you been told you have a heart murmur, high blood pressure, extra heart beats or an abnormality?
- Y N Ever been hospitalized or under medical care any length of time?
- Y N Problems w/testicles or ovaries?
- Y N Have you had any broken bones? If yes, explain below.
- Y N Have you had any surgery? If yes, explain below.
- Y N Have you had a concussion/injury or been knocked unconscious? If yes, explain _____

Do you or have you had any of the following?

- | | | | |
|------------------------------|----------------------------|---------------------------|-----------------------------|
| Y N Weight change | Y N Difficulty breathing | Y N Headaches | Y N Slow to heal after cuts |
| Y N Skin Disease | Y N Any trouble with lungs | Y N Abnormal bruising | Y N Blood disease |
| Y N Jaundice | Y N Measles | Y N Abnormal bleeding | Y N Blood Disease |
| Y N Hives, eczema, | Y N Diabetes | Y N Eye Problems | Y N Anemia |
| Y N Frequent Infection/boils | Y N Heart Disease | Y N Kidney Problems | Y N Phlebitis |
| Y N Eye disease or injury | Y N Sneezzy/runny nose | Y N Mumps | Y N Hernias |
| Y N Do you wear glasses? | Y N Nosebleeds | Y N Tuberculosis | Y N Chickenpox |
| Y N Double vision | Y N Chronic sinus trouble | Y N Birth Defects | Y N Rheumatic fever |
| Y N Glaucoma | Y N Ear disease | Y N Muscle/joint weakness | Y N Asthma or wheezing |
| Y N Itching eyes or nose | Y N Impaired hearing | Y N Difficulty in walking | Y N Other _____ |

Is there a history of skin reaction or other adverse reaction or sickness following injection nor oral administration of:

- | | |
|-----------------------------|--------------------------------------|
| Y N Penicillin/antibiotics | Y N Iodine/merthiolate |
| Y N Morphine, Codeine | Y N Aspirin, empirin/pain remedies |
| Y N Demerol/other narcotics | Y N Tetanus, antitoxin, other serums |
| Y N Sulfa drugs | Y N Other drugs, meds: _____ |
| Y N Novocaine/anesthetics | Y N Food (choc, egg, milk): _____ |
| Y N Adhesive tape | Y N Other: _____ |

Date of Last Tetanus Booster: _____ Last Dental Visit: _____

Has the student had any injury/physical condition that should be watched? _____

Handedness: ___ Left ___ Right Do you wear _____ glasses or _____ contacts?

Please list any drugs/prescriptions you have taken within the last six months: _____

(PHYSICIAN TO COMPLETE THE FOLLOWING):

Height: _____ Mouth: _____ Rythm: _____ Lymphatics: Cerv: _____ Auxil: _____
Pulse: _____ Chest: _____ Murmurs: _____ Abdomen: Organs: _____
B.P.: _____ PMI: _____ Lungs: _____ Eyes: Left: _____ Right: _____
Skin: _____ Pulses: _____

GENITALIA: _____

MATURATION INDEX: _____

ORTHOPEDIC: CERVICAL SPINE/BACK _____ SHOULDERS _____ ARM/ELBOW/WRIST/HOLD _____

KNEES _____ ANKLES _____ OTHER: _____

I hereby certify that the above named student is physically fit to engage in sports.

(Physician's Signature) (Title) (State License#) (Date of Exam)

AUTHORIZATION TO CONSENT TO TREATMENT OF MINOR

(I) (WE), the undersigned, parent/guardian(s) of the minor stated above, do hereby authorize, any hospital, emergency center, doctor, nurse and/or paramedic, authorization to grant treatment to my child, when accompanied by or escorted to the treating facility by a teacher, coach, teacher's aide, principal, or any member of BISHOP UNIFIED SCHOOL DISTRICT. As agent(s) for the undersigned, we authorize consent of any x-ray examinations, anesthetic, medical or surgical diagnosis or treatment and hospital care which is deemed advisable by, and is to be rendered under the general or special supervision of any physician and surgeon licensed under the provisions of the Medicine Practice Act on the medical staff of any licensed hospital, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital.

It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required but is given specific consent to any and all such diagnosis, treatment or hospital care which the aforementioned physician in the exercise of his best judgement may deem advisable.

Further, should the attending physician determine after examination that life-saving surgery or other life-saving procedures may be necessary, permission is hereby extended to the above parties to grant same. Additionally, I agree to hold harmless such personnel and the Bishop Unified School District Board of Education by my action of granting said permission.

(I) (WE) hereby authorize any hospital which has provided treatment to the above-named minor pursuant to the provisions of Section 25.8 of the Civil Code of California to surrender physical custody of such minor to (MY) (OUR) above-named agent(s) upon the completion of treatment. This authorization is given pursuant to Section 1283 of the Health and Safety Code of California.

This authorization is given pursuant to the provisions of Section 25.8 of the Civil Code of California. This authorization shall remain effective until the above-named minor is no longer enrolled in Bishop Union High School unless sooner revoked in writing and delivered to said agent(s).

Father/Mother/Legal Guardian & Date

Phone: _____ Cell Phone: _____

Father/Mother/Legal Guardian & Date

Phone: _____ Cell Phone: _____

Birth date: _____ Date of Last Tetanus: _____ Insurance: _____

Allergies: _____ Medications: _____

Other medical information: _____

In case of emergency and inability to notify parents/guardians, BUHS will attempt to notify:

1. Name: _____

2. Name: _____

Phone _____

Phone: _____

Cell Phone: _____

Cell Phone: _____

Cleared by _____, Athletic Director



Consent for First Aid and Injury Assessment and Concussion Baseline Screening

I understand that my son/daughter may be injured while participating in athletics while training and/or competing.

I authorize the coaching and training staff to obtain through a physician of its own choice any emergency care that may become necessary while participating in or traveling for sporting practices and events.

Mammoth Hospital is partnering with various sports teams to assist with optimal training, athlete education, and access to medical services for injury management. I authorize the certified athletic trainer/physical therapist to provide first aid, injury assessment and treatment as needed. Every effort to contact the parent will be made. Recommendations and referral for non-emergency care will be given to the parent, and follow-through on medical care will be at the parent's discretion. Participation may be restricted if appropriate medical clearance is not obtained for safe return to sport.

Concussion management follows California state law, education code and CIF protocol. This consent authorizes a certified athletic trainer to perform baseline screening and return to play testing and communicate this to the athlete's physician.

Signature of Student Athlete

Date

Signature of Parent/Guardian

Date

Contact phone # of parent

alternate contact phone #

Emergency contact person (if parent cannot be reached)

phone # of emergency contact

Mammoth Hospital * Mammoth Orthopedic Institute
P.O. Box 660, 85 Sierra Park Road, Mammoth Lakes, CA 93546
Orthopedics 760-924-4084 Physical Therapy 760-934-7302
Bishop Orthopedic Clinic 760-872-7766 Bishop Physical Therapy 760-872-2942
162 South Main Street, Bishop, CA 93514



Post Office Box 660 · 85 Sierra Park Road · Mammoth Lakes, CA 93546 · 760-934-3311 x2378 · Fax 760-924-4029

AUTHORIZATION TO DISCLOSE HEALTH INFORMATION

I hereby authorize **Mammoth Hospital** to disclose the following information from the health records of:

Patient Name: _____ Date of Birth: _____

Address: _____
(Street) (City) (State) (Zip)

Phone: () _____ Cell: () _____ Fax: () _____

Covering the period of healthcare from _____ August 2023 to July 2024

Information to be disclosed (check all that apply):

- Complete Health Record
- Discharge Summary
- History and Physical
- Operative Reports
- Physician Orders
- Progress Notes
- Consultation Reports
- Medical Imaging on Disc (\$16.00 fee)
- Laboratory Test Results
- Radiology Reports
- Pathology Reports

X Other (please specify) Information as it pertains to the patient's participation status in Bishop High School athletics.

I understand that this will include information relating to (check all that apply):

- Treatment for Mental Health
- AIDS / HIV infection
- Treatment for alcohol abuse
- Treatment for drug abuse

This information is to be disclosed to: (Name of Individual or Organization **TO RECEIVE** Information)

Bishop High School Athletic Director and Coaching Staff Ph: () _____
Fax: () _____

(Address) (City) (State) (Zip)

- I understand this information will be used for: Communicating and determining the patient's participation status, restrictions to participation, and return to play guidelines.
- I understand that this authorization expires automatically one (1) year from the date indicated below, and that I may revoke this authorization at any time as explained in Mammoth Hospital's Notice of Privacy Practices except to the extent that action has already been taken on it.
- I have a right to receive a copy of this authorization.
- I understand authorizing the use or disclosure of the information identified above is voluntary. I need not sign this form to ensure healthcare treatment.

Signature of Patient or Legal Representative Date

Print Name of Requestor If not patient, state relationship

If you have authorized the disclosure of your health information to someone who is not legally required to keep it confidential, it may be re-disclosed and may no longer be protected. California law prohibits recipients of your health information from re-disclosing such information except with your written authorization or as specifically required or permitted by law.

CONCUSSION PARENT/ATHLETE INFORMATION

A concussion is a brain injury and all brain injuries are serious. They are caused by a bump, blow, or jolt to the head, or by a blow to another part of the body with the force transmitted to the head. They can range from mild to severe and can disrupt the way the brain normally works. Even though most concussions are mild, **all concussions are potentially serious and may result in complications including prolonged brain damage and death if not recognized and managed properly.** In other words, even a “ding” or a bump on the head can be serious. You can’t see a concussion and most sports concussions occur without loss of consciousness. Signs and symptoms of concussion may show up right after the injury or can take hours or days to fully appear. If your child reports any symptoms of concussion, or if you notice the symptoms or signs of concussion yourself, seek medical attention right away.

Symptoms may include one or more of the following:

- Headaches
- “Pressure in head”
- Nausea or vomiting
- Neck pain
- Balance problems or dizziness
- Blurred, double, or fuzzy vision
- Sensitivity to light or noise
- Feeling sluggish or slowed down
- Feeling foggy or groggy
- Drowsiness
- Change in sleep patterns
- Amnesia
- “Don’t feel right”
- Fatigue or low energy
- Sadness
- Nervousness or anxiety
- Irritability
- More emotional
- Confusion
- Concentration or memory problems (forgetting game plays)
- Repeating the same question/comment

Signs observed by teammates, parents and coaches include:

- Appears dazed
- Vacant facial expression
- Confused about assignment
- Forgets plays
- Change in sleep patterns
- Is unsure of game, score, or opponent
- Moves clumsily or displays incoordination
- Answers questions slowly
- Slurred speech
- Shows behavior or personality changes
- Can’t recall events prior to hit
- Can’t recall events after hit
- Seizures or convulsions
- Any change in typical behavior or personality
- Loses consciousness

What can happen if my child keeps on playing with a concussion or returns to soon?

Athletes with the signs and symptoms of concussion should be removed from play immediately. Continuing to play with the signs and symptoms of a concussion leaves the young athlete especially vulnerable to greater injury. There is an increased risk of significant damage from a concussion for a period of time after that concussion occurs, particularly if the athlete suffers another concussion before completely recovering from the first one. This can lead to prolonged recovery, or even to severe brain swelling (second impact syndrome) with devastating and even fatal consequences. It is well known that adolescent or teenage athlete will often under report symptoms of injuries. And concussions are no different. As a result, education of administrators, coaches, parents and students is the key for student-athlete’s safety.

If you think your child has suffered a concussion

Any athlete even suspected of suffering a concussion should be removed from the game or practice immediately. No athlete may return to activity after an apparent head injury or concussion, regardless of how mild it seems or how quickly symptoms clear, without medical clearance. Close observation of the athlete should continue for several hours. The new CIF Bylaw 313 now requires implementation of long and well-established return to play concussion guidelines that have been recommended for several years:

“A student-athlete who is suspected of sustaining a concussion or head injury in a practice or game shall be removed from competition at that time and for the remainder of the day.” **and**

“A student-athlete who has been removed may not return to play until the athlete is evaluated by a licensed health care provider trained in the evaluation and management of concussion and received written clearance to return to play from that health care provider”.

You should also inform your child’s coach if you think that your child may have a concussion Remember it is better to miss one game than miss the whole season. And when in doubt, the athlete sits out.

For current and up-to-date information on concussions go to: <http://www.cdc.gov/ConcussionInYouthSports/>

BUHS REMINDERS:

- **ANY ACCIDENT or INJURY:** No matter how minor it may seem, ALL injuries/accidents must be IMMEDIATELY reported to the Coach and an accident report must be completed. Not reporting or completing forms could affect insurance claims.
- **AFFORDABLE INSURANCE OFFERED BY BUHS:** BUHS does offer affordable insurance for purchase offered by Myers, Stevens & Toohey & Co., Inc. There are several options to select from for your student. Information pamphlets (English & Spanish) can be found in the main office.
- **DOCTOR RELEASE AFTER INJURY:** If a Doctor releases you back to the playing field after an injury, please bring that Doctor’s note to the main office ASAP.
- **ALTERNATIVE TRAVEL HOME:** Athletes must travel to the game together (Bus, Van, Approved Parent Volunteer) however an athlete may request approval for alternative travel after the game. That request form can be found in our main office and on our website (Athletic page). Please keep in mind that the request must be made 24 hours in advance.
- **ATHLETIC CODE OF CONDUCT:** It is ultimately the responsibility of the athlete and parent to read the Athletic Code Of Conduct, especially in regard to discipline and eligibility. A digital copy can be located on the school’s website and copies are available in the main office. Questions or clarification can be answered by the Athletic director, Mrs. Stacy Van Nest at ext. 2726 or email: svannest@bishopschools.org.

III. Violations and Minimum Penalties

ACT	PENALTIES
1. First ejection of player or coach from a contest or SCRIMMAGE for unsportsmanlike conduct.	Ineligible for the next CIF contest (league, non-league, tournament, invitational, playoff, etc. scrimmage excluded). The next contest could be the second game of a doubleheader or even the next season of sport. Athletes competing in concurrent sports would be ineligible for both sports.
2. Second ejection of a player or coach from a contest during the same season of sport for unsportsmanlike conduct.	Ineligibility for next two CIF contests as above will carry over the next season of sport.
3. Third ejection of a player or coach from a contest during the same season of sport for unsportsmanlike conduct	Ineligibility for all CIF contests for one calendar year (365 days). Any appeal must go through the CIF Eligibility Committee.
4. Any players that leave the “bench” area to begin a confrontation or leave these areas during an altercation.	Ejection from the contest for those players designated by officials. The contest may be terminated by the officials. One or both teams may forfeit the contest.
5. When players leave the bench area to begin a confrontation or leave the bench area during an altercation and in the opinion of the officials, the situation is out of control.	Contest stopped, ejection from the contest for those players designated by the officials. The team(s) that left the bench area must forfeit contest, record a loss, and the team(s) and players will be put on probationary status for the balance of the season. A second similar infraction during the season of sport will result in cessation of the sport for the team(s) and/or players. If the act occurs at the end of the season, the probationary period will extend to the next year’s season of sport. Any appeal would have to be made to the CIF Executive Board.
6. Illegal participation in next contest by player ejected in previous contest.	Ineligibility for remainder of season for player. Forfeiture of contest.
7. Illegal placement of ejected player or illegal participation by coach ejected in previous contest.	Constitution and sport governing rules and procedures for a coach who knowingly violates CIF or Section Rules.
8. Any acts of a more serious nature by individuals or teams or situations not specifically covered by this policy or the Constitution or Governing Rules.	Area Commissioner may determine and implement penalties for individuals and teams not otherwise specified by CIF Central Section Constitution and Bylaws.
9. If act occurs in CIF Section Finals and both teams are charged with a forfeit.	After deliberation by the CIF and a double forfeit is in order, there will be no champion.
10. An ejected coach must leave the site of the contest. The coach may have no contact with his/her team from that point on. If there is no certificated replacement for the coach, the contest is halted and the game is forfeited. The coach must also sit out the next contest and cannot attend the contest or have any contact with the team during the contest. The coach may be allowed to participate in practices on days other than the day of the contest.	
11. An ejected player may stay on the bench for the remainder of the contest for supervision reasons. Further disruption by ejected players may force them to be removed from the site. This could lead to a forfeit. Players ejected must sit out the next contest, but may sit on the bench in street clothes.	

APPEALS PROCEDURE – First and Second Ejection

All appeals **MUST** come from the school Principal or his/her designee. Only misidentification and misapplication of a rule may be appealed. **NO JUDGMENT DECISIONS** by officials may be appealed.

PHYSICAL ASSAULT

CIF State Constitution, Article 5, Section 522. Any student who physically assaults the person of a game or event official shall be banned from interscholastic athletics for the remainder of the student’s eligibility. A game or event official is defined as a referee, umpire or any other official assigned to interpret or enforce rules competition at an event. A student may, after a lapse of 18 calendar months from the date of the incident, apply for reinstatement of eligibility to the State CIF Commissioner.

For this document, the Central Section also includes coaches, administrators or other school personnel assigned to the contest or games as a game official.

Keep Their Heart in the Game

A Sudden Cardiac Arrest Information Sheet for Athletes and Parents/Guardians

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 is caused by a blockage that stops the flow of blood to the heart. SCA is a malfunction in the heart's electrical system, causing the victim to collapse. The malfunction is caused by a congenital or genetic defect in the heart's structure.

How common is sudden cardiac arrest in the United States?

As the leading cause of death in the U.S., there are more than 300,000 cardiac arrests outside hospitals each year, with nine out of 10 resulting in death. Thousands of sudden cardiac arrests occur among youth, as it is the #2 cause of death under 25 and the #1 killer of student athletes during exercise.

Who is at risk for sudden cardiac arrest?

SCA is more likely to occur during exercise or physical activity, so student-athletes are at greater risk. While a heart condition may have no warning signs, studies show that many young people do have symptoms but neglect to tell an adult. This may be because they are embarrassed, they do not want to jeopardize their playing time, they mistakenly think they're out of shape and need to train harder, or they simply ignore the symptoms, assuming they will "just go away." Additionally, some health history factors increase the risk of SCA.

**FAINTING
is the
#1 SYMPTOM
OF A HEART CONDITION**

What should you do if your student-athlete is experiencing any of these symptoms?

We need to let student-athletes know that if they experience any SCA-related symptoms it is crucial to alert an adult and get follow-up care as soon as possible with a primary care physician. If the athlete has any of the SCA risk factors, these should also be discussed with a doctor to determine if further testing is needed. Wait for your doctor's feedback before returning to play, and alert your coach, trainer and school nurse about any diagnosed conditions.

The Cardiac Chain of Survival

On average it takes EMS teams up to 12 minutes to arrive to a cardiac emergency. Every minute delay in attending to a sudden cardiac arrest victim decreases the chance of survival by 10%. Everyone should be prepared to take action in the first minutes of collapse.

Early Recognition of Sudden Cardiac Arrest



Collapsed and unresponsive.
Gasping, gurgling, snorting, moaning or labored breathing noises.
Seizure-like activity.

Early Access to 9-1-1



Confirm unresponsiveness.
Call 9-1-1 and follow emergency dispatcher's instructions.
Call any on-site Emergency Responders.

Early CPR



Begin cardiopulmonary resuscitation (CPR) immediately. Hands-only CPR involves fast and continual two-inch chest compressions—about 100 per minute.

Early Defibrillation



Immediately retrieve and use an automated external defibrillator (AED) as soon as possible to restore the heart to its normal rhythm. Mobile AED units have step-by-step instructions for a bystander to use in an emergency situation.

Early Advanced Care



Emergency Medical Services (EMS) Responders begin advanced life support including additional resuscitative measures and transfer to a hospital.

What is an AED?

An automated external defibrillator (AED) is the only way to save a sudden cardiac arrest victim. An AED is a portable, user-friendly device that automatically diagnoses potentially life-threatening heart rhythms and delivers an electric shock to restore normal rhythm. Anyone can operate an AED, regardless of training. Simple audio direction instructs the rescuer when to press a button to deliver the shock, while other AEDs provide an automatic shock if a fatal heart rhythm is detected. A rescuer cannot accidentally hurt a victim with an AED—quick action can only help. AEDs are designed to only shock victims whose hearts need to be restored to a healthy rhythm. Check with your school for locations of on-campus AEDs.



Keep Their Heart in the Game

Recognize the Warning Signs & Risk Factors of Sudden Cardiac Arrest (SCA)

Tell Your Coach and Consult Your Doctor if These Conditions are Present in Your Student-Athlete

Potential Indicators That SCA May Occur

- Fainting or seizure, especially during or right after exercise
- Fainting repeatedly or with excitement or startle
- Excessive shortness of breath during exercise
- Racing or fluttering heart palpitations or irregular heartbeat
- Repeated dizziness or lightheadedness
- Chest pain or discomfort with exercise
- Excessive, unexpected fatigue during or after exercise

Factors That Increase the Risk of SCA

- Family history of known heart abnormalities or sudden death before age 50
- Specific family history of Long QT Syndrome, Brugada Syndrome, Hypertrophic Cardiomyopathy, or Arrhythmogenic Right Ventricular Dysplasia (ARVD)
- Family members with unexplained fainting, seizures, drowning or near drowning or car accidents
- Known structural heart abnormality, repaired or unrepaired
- Use of drugs, such as cocaine, inhalants, "recreational" drugs, excessive energy drinks or performance-enhancing supplements

What is CIF doing to help protect student-athletes?

CIF amended its bylaws to include language that adds SCA training to coach certification and practice and game protocol that empowers coaches to remove from play a student-athlete who exhibits fainting—the number one warning sign of a potential heart condition. A student-athlete who has been removed from play after displaying signs or symptoms associated with SCA may not return to play until he or she is evaluated and cleared by a licensed health care provider. Parents, guardians and caregivers are urged to dialogue with student-athletes about their heart health and everyone associated with high school sports should be familiar with the cardiac chain of survival so they are prepared in the event of a cardiac emergency.

For more information about Sudden Cardiac Arrest visit

California Interscholastic Federation
<http://www.cifstate.org>

Eric Paredes Save A Life Foundation
<http://www.epsavealife.org>

CardiacWise (20-minute training video)
<http://www.sportsafetyinternational.org>

