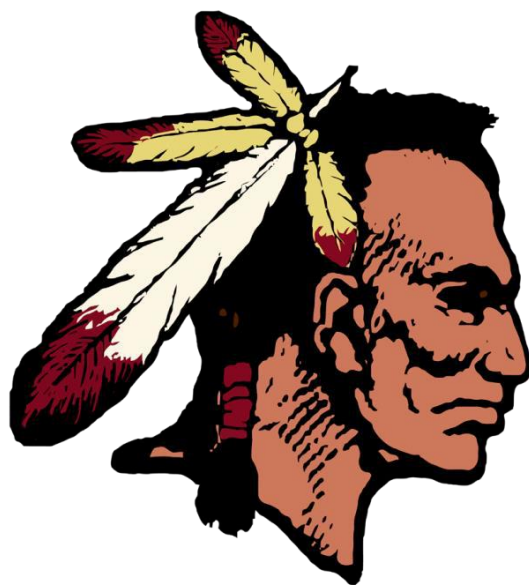


Millersburg Area High School
Student Athlete/Parent
Athletic Handbook



2023-2024

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Millersburg Area High School
Student Athlete/Parent Athletic Handbook
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Dear Millersburg Student Athletes & Parents,

It is impossible to overstate the importance of education-based athletics in the overall academic, physical, social, emotional and moral development of our students. Skills such as teamwork, self-discipline, commitment, decision making, sportsmanship, persistence, and hard work are only a few of the benefits you will gain through your participation in our sports programs at Millersburg. You will also create memories and relationships that will last a lifetime with your teammates and coaches by sharing the journey of a common goal greater than any one individual.

Take note that “Student” is first in Student Athlete. Millersburg Student Athletes are held to very high standards academically. Your first responsibility should always be putting forth your best effort in the classroom. Beyond the classroom, you will also be held to a much higher standard than the general student population regarding behavior and decision making. For example, you will be required to participate in the mandatory drug testing program and you will be representing your team and your school as you travel to other schools and wear the uniform. It is not easy being a Millersburg student athlete, but the rewards are immeasurable.

I want to congratulate you on your decision to participate in the Millersburg Athletic Program! Win or lose, you are doing your part to make a positive contribution to your school and the community as a whole. I want to encourage you to always put forth your best effort, even on those days when you do not feel like it. Always remember, win or lose, you will be a better person through your participation in our sports programs at Millersburg.

Be Great Out There!!

Kody Godsey
Athletic Director
Millersburg Area School District

PARENT/GUARDIAN/SPECTATOR CODE OF CONDUCT

The purpose of the Parent/Guardian/Spectator Code of Conduct is to develop support and promote positive adult role models in all athletic activities. In the tradition of excellence, the purpose of all athletic activities at Millersburg Area School District is to foster the physical, mental, moral, social, and emotional well-being of all students. **Parents/Guardians/Spectators play an integral part of this process.**

A. EXPECTATIONS FOR MILLERSBURG PARENTS/GUARDIANS/SPECTATORS

- Be a positive role model for students, the school and the community;
- Display a positive attitude and behavior at all times;
- Show respect for all participants, officials, coaches, opponents, game workers, other spectators, and school facilities at all times; and
- Assist in providing for student safety and welfare at all times.

This Code of Conduct shall be enforced by the Game Manager, any school Administrator, and such security officers as appointed by the school; each of the above may also enforce the Code of Conduct as directed by a game official. The determination of said person is final. Any person ejected from a contest shall leave the premises immediately, shall not be entitled to a refund or re-admission to that event, and must adhere to the requirements described below.

B. CONSEQUENCES FOR SPECTATOR EJECTIONS FROM AN EVENT OR VIOLATION OF CODE OF CONDUCT (As Determined by Administration)

- 1. FIRST OFFENSE:** Any spectator who violates the Code of Conduct and/or is ejected from any sporting event hosted/sponsored by the Millersburg Area School District or any event in which Millersburg student athletes participate must satisfy the following requirements before being permitted to attend any further athletic events hosted/sponsored by the Millersburg Area School District or any event in which Millersburg student athletes participate:
 - a.** Complete the online “Positive Sport Parenting” course at NFHSlearn.com (or another course deemed acceptable by the Administration); and
 - b.** Meet in-person with the appropriate school Principal and Athletic Administrator at which time the spectator will present the Certificate of Completion awarded after completion of the “Positive Sport Parenting” course.
- 2. SECOND OFFENSE:** Any spectator who commits a second offense by violating this Code of Conduct and/or is ejected from any sporting event hosted/sponsored by the Millersburg Area School District or any event in which Millersburg Student athletes participate must complete all of the following requirements before being permitted to attend any further athletic events hosted/sponsored by the Millersburg Area School District or any event in which Millersburg student athletes participate:

- a. Complete the online “Positive Sport Parenting” course at NFHSlearn.com (or another course deemed acceptable by the Administration) a second time;
 - b. Meet in-person with the Superintendent, appropriate school Principal and Athletic Administrator at which time the spectator will present the Certificate of Completion awarded after second completion of the “Positive Sport Parenting” course; and
 - c. Serve a suspension from all athletic events hosted/sponsored by the Millersburg Area School District or any event in which Millersburg student athletes participate for a minimum of 30 calendar days from the date of the meeting with the Administration.
3. **THIRD OFFENSE:** Any spectator who commits a third offense by violating this Code of Conduct and/or is ejected from any sporting event hosted/sponsored by the Millersburg Area School District or any event in which Millersburg Student athletes participate will not be permitted to attend any and all further athletic events hosted/sponsored by the Millersburg Area School District or any event in which Millersburg student athletes participate for a period of one calendar year from the date of the third offense.

THANK YOU for doing your part to help make the athletic experience at Millersburg positive for EVERYONE involved . . . especially our Student Athletes!

A Word to Parents of Millersburg Student Athletes

How can I, as a parent/guardian of a Millersburg Student Athlete, help promote the success of the **TEAM** and overall Millersburg Athletic Program? . . .

- Know and understand the Millersburg Athletic and Parent/Guardian/Spectator Codes of Conduct, the coach’s team rules for each individual sport, and the rules that govern the sport in which your student is participating.
- Encourage your student to advocate for themselves by respectfully speaking with the coach first about a concern ~ this is part of the maturing process. If a concern remains, contact the coach to schedule a meeting with you and your student to discuss the concern. If repeated attempts to schedule a meeting with the coach fail, contact the Athletic Director.
- Ask the coach specifically what your student can do to potentially earn more playing time rather than simply complaining to the coach that your student is not getting enough playing time.
- Use the “24-hour” rule; If a concern arises, think about it for at least 24 hours before requesting to meet with the coach. NEVER “corner” the coach after a game when emotions are high or expect the coach to meet with you during, or within two (2) hours before or after a contest or practice. If you feel your concern poses imminent physical risk to your student, by all means, discuss it immediately with the coach and/or the Athletic Director.
- Discuss your concern with the coach first. If you feel your concern poses imminent physical risk to your child or if you or your child have a reasonably articulable belief of illegal or immoral activity, contact the Athletic Director immediately.
- Communicate concerns in a timely manner. Details about a situation are much clearer when they are reported/discussed/dealt with promptly.
- Discuss concerns directly with the coach. Do not put your student in “the middle” by questioning or complaining about the way coaches are doing certain things to, or in front of, your student.

- Promote and model mature, sportsmanlike behavior at all athletic events. If you have a concern about the coaches' strategies or methods, request a meeting with the coaches to discuss your ideas. Nobody wins (except the other team) when derogatory comments about the coaches or players are made to or in front of others.
- Try to see the "big picture" ~ viewing things through eyes of what's best for the team may not always be the same as viewing things through the eyes of what's best for an individual.
- Insist that your student treat the coaches, fellow team members, opponents, officials, and fans with the respect and dignity and model the same for him/her at ALL times.
- Notify the head coach of any scheduling conflicts at least 24 hours in advance. Emergencies will be dealt with on a case-by-case basis.
- Support your student in all facets of being a successful Millersburg Student Athlete:
 - Insist on maximum effort in the classroom – notice "student" is first in student athlete.
 - Regulate a proper diet.
 - Regulate proper rest.
 - Thoroughly clean & disinfect equipment/uniforms as soon as possible after each use and practice proper personal hygiene to reduce the possible spreading of infections/diseases.
 - Insist on and support your student's efforts to be prompt to and participate to the best of his/her ability in all practices and contests . . . in short, make a commitment to the team.
 - Attend the contests in which your student's team participates to display your support for them, the team, and the school.
 - Be realistic. Work closely with the coach, guidance counselor, and school administration to identify a reasonable and realistic athletic future for your student after high school.
 - Be involved. Our booster organizations are always looking for assistance in helping to support and promote the success of our teams.
 - Encourage your student to enjoy participating in sports by simply saying "Ilove watching you play."

Athletic Department Staff

Athletic Director- Kody Godsey
Athletic Trainer – Davia Erdman
School Doctor - Dr. Forney
School Nurse – Joanna Jackson

Baseball
Co-op Hosted by UDA

Girls' Soccer – Co-op Hosted by Millersburg
Head Coach – Scott Shade
Asst. Coach – Tony Willier
Asst. Coach- Mike Witman

Boys' Basketball
Head Coach – Todd Wingard
Asst. Coach –Lowell Rickert

Girls' Basketball
Head Coach – Chad Everheart
Asst. Coach – Alyssa Brosius

7th & 8th GradeBoys Basketball
Head Coach- Chris Lukunich
Asst. Coach- Chad Grassmyer

7th & 8th Grade Girls' Basketball
Head Coach- Chad Everheart
Asst. Coach- Dustin Mongold

Boys' & Girls' Track & Field – Co-op Hosted by
Head Coach – Jill Steffen Millersburg
Asst. Coach – Seth Landgraf
Asst. Coach – Quentin Shaffer
Asst. Coach – Gabriel Foust
Asst. Coach – Clayton Bouchard
Asst. Coach – Keith Dimpsey

Golf – Co-op Hosted by Millersburg
Head Coach – Milton Yearsley

Boys' Soccer – Co-op Hosted by Millersburg
Head Coach – Madison Crum-Burger
Asst. Coach –Ted Book
Asst. Coach- Ryan Shoop

Cheerleading/Competitive Spirit -
Co-op Hosted by UDA

Softball
Co-op Hosted by UDA

Football – Co-op Hosted by UDA

Swimming
Co-op Hosted by Halifax

Wrestling – Co-op Hosted UDA

Volleyball
Head Coach –John Kulick
Asst. Coach – Bri Smith

Weight Room Trainers
Ryan Shoop, Corey Keim, Mike Witman

I. Athletic Code of Conduct

A. *Conduct of Athletes*

A firm and fair policy of enforcement is necessary to uphold the regulations and standards of the athletic department. The community, school administrators and the coaches feel strongly that high standards of conduct and citizenship are essential in maintaining a sound program of athletics. The health, safety, and welfare of our student athletes is our primary consideration and transcends any other consideration.

All student athletes shall abide by a code of conduct, which will earn them the honor and respect that participation and competition in the interscholastic program affords. Any conduct, including speech or social media posts that occur in the school, on school grounds, in school vehicles, at a designated bus stop or at any activity sponsored, supervised or sanctioned by the school, that results in dishonor to the student athlete, the team, or the school will not be tolerated. Acts of unacceptable conduct, such as, but not limited to theft, vandalism, disorderly conduct, immorality, poor sportsmanship, or violations of law, tarnish the reputation of everyone associated with our athletic programs, will not be tolerated, and will result in the student athlete being subjected to all consequences applicable.

B. *Training Rules and Regulations*

Medical research clearly substantiates the fact that use of tobacco/vaping devices, alcohol and/or any type of mood modifying substances produces harmful effects on the human body.

Student athletes cannot compromise their performance with substance abuse. The student athlete who wishes to experiment with such substances should remove themselves from the team before they jeopardize the health, safety, and/or welfare of themselves and/or others.

The Millersburg Area School District is concerned with the health, safety, and welfare habits of our student athletes and is convinced that athletics and the use of these substances are not compatible.

Student athletes must make a commitment to becoming a successful competitor. A big part of this process is following a simple set of training rules which the Millersburg department of athletics believes to be appropriate.

Use of Tobacco/Vaping Device - Research emphasizes that use of tobacco/vaping device is physically harmful. The harm done by tobacco/vaping device is not only a health, safety, and welfare concern. The community closely follows the actions of our student athletes and any deviation from accepted training rules marks one as unwilling to make a total commitment to the team. If one team member breaks the rules, the whole team suffers. Tobacco/vaping device use by student athletes is prohibited during the season and throughout the entire school year and is highly discouraged at all times.

C. Penalties For Possession or Use Of Tobacco Substances/Vaping Devices

The possession or use of tobacco substances/vaping devices on school district property or during school events (including transportation to/from events) will be addressed in accordance with Board Policy 222.

D. Sportsmanship Rules and Regulations

Student athletes must be aware that they are performing before the public and their behavior is observed by coaches, students, parents, fans, opponents, and the news media. The image of the school is reflected by their behavior and attitude. Win or lose, Millersburg student athletes are expected to compete while respecting their coaches, teammates, opponents, and officials.

1. Sportsmanship means following the rules, being courteous, and accepting the results of the contest gracefully . . . win or lose.
2. Be respectful toward officials, coaches, opponents, and spectators at ALL times.
3. Hazing or an equivalent initiation rite is strictly prohibited and shall subject each offender to further action under Board policy 247.
4. Ejections from games and other unsportsmanlike conduct will not be tolerated and will be addressed as follows:
 - a. The head coach is required to document and report the violation to the Athletic Director immediately (within one hour of the conclusion of the event).
 - b. Penalties for Unsportsmanlike Conduct Resulting in Ejections:
 - 1) The first violation will result in a suspension from the next district athletic contest date in which the student athlete is a participating member.

A player ejected from a varsity or junior varsity contest will not be eligible for the next scheduled varsity or junior varsity contest of the same or higher level of competition.
 - 2) The second violation will result in the suspension from the next two (2) scheduled district varsity and junior varsity athletic contest dates in which the student athlete is a participant of the same or higher level of competition.
 - 3) The third violation will result in immediate suspension from the remainder of the current sports season, including post-season, and the first twenty (20) P.I.A.A. days of the subsequent season in which the student athlete participates. The student athlete also agrees to relinquish any leadership position such as, but not limited to, team captain.
 - 4) If the penalty is not able to be fully administered during the current sport season, the remainder of the penalty will be applied to the next interscholastic sport season in which the student athlete participates and competes.

- 5) If the cause for ejection violates the district's discipline code, the student athlete will also be subject to the provisions within that code.
- 6) Ejections/Suspensions occurring in the same academic school year, even if in different sports seasons, will be cumulative during that school year.

E. Alcoholic Beverages/Mood-altering Drugs

There is no way to justify student athletes possessing/using alcoholic beverages/mood-altering drugs. Simply stated the possession/use of alcoholic beverages/mood-altering drugs poses a serious risk to the health, safety, and welfare of the student athletes and others. Therefore, the possession and/or use of alcoholic beverages/mood-altering drugs by student athletes is prohibited!

If a student is reasonably suspected of possessing illegal materials on their person, the student shall be referred to the principal or assistant principal. The administrator will confront the student privately with the accusations and then will conduct a search of the student and their belongings. Searches may include the use of a "wand." If the student resists or uses force, the police may be called for assistance.

F. Mandatory Random Drug Testing

Student athletes will be subject to mandatory random drug testing consistent with Board Policy 227.1.

If a student athlete's test indicates the random drug testing policy has been violated, the sanctions consistent with the Student/Parent Handbook and Board Policies will be enforced.

II. Team Membership—Senior High and Middle School

The head coach will retain as many players as may be safely and efficiently supervised on a team. This may be dictated by the number of coaches, uniforms, supplies, and transportation. The Millersburg Area School District has a no-cut policy with the exception of high school boys' basketball, high school girls' basketball and volleyball. If the number of high school boys' basketball or high school girls' basketball participants exceeds thirty (30) / volleyball participants exceed twenty four (24), a selection process will be implemented.

III. Participation Requirements

The following are required before a student athlete may begin to participate in a Millersburg athletic program:

1. Complete the online registration process via the school district website by the established deadline.
2. Student Athlete must complete a physical examination by a certified physician for each sport. This includes the completion of the PIAA Comprehensive Initial Pre-Participation Physical Evaluation (CIPPE) form. Additional information about required sports physicals can be found on the Millersburg School District Website located under the "Athletics" tab.

3. Student Athlete/Parent must review the Student Athlete/Parent Handbook posted on the school district website and download and sign forms A, B, C & D (if necessary) in the back of the handbook.
4. Student Athlete must complete the ImPACT Concussion Baseline test.
5. Student Athlete/Parent must pay the Participation Fee of \$40 per sport.

IV. Protective Equipment Waiver

Parents of student athletes desiring to have their student use personally purchased protective equipment (helmets & shoulder pads for football; batting helmets & catcher's equipment for baseball & softball) in lieu of District provided protective equipment, must complete and submit the Protective Equipment Waiver (Form D in the back of the Student Athlete/Parent Handbook) PRIOR TO using the privately purchased protective equipment for any practices or contests on or after the first official PIAA practice date for any given season. This form must be completed and submitted to the Athletic Administrator BEFORE the start of the season.

V. Eligibility—Senior High and Middle School

Participation in a varsity, junior varsity, and junior high sport is based on the eligibility policies of the P.I.A.A. (Pennsylvania Interscholastic Athletic Association) and the Millersburg Area School District. P.I.A.A. Eligibility information is contained in Articles 1 through 10 in the By-Laws of the P.I.A.A. Constitution and By-Laws. Millersburg Area School District eligibility information is explained in the following policy adopted by the Board of Education:

1. To be eligible to participate in extra-curricular activities and athletics at the senior high school level, a student athlete must be passing an equivalent of five and one quarter (5.25) credits and not be failing more than two (2) courses. Eligibility will be determined weekly on a cumulative basis from the beginning of each nine (9) week marking period.
2. In the middle school, if the student-athlete is failing two (2) core courses or three (3) or more courses during the same week, they will be classified as ineligible. Eligibility will be determined weekly on a cumulative basis from the beginning of each nine (9) week marking period.
3. Academic ineligibility means the student-athlete may not participate in practice or a scheduled contest beginning 12:00 a.m. the Sunday immediately following that Friday's eligibility report, through 12:00 a.m. the next Sunday, or one complete week, no exceptions. Periods of ineligibility may extend beyond one week, depending on school closures for holiday recesses i.e. Christmas/New Years and Easter break.
4. Any student athlete who is participating in an academic program outside of the purview of the Millersburg Area School District (Home-Schooled, Outside Cyber School, Vo-Tech School, etc.) is responsible to submit a report to the Athletic Administrator by 8:00 am the day ending the academic week (per the Millersburg Area School District calendar) each week during the athletic season of participation. If this report is not received the last day of each week, the student athlete will be deemed ineligible to participate the following week regardless of the academic status of the Student Athlete at the time the report is received.
5. The student's conduct in school will also be considered for athletic eligibility. Any student athlete who is serving a suspension will not be permitted to participate in the athletic program (practices and/or contest) until the suspension period is completed.

6. The student athlete will not be permitted to leave the school prior to the regular dismissal time and participate in an away athletic event if they have a failing average in a class(es) that would be missed due to an early dismissal. In this case, the student may join the team at the event later provided they supply their own transportation and approval is given by the coach.

7. A student athlete must complete a minimum of ten (10) practices in that sport before being permitted to participate in an interscholastic scrimmage or contest in the current season.

In case of a transfer, a student athlete may count the in-season practices in that sport at their previous school toward eligibility, provided written documentation from the former school is given.

8. If a student athlete is removed from play due to injury or medical condition (as determined by school personnel), they must secure a doctor's clearance confirming he/she is able to return to play.

VI. PIAA Participation Guidelines

The P.I.A.A. mandates regulations on periods of participation in athletics. Listed below is Article VII, Section I from the P.I.A.A. By-Laws.

A pupil shall not represent his/her school in interscholastic athletic competitions if he/she has:

1. Been in attendance more than eight (8) semesters beyond the 8th grade;
2. Participated in six (6) seasons beyond the sixth grade in any sport
3. Participated in four (4) seasons beyond the eighth grade in any sport
4. Successfully completed grades nine, ten, eleven, and twelve, inclusive.
5. Turned 19 years of age before July 1st.

VII. Attendance Requirements

1. To be eligible to participate in a scheduled contest or practice, the student athlete shall attend at least ½ of the academic school day on the day of the scheduled event or the academic school day immediately prior to the event (for example Friday, if the event is scheduled to be contested Saturday). For this policy, a ½ day of attendance shall be defined as one of the two ways only:
 - a. AM Session – Student athlete must be in attendance from 8:05 a.m. to 11:00 a.m. inclusive and not sign out at the respective office prior to 11:00 a.m.
 - b. PM Session – Student athlete must sign in at the respective office prior to 11:00 a.m. and remain in attendance until the end of the school day or 3:05 p.m. inclusive.

The only exception is a pre-arranged and approved absence through the Building Principal or when a written statement from a (non-family member) licensed physician stating the reason for the absence and certifying that the student athlete is soundly fit to participate is submitted to the head coach or the Athletic Administrator prior to the start time of the event.

2. A pupil who has been absent twenty (20) or more days during a semester shall not be eligible to participate in any athletic contest until they have been in attendance for a total of sixty (60) school days following their twentieth day of absence and provided they has completed the minimum number of practices (10).
3. Attendance the Day Before and After a School Contest: All student athletes are expected to attend all classes on the next school day following a contest, unless the student has been excused from school attendance for such reasons as a doctor's appointment or other reasons other than illness and previously approved by the building administrator. The purpose of this policy is to prevent a student from being habitually absent the next school day following a contest. Habitual absences the next school day following a contest or three (3) or more days of unlawful absences beginning the next school day following a contest, may result in disciplinary measures being imposed upon the student athlete.

VIII. Travel Policies to/from Away Events

Student Athletes must travel to and from all away athletic contests with the team on transportation provided by the Millersburg Area School District. A note, written and signed only by the parent/guardian and given directly to the head coach prior to the event outlining their intent to transport their son/daughter is the only acceptable alternative to this policy. Board policy dictates that private transportation may be provided only by a student athlete's parent or guardian. **This note must be written, signed and given directly to the head coach by the student athlete's parent or registered guardian only.**

IX. Participation in Individual Post-Season Events

Student Athletes participating in individual post-season sport tournaments i.e. cross-country, golf, swimming, wrestling, and track & field must submit a Planned Absence approval Form through the high school office. This is necessary to confirm the means of transportation for liability purposes as well as to clearly communicate the date(s) of absence required for the student to participate in the individual post-season sport tournament.

X. Equipment/Uniforms

Student Athletes will be provided school-issued equipment/uniforms necessary to participate in each sport. It is the student athlete's responsibility to properly maintain, clean and return the equipment/uniform upon the completion of the season. Failure to do so may result in a financial obligation being imposed on the student athlete by the Millersburg Area School District.

The following guidelines will be used as the process for equipment/uniform return:

1. Equipment/uniform shall be properly maintained, cleaned and returned directly to the head coach within one (1) week after the completion of the season or immediately upon leaving the team.
2. An equipment/uniform obligation will be issued after the specified week for equipment/uniforms not returned or damaged beyond repair (as defined by administration).
3. Once the obligation is submitted, progressive discipline will be enforced until the obligation is met. A parent letter will be generated alerting the parent of the obligation.

4. A student athlete may not participate in another sport or extra-curricular activity until his/her equipment/uniform obligation from a prior sports season is satisfied.

XI. Dismissal from a Team

A student athlete dismissed from a team may jeopardize future eligibility for participation in the Millersburg Athletic Program.

XII. Quitting a Team

If a student athlete chooses to quit a team (discontinues practices and/or participation in regular season or playoff contests) prior to the conclusion of the season for any reason other than an unforeseen life-altering circumstance (death of an immediate family member, severe injury as determined by a licensed medical provider that precludes further participation in the sport, serious health concern as determined by a licensed medical provider, etc.) the student forfeits the opportunity to earn a letter for that sport/season. Their name will also be removed from the team roster for the sport/season, all statistics for that individual will be removed from the record books, and all awards and other forms of recognition will also be forfeited by the Student Athlete. Furthermore, the Student Athlete will be ineligible to participate in any scrimmages or contests of the next sports season or team on which they participate, for the first twenty (20) PIAA days of the season beginning with the first official practice day as designated by PIAA.

XIII. Requirements for Earning a Letter

1. An athlete shall be issued a letter the first time he/she qualifies and subsequent awards shall be in the form of a pin.
2. An athlete must complete the sports season, including all post-season practices & contests. The only exception will be illness or injury that would limit participation.
3. Qualifications for all awards:

Soccer: Participation in at least 18 halves per season or 1 half per game. Football:

Participation in at least ½ of the quarters.

Basketball: Participation in at least ½ of the quarters.

Volleyball: Participation in at least ½ of the games.

Golf: Participation in at least ½ of the matches.

Track:

9th Grade – 3 points can be earned for practice and participation

10th Grade – 6 points can be earned for practice and participation

11th Grade – 9 points can be earned for practice and participation

12th Grade – 12 points can be earned for practice and participation

- Years of service points – 3 points for each year of service up to 9 points
- Points earned in all League, Non-league, and Invitational Meets
- Points earned in the Tri-Valley League Championship meet
- Earning 25 points makes an athlete eligible to receive a Varsity letter.

4. When a student has earned a varsity letter “M” in athletics, music, or publications, they will receive either a chenille maroon and gold 8” x 7” “M” or a pin, depending whether a letter has already been awarded, representing the activity or activities in which the student has qualified for the award.

A student will receive only one plain chenille varsity letter during his high school career. Recognition for earning additional varsity letters will be in the form of a pin, signifying the activity or activities in which the letter(s) was earned.

5. Please note that any Cooperative Sport hosted at UDA or Halifax will use their lettering requirements.

XIV. Special Awards/Honors

1. **MVP** – It is at the discretion of the head coach to name a team MVP at the conclusion of each season. The only stipulation of a team MVP is the student must earn a varsity letter for that season.
2. **Blain G. Walter Award** – At the conclusion of each calendar school year, all head coaches will be asked to nominate and vote for a senior student athlete to receive the Blain G. Walter Award. This award goes to a senior Millersburg student athlete who demonstrated dedication, scholarship, leadership, sportsmanship, citizenship, team work, community service, and positive values throughout their career.
3. **Tri-Valley League Scholar Athlete Award** – The following criteria are used annually to determine recipients of this award:
 - Must earn a varsity letter in a TVL sport.
 - Must earn at least an “A” (93% GPA) average through the first 75% (3 marking periods) of the school year.
 - No failures.
 - All courses count.
 - A student athlete who is anticipated to letter in a spring sport should be included.
4. **“Wall of Fame”** Qualification Procedures

Millersburg Area High School

Department of Athletics

“Wall of Fame” Qualification Procedures

The Millersburg Area High School Athletic “Wall of Fame” is an area in the High School (Manning) Gymnasium Lobby honoring Millersburg Area High School athletic team and individual accomplishments in a varsity sport sponsored by the Millersburg Area School District. This will be in the form of an 8”X10” photograph with matting and frame not to exceed 11”X14”. Any photograph placed on the Wall of Fame must match, as close as possible, in style, size,

lettering, matting, and frame, as well as placement and location, as those photographs already displayed. All Photographs must be approved by the Administration.

An individual who violates any portion of the athletic code of conduct or who is expelled from school, Millersburg High School or otherwise, will not be eligible to have their picture placed on the Wall of Fame. Only one picture listing the athlete's career accomplishments will be placed on the wall for each individual who qualifies at the conclusion of their final year of PIAA eligibility.

Team Recognition

To qualify for the Wall of Fame, the team shall have won a League or Conference Championship, a District 3 Championship, a Regional Championship, or a State Championship.

Individual Recognition

To qualify for the Wall of Fame, an individual athlete shall have won a District 3 Title, a Regional Title, place in the top 8 in a PIAA State Individual Competition in a sport sponsored or co-sponsored by the Millersburg Area School District, or be named an overall League MVP. Also, any Millersburg High School Athlete who gains 1st Team ALL STATE Honors as selected by the AP, UPI, or State Coaches Association or is selected to a "Recognized" Statewide ALL- STAR Team, such as the Big 33 Football Team, will qualify. Only student athletes who reside within the geographical boundaries of the Millersburg Area School District at the time of their individual accomplishment and graduate from an educational program approved, sponsored, or offered through the Millersburg Area School District will qualify.

XV. Athletic Insurance

The school district purchases insurance for all student athletes who participate in interscholastic athletics. Should a student athlete become injured while participating in a sports activity that is sponsored by the Millersburg Area School District, they should follow these guidelines:

1. Report each injury immediately to the head coach.
2. Report each injury to the school's athletic trainers.
3. Seek treatment by direction given from the coaching or training staff.
4. Follow the prescribed medical treatment.
5. The athlete must provide written approval from physician to return to practice/games.
6. Complete and follow guidelines for making a claim under the Millersburg Area School District Insurance Policies:
 - a. Complete the claim form and return to the High School Office. (A sample copy of this form is attached.) The form must be entirely completed. **All claim forms must be submitted within sixty (60) days of the injury.** Note: Detailed description is very important! The high school office will have this injury claim form.
 - b. The school's insurance policy has primary coverage on the first \$100.00 worth of bills. This is subject to the policy limitations on office visits, etc.
 - c. When bills exceed \$100.00, the school insurance becomes what is known as "Excess Coverage." **This means YOU must submit all bills in excess of \$100.00 to your own health provider.** Depending on what coverage you have, if any, your health provider will pay according to your policy limits or deny the claim altogether. You will receive an "Explanation of Benefits" form which will indicate what was paid. In most cases 80% is paid and the remaining 20%, called co-insurance, can be submitted to the school

- insurance carrier. However, the school insurance carrier will not make any payment unless they receive the “Explanation of Benefits” form. They must verify what was paid.
- d. If you have any questions, do not hesitate to call the high school office.

XVI. Participation Fees

A \$40 participation fee is charged per sport to offset the district costs for the required insurances, physicals, and other expenses. Checks payable to: **Millersburg Area School District**.

1. The participation fee will be \$40 per sport.
2. Payment must be made within 14 calendar days before the first P.I.A.A. legal practice date. If the fee is not paid by the due date, the student will be ineligible to participate until it is paid.
3. Fees must be collected by the coach/advisor and turned in to the Athletic Director prior to the student athlete being eligible to participate in an interscholastic contest, including scrimmages.
4. A 90% refund will be given to a student if the student officially withdraws within five (5) school or practice days after the activity begins or before the first contest in an athletic season. No refund will be given after that time.
5. Students who enroll in an activity after the official beginning date will pay the entire \$40 fee.
6. The entire fee is the sole responsibility of the participant.
7. A separate check should be written for each athlete.
8. Include the student athlete's first and last name on the “memo” line.

XVII. Coaches Rules

Coaches will establish additional rules and regulations with the approval of the Athletic Administrator for their respective sport. The rules pertaining to a particular sport must be provided by the coach in writing to all team members and explained fully prior to the first PIAA practice of the season. Penalties for violation of team rules will also be defined in writing and shall be administered by the coach. Copies of all additional team rules by coaches will be on file in the athletic office. Each Student Athlete and their parents/guardians shall sign a copy of the team rules indicating that they have read, understand, and agree to abide by them prior to the first PIAA practice of the season.

XVIII. Student Athlete Transfers during Concurrent Seasons

The Millersburg Area School District Board of Education and administration recognizes that during concurrent seasons, some student athletes may wish to transfer from one interscholastic athletic program (sport) to another. However, there is a concern for the student athlete’s mental and physical training during such transition. Therefore, a waiting period of twenty (20) PIAA days from the date of transfer will be required before the student athlete may compete in scrimmages and games in the sport to which they have transferred. Also prior to such a transfer being granted, a written request is required from the parent/guardian. Permission must also be given by the coach of the sport to which the student athlete wishes to transfer. The student athlete may practice during the 20-day waiting period.

XIX. Social Media

It is impossible to overstate the impact of social media in today's culture. ALL persons involved in the Millersburg Athletic Program must exercise good judgment when participating in the use of social media ... let your level play on the field and/or court do the "talking". It is imperative that Millersburg Student Athletes represent themselves, their team, their parents and the school with respect and dignity at ALL times, including the use of social media. As a result, student athletes who, via social media AND are in the school, on school grounds, in school vehicles, at a designated bus stop or at any activity sponsored, supervised or sanctioned by the school, post threats and/or use vulgar, profane, intimidating, or unsportsmanlike language may be subject to consequences, per the Millersburg Area School District disciplinary code and Athletic Code of Conduct as though these statements were made "in person".

NON-DISCRIMINATION POLICY

The Millersburg Area School District will not discriminate in its educational programs, activities or employment practices based on race, color, national origin, sex, disability, age, religion, ancestry or any other legally protected classification. This policy is in accordance with state and federal laws, including Title VI of the Civil Rights Act of 1964, Title IX of the Education Amendments of 1972, Sections 503 and 504 of the Rehabilitation Act of 1973, the Age Discrimination Act of 1975, and the Americans With Disabilities Act of 1990 and the Pennsylvania Human Relations Act. Information relative to special accommodation, grievance procedure, and the designated responsible official for compliance with Title VI, Title IX, and Section 504 may be obtained by contacting the school district at (717) 692-2108.

MEDICAL CLAIM FORM

1. COMPLETE THIS FORM
2. ATTACH ALL BILLS
3. MAIL TO _____

MCA ADMINISTRATORS, INC.

P.O. BOX 6540
HARRISBURG, PA 17112

ADMINISTRATOR FOR AMERICAN MANAGEMENT ADVISORS
UNDERWRITTEN BY: ACE AMERICAN INSURANCE COMPANY

CLAIM ASSISTANCE:**1-800-427-9308**

IF PART A AND PART B ARE NOT COMPLETED IN FULL THIS CLAIM CANNOT BE PROCESSED AND WILL BE RETURNED.

**BEFORE COMPLETING THIS FORM REFER TO CLAIM PROCEDURES
AS THEY APPEAR ON THE BACK OF THIS MEDICAL CLAIM FORM**

PART A. POLICY HOLDER

| | | | | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------|-----------------------|-------------------------------------------------------------------------------------------------|---------------------------------|
| (1) Name of School District/College/Organization | | Individual School/Team | | (2) County | |
| (3) Address of School: (Street) | | (City) | (State) | (Zip) | (4) Area Code - Telephone # |
| (6) Name of Injured Person | | (7) Date of Birth MO DAY YR | (8) Social Security # | (9) Age | (10) Grade |
| | | | | (11) MALE <input type="checkbox"/> | FEMALE <input type="checkbox"/> |
| (12) Injury occurred: Practice <input type="checkbox"/> Game <input type="checkbox"/> P.E. <input type="checkbox"/> Travel <input type="checkbox"/> Classroom <input type="checkbox"/> At Home <input type="checkbox"/> Intramural <input type="checkbox"/> Interscholastic <input type="checkbox"/> Intercollegiate <input type="checkbox"/> | | | | | (13) Type of Sport: |
| (14) Describe in detail HOW the injury occurred. NOTE: If your school uses an accident report form, please attach a copy of the report. | | | | | |
| (15) What part of the body was injured: (Left or Right side if applicable) | | (15) Time of injury: _____ a.m. _____ p.m. | | | |
| (16) At the time of the accident, was the injured person involved in an activity under the jurisdiction of the policy holder? Yes <input type="checkbox"/> No <input type="checkbox"/> | | | | | |
| (17) Name of Supervisor (If different from organization official) | | | | (18) Was he/she a witness to accident? Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| (19) Signature of School or Organization Official | | | | (20) Title of Official | (21) Date Signed MO DAY YR |

PART B. PARENT, RESPONSIBLE PARTY OR GUARDIAN STATEMENT

| | | | | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|
| (1) Name of Mother/Father or Guardian | | (2) Social Security # | (3) Relationship to insured <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Guardian <input type="checkbox"/> Self | |
| (4) Address (Number) Street (Lot or Apt. No.) | | (5) City | (6) State | (7) Zip Code |
| (8) Area Code - Home Telephone Number | | (9) Father's work telephone () Mother's work telephone () | | |
| (10) Occupation of Father or Mother, Wife or Husband | | (11) Place of Employment | (12) Address of Employer | |
| (13) Occupation of Self (if over age 18) | | (14) Place of Employment | (15) Address of Employer | |
| (16) Do you have any other health and/or accident insurance plan (other than this plan)? Father: <input type="checkbox"/> YES <input type="checkbox"/> NO Mother: <input type="checkbox"/> YES <input type="checkbox"/> NO Husband: <input type="checkbox"/> YES <input type="checkbox"/> NO Wife: <input type="checkbox"/> YES <input type="checkbox"/> NO Self: <input type="checkbox"/> YES <input type="checkbox"/> NO | | | | |
| (17) Is the injured person covered by other health and/or accident insurance plan? <input type="checkbox"/> YES <input type="checkbox"/> NO Effective Date MO DAY YR | | (18) Name of other health and accident insurance company | | |
| (19) Address of Insurance Company | | (20) Policy Number | Phone # | |

BY SIGNING BELOW I HEREBY CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF

AUTHORIZATION and ASSIGNMENT OF BENEFITS

I, the undersigned authorize any hospital or other medical-care institution, physician or other medical professional, pharmacy, Insurance support organization, government agency, group policyholder, Insurance company, association, employer or benefit plan administrator to furnish to the Insurance Company named above or its representative any and all information with respect to any injury or sickness suffered by, the medical history of, or any consultation, prescription or treatment provided to, the person who death, injury, sickness or loss is the basis of claim and copies of all of that person's hospital or medical records, including information relating to mental illness and use of drugs and alcohol, to determine eligibility for benefit payments under the Policy Number identified above. I authorize the policyholder, employer or benefit plan administrator to provide the Insurance Company named above with financial and employment-related information. I understand that this authorization is valid for the term of coverage the Policy identified above and that a copy of this Authorization shall be considered as valid as the original.
I agree that a photographic copy of this authorization shall be valid as the original.
I understand that I or my authorized representative may request a copy of this authorization.
I understand that I or my authorized representative may revoke this authorization at any time by providing the insurance company with written notification as to intent to revoke.

| | |
|---------------------------------------------------|-------|
| Signature of Insured or Authorized Representative | Dated |
| Address | |

AUTHORIZATION TO PAY BENEFITS TO PROVIDER: I authorize payment of Medical payments to Physician or Supplier for Services described on the reverse side and/or attached.

| | |
|------|-----------------------------------------------------------|
| Date | Signature of Responsible Party or Student if 18 years old |
|------|-----------------------------------------------------------|

Fraud Warning: "It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and / or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

SPORTS (K-12, SPECIAL RISK)

ATTACHMENT 1

APPENDICES

- A - Informed Consent
- B - Sudden Cardiac Arrest
Information
- C - ImPACT Concussion Baseline
Testing Information
- D - ABC's of Understanding
Concussions

MILLERSBURG ATHLETIC DEPARTMENT
Informed Consent Statement

Dear Parent,

Thank you for supporting your student's decision to participate in the inter-scholastic athletics program offered through the Millersburg Area School District. We anticipate this will be a successful and rewarding experience for both your son/daughter and you.

Please be aware that athletic injuries sometimes occur, even though all possible precautions have been taken.

"Informed Consent" is a legal requirement that parents of student athletes be notified of the potential risks to their child while participating in athletics. The courts have established that the burden of proof lies with a school district, requiring a district to show evidence that parents and student athletes were warned of potential injury prior to the start of an athletic season.

WARNING

Please be informed that your student faces the risk of injury, including but not limited to, the risk of sprains, fractures and ligament and/or cartilage damage which could result in a temporary or permanent, partial or complete, impairment in the use of my limbs; brain damage; paralysis; or even death while taking part in athletic practices and/or competitions at Millersburg Area School District. By allowing your son/daughter to participate in athletic events and practices, you fully acknowledge and understand the risk of serious injury that could occur. You further acknowledge that you have been fully advised, cautioned, and warned by the proper administrative and coaching personnel of the Millersburg Area School District that your son/daughter faces risk of serious injury.

Kody Godsey
Athletic Director

Appendix A



Athlete/Parent/Guardian Sudden Cardiac Arrest Symptoms and Warning Signs Information Sheet and Acknowledgement of Receipt and Review Form

What is sudden cardiac arrest?

Sudden cardiac arrest (SCA) is when the heart stops beating, suddenly and unexpectedly. When this happens blood stops flowing to the brain and other vital organs. SCA is NOT a heart attack. A heart attack may cause SCA, but they are not the same. A heart attack is caused by a blockage that stops the flow of blood to the heart. SCA is a malfunction in the heart's electrical system, causing the heart to suddenly stop beating.

How common is sudden cardiac arrest in the United States?

There are about 300,000 cardiac arrests outside hospitals each year. About 2,000 patients under 25 die of SCA each year.

Are there warning signs?

Although SCA happens unexpectedly, some people may have signs or symptoms, such as:

- dizziness
- lightheadedness
- shortness of breath
- difficulty breathing
- racing or fluttering heartbeat (palpitations)
- syncope (fainting)
- fatigue (extreme tiredness)
- weakness
- nausea
- vomiting
- chest pains

These symptoms can be unclear and confusing in athletes. Often, people confuse these warning signs with physical exhaustion. SCA can be prevented if the underlying causes can be diagnosed and treated.

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

There are risks associated with continuing to practice or play after experiencing these symptoms. When the heart stops, so does the blood that flows to the brain and other vital organs. Death or permanent brain damage can occur in just a few minutes. Most people who have SCA die from it.

Act 59 – the Sudden Cardiac Arrest Prevention Act (the Act)

The Act is intended to keep student-athletes safe while practicing or playing. The requirements of the Act are:

Information about SCA symptoms and warning signs.

- Every student-athlete and their parent or guardian must read and sign this form. It must be returned to the school before participation in any athletic activity. A new form must be signed and returned each school year.
- Schools may *also* hold informational meetings. The meetings can occur before each athletic season. Meetings may include student-athletes, parents, coaches and school officials. Schools may also want to include doctors, nurses and athletic trainers.

PA Department of Health: Sudden Cardiac Arrest Symptoms and Warning Signs Information Sheet and Acknowledgement of Receipt and Review Form. 7/2012

Appendix B

Removal from play/return to play

- Any student-athlete who has signs or symptoms of sudden cardiac arrest (SCA) must be removed from play. The symptoms can happen before, during or after activity. Play includes all athletic activity.
- Before returning to play, the athlete must be evaluated. Clearance to return to play must be in writing. The evaluation must be performed by a licensed physician, certified registered nurse practitioner or cardiologist (heart doctor). The licensed physician or certified registered nurse practitioner may consult any other licensed or certified medical professionals.

ImPACT Concussion Baseline Testing Information

The Millersburg Area School District is currently utilizing an innovative program for our student-athletes participating in Pennsylvania Interscholastic Athletic Association (PIAA) sports at the Jr. High (Middle School) and High School levels. This program will assist our athletic trainers and physicians in evaluating and treating head injuries (concussions). In order to better manage concussions sustained by our student-athletes, we have acquired a software tool called ImPACT (Immediate Post Concussion Assessment and Cognitive Testing). ImPACT is a computerized assessment utilized in many professional, collegiate, and high school sports programs across the country to successfully diagnose and manage concussions. If a Millersburg student-athlete is believed to have suffered a head injury during competition or practice, ImPACT is used to help determine the severity of head injury as well as guide return-to-play decision making.

The ImPACT computerized assessment is administered initially to student-athletes before a sport's season begins for baseline results. This testing will be done prior to the first practice for each sport (outside of the school day). The baseline assessment must be taken by Millersburg student-athletes in grades 7th through 12th prior to participating in any PIAA sport. Millersburg student athletes must complete the baseline assessment every other year as recommended by the provider of the program. This will occur in grades 7, 9, and 11 unless the student athlete is beginning participation in a sport for the first time in different grade. Those student-athletes that have not completed a baseline test at Millersburg must complete it prior to participation as well. This non-invasive test is set up in "video-game" type format, takes about 20-30 minutes to complete, and poses no risks to the student-athlete. It is simple and, many athletes enjoy the challenge of taking the test. Essentially, the ImPACT test is a preseason physical of the brain. It tracks information such as memory, reaction time, speed, and concentration. However, it is not an IQ test.

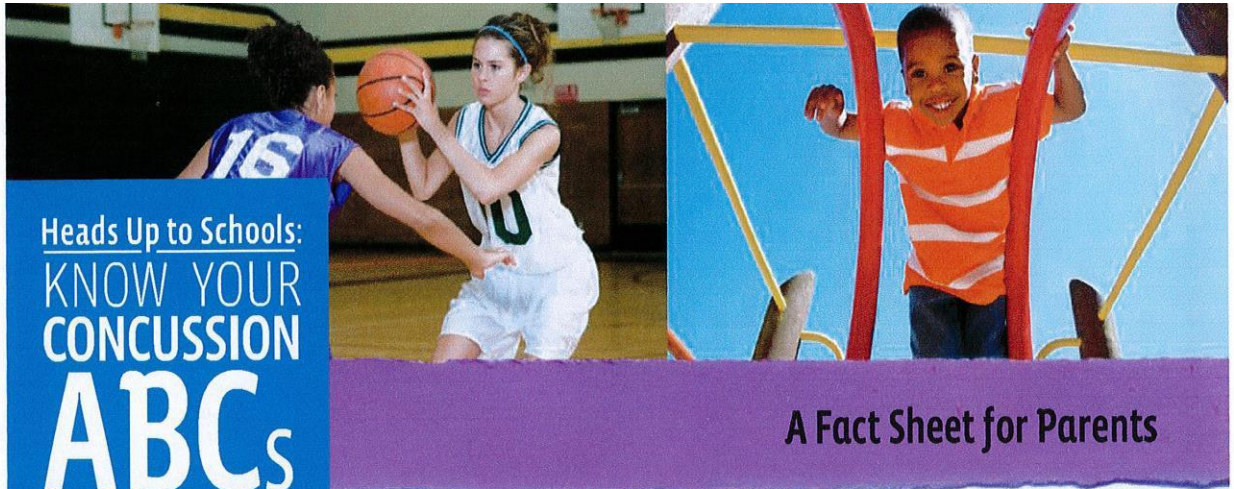
If a concussion is suspected at any point during the season, the student-athlete will be required to re-take the test. The baseline and post-injury test data will then be reviewed and evaluated by the athletic trainer. The results will also be shared with the parent(s). This test data helps health professionals determine when return-to-play is appropriate and safe for the student-athlete with a head injury. In addition to passing the ImPACT Test and a sport specific medical exertion test (concussion protocol) by the athletic trainer, **the student-athlete must be cleared by a medical doctor before returning to his/her sport.** Medical clearance forms are available at the school or on-line at piaa.org.

The Millersburg Area School District administration, team physician, athletic trainers, and coaching staffs are keeping your child's health and safety at the forefront of the student-athletic experience. If you have any questions regarding the ImPACT Testing Program, please contact either of the individuals below or log on to the ImPACT Testing Program website @ Impacttest.com:

Davia Erdman
Certified Athletic Trainer
CPRS Physical Therapy
717.579-0523

Kody Godsey
Athletic Director
Millersburg Area School District
717.692.2108

Appendix C



Heads Up to Schools: KNOW YOUR CONCUSSION ABCs

Assess
the
situation

Be alert for
signs and
symptoms

Contact a
health care
professional

A Fact Sheet for Parents

What is a concussion?

A concussion is a type of brain injury that changes the way the brain normally works. A concussion is caused by a bump, blow, or jolt to the head. Concussions can also occur from a blow to the body that causes the head and brain to move rapidly back and forth. Even what seems to be a mild bump to the head can be serious.

Concussions can have a more serious effect on a young, developing brain and need to be addressed correctly.

What are the signs and symptoms of a concussion?

You can't see a concussion. Signs and symptoms of concussion can show up right after an injury or may not appear or be noticed until hours or days after the injury. It is important to watch for changes in how your child or teen is acting or feeling, if symptoms are getting worse, or if s/he just "doesn't feel right." Most concussions occur without loss of consciousness.

If your child or teen reports *one or more* of the symptoms of concussion listed below, or if you notice the symptoms yourself, seek medical attention right away. Children and teens are among those at greatest risk for concussion.

SIGNS AND SYMPTOMS OF A CONCUSSION

SIGNS OBSERVED BY PARENTS OR GUARDIANS

- Appears dazed or stunned
- Is confused about events
- Answers questions slowly
- Repeats questions
- Can't recall events *prior* to the hit, bump, or fall
- Can't recall events *after* the hit, bump, or fall
- Loses consciousness (even briefly)
- Shows behavior or personality changes
- Forgets class schedule or assignments

SYMPTOMS REPORTED BY YOUR CHILD OR TEEN

Thinking/Remembering:

- Difficulty thinking clearly
- Difficulty concentrating or remembering
- Feeling more slowed down
- Feeling sluggish, hazy, foggy, or groggy

Physical:

- Headache or "pressure" in head
- Nausea or vomiting
- Balance problems or dizziness
- Fatigue or feeling tired
- Blurry or double vision
- Sensitivity to light or noise
- Numbness or tingling
- Does not "feel right"

Emotional:

- Irritable
- Sad
- More emotional than usual
- Nervous

Sleep*:

- Drowsy
- Sleeps *less* than usual
- Sleeps *more* than usual
- Has trouble falling asleep

**Only ask about sleep symptoms if the injury occurred on a prior day.*

To download this fact sheet in Spanish, please visit: www.cdc.gov/Concussion. Para obtener una copia electrónica de esta hoja de información en español, por favor visite: www.cdc.gov/Concussion.

May 2010

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR DISEASE CONTROL AND PREVENTION



Appendix D

DANGER SIGNS

Be alert for symptoms that worsen over time. Your child or teen should be seen in an emergency department right away if s/he has:

- One pupil (the black part in the middle of the eye) larger than the other
- Drowsiness or cannot be awakened
- A headache that gets worse and does not go away
- Weakness, numbness, or decreased coordination
- Repeated vomiting or nausea
- Slurred speech
- Convulsions or seizures
- Difficulty recognizing people or places
- Increasing confusion, restlessness, or agitation
- Unusual behavior
- Loss of consciousness (even a brief loss of consciousness should be taken seriously)

Children and teens with a concussion should **NEVER** return to sports or recreation activities on the same day the injury occurred. They should delay returning to their activities until a health care professional experienced in evaluating for concussion says they are symptom-free and it's OK to return to play. This means, until permitted, not returning to:

- Physical Education (PE) class,
- Sports practices or games, or
- Physical activity at recess.

What should I do if my child or teen has a concussion?

1. **Seek medical attention right away.** A health care professional experienced in evaluating for concussion can determine how serious the concussion is and when it is safe for your child or teen to return to normal activities, including physical activity and school (concentration and learning activities).
2. **Help them take time to get better.** If your child or teen has a concussion, her or his brain needs time to heal. Your child or teen may need to limit activities while s/he is recovering from a concussion. Exercising or activities that involve a lot of concentration, such as studying, working on the computer, or playing video games may cause concussion symptoms (such as headache or tiredness) to reappear or get worse. After a concussion, physical and cognitive activities—such as concentration and learning—should be carefully managed and monitored by a health care professional.
3. **Together with your child or teen, learn more about concussions.** Talk about the potential long-term effects of concussion and the dangers of returning too soon to normal activities (especially physical activity and learning/concentration). For more information about concussion and free resources, visit: www.cdc.gov/Concussion.

How can I help my child return to school safely after a concussion?

Help your child or teen get needed support when returning to school after a concussion. Talk with your child's teachers, school nurse, coach, speech-language pathologist, or counselor about your child's concussion and symptoms. Your child may feel frustrated, sad, and even angry because s/he cannot return to recreation and sports right away, or cannot keep up with schoolwork. Your child may also feel isolated from peers and social networks. Talk often with your child about these issues and offer your support and encouragement. As your child's symptoms decrease, the extra help or support can be removed gradually. Children and teens who return to school after a concussion may need to:

- Take rest breaks as needed,
- Spend fewer hours at school,
- Be given more time to take tests or complete assignments,
- Receive help with schoolwork, and/or
- Reduce time spent reading, writing, or on the computer.



*To learn more about concussion and to order materials **FREE-OF-CHARGE**, go to: www.cdc.gov/Concussion or call 1.800.CDC.INFO.

REQUIRED FORMS

**A - Student Athlete/Parent Signature
Page**

B - Athletic Eligibility Information

**C - ImPACT Baseline Testing Consent
Form**

D - Protective Equipment Waiver

FORM A

Millersburg Student Athlete/Parent Handbook 2023-24 Signature Page

My/Our signature below signifies that I/we have read, understand, and acknowledge receipt of the information contained in the 2023-24 Millersburg Area High School Student Athlete/Parent Athletic Handbook, **to include the warnings related to the risk of serious injury**, and I/we agree to abide by the rules, regulations, guidelines and consequences as set-forth in this document including, but not limited to:

- Athletic Code of Conduct
- Parent/Guardian/Spectator Code of Conduct
- Mandatory Random Drug Testing Policy & Consent
- Participation Requirements
- Academic and Attendance Requirements Pertaining to Eligibility
- Equipment and Uniform Care and Replacement Requirements
- Requirements for Earning a Letter
- Athletic Insurance Information
- **Acknowledgement of Risk of Serious Injury**
- **Sudden Cardiac Arrest Information**
- **ImPACT Concussion Baseline Testing Information**
- **ABC's of Understanding Concussions**
- Personally Provided Protective Equipment Waiver (If Applicable)

I/We also understand it is my/our responsibility to keep a copy of this handbook in my/our possession for future reference and that a signed copy this form must be submitted to the head coach prior to my (the student athlete's) participation in any required practiced or contests scheduled during the 2023-24 school year.

(PRINT) Student Athlete's Name

Student Athlete's Signature

Date

Parent(s) Signature(s)

Date

FORM B

Athletic Eligibility Information Form (PRINT)

SPORT _____

STUDENT'S NAME (Last, First) _____

ADDRESS _____

PHONE NO. _____

BIRTHDATE _____

AGE _____

CURRENT GRADE _____

* Are you repeating this grade from last year? Yes / No (circle one)

* Have you ever repeated a year in grades 9 -12? Yes / No (circle one)

* Were you enrolled in Millersburg last year? Yes / No (circle one)

PARENTS/GUARDIANS NAMES _____

PARENT WORK PHONE NO. _____

PARENT CELL PHONE NO. _____

PARENT E-MAIL ADDRESS _____

List the all **SPORTS** and grade levels, including current year, of each SPORT you have participated in (including other schools). **DO NOT** include other activities i.e. Band, Archery, etc.

| Sport/Grade | 7 | 8 | 9 | 10 | 11 | 12 |
|--------------|---|---|---|----|----|----|
| Ex.-Football | | | X | X | | X |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

This form must be completed and handed into your head coach before being permitted to practice or participate in any events.

FORM C



Millersburg Area Athletic Program

ImPACT Baseline Testing Consent Form

I/We have read the ImPACT Concussion Testing information and I/we understand its contents. I/we have been given an opportunity to ask questions and all questions have been answered to my satisfaction. I/we agree to participate in the ImPACT Concussion Management Program as required to participate in Millersburg Area School District sponsored, PIAA sports.

Printed Name of Athlete _____

Sport(s) _____

Signature of Athlete

Date

Signature of Parent/Guardian

Date

This form must be completed and handed in prior to being permitted to participate in the Baseline Concussion Testing Program. It will serve as your “ticket” into your scheduled testing session.

FORM D

Student Athlete's Name (PRINT) _____

MILLERSBURG AREA SCHOOL DISTRICT WAIVER AND REPRESENTATION FOR USE OF NON-DISTRICT PROVIDED PROTECTIVE EQUIPMENT

I request permission for my child to wear their personally provided protective equipment (Helmet and/or Shoulder Pads for football; Batting Helmet for baseball and softball) when participating in Millersburg Area School District sponsored sports competitions and practices. I recognize that football is considered a contact sport. With baseball and softball, while each is considered a non-contact sport, one does face the possibility of being hit with a hard object, either thrown or hit by a bat. By participating in any of the aforesaid sports, **I acknowledge that my child may be subject to the real and inherent dangers presented by participation in such sports including concussion, bodily injury, and even death.** I also understand that the Millersburg Area School District provides protective equipment for student athletes for sports competitions and practices and that such protective equipment meets certain safety standards as required by the District and the PIAA. **On behalf of my child, I decline the district's offer of protective equipment for my child.** By substituting privately purchased protective equipment for my child, I hereby represent and warrant as follows:

1. My child's privately purchased protective equipment provides equal or greater protection than that which is provided by the District for student athletes.
2. My child's privately purchased protective equipment is the same in appearance and function as that provided by the District for student athletes.
3. My child's privately purchased protective equipment meets applicable safety certification requirements, including the standards set by the National Operating Committee on Standards for Athletic Equipment (as such standards may be amended from time to time) and any additional requirements as may be set by the District and PIAA.

I understand that the Millersburg Area District Board of Education and its agents reserve the right to require my child to use the District provided protective equipment in the event that the Millersburg Area School District Board of Education and/or its agents in their sole discretion determine such action to be in the best interests of my child. I realize that I will be responsible for any and all costs associated with the purchase and maintenance of my child's privately purchased protective equipment.

I understand there are risks of harm, both expected and unexpected, in my child's athletic activity and that these risks include serious bodily injury or even death to a participant. I also understand that the privately purchased protective equipment I choose to have my son or daughter use may not adequately protect my son or daughter from such risks. **On my own behalf and on behalf of my minor child I assume all responsibility and risk relating to my child's use of the privately purchased protective equipment.** I further waive my right to initiate and/or pursue in any manner any and all lawsuits and any other claims in any forum against the Millersburg Area School District Board of School Directors, its individual Board members, officers, employees, attorneys, agents, contractors and assigns for any injury or harm occurring

to my child, including but not limited to claims for negligent acts or omissions and/or claims for death and/or serious bodily injury resulting from my child's use of privately purchased protective equipment. I further agree to indemnify and save harmless the Millersburg Area School District Board of School Directors, its individual members, officers, employees, attorneys, agents, contractors and assigns against any and all loss or expense including, but not limited to, attorney fees, court costs, damages, liability and any other amounts for any and all bodily injuries, including death, arising out of or connected with my child's use of the privately purchased protective equipment, whether such personal injuries are due or claimed to be due to any negligent acts and/or omissions and/or acts or omissions of the Millersburg Area School District, its individual Board member, officers, employees, attorneys, agents, contractor or assigns or by any other person or entity.

Please Complete the Information Below:

Athletes Name (Print): _____

Sport: _____

Protective Equipment:

- | | | |
|----------------------------------------|--------------|-------------------------------------------|
| 1. _____ | _____ | _____ |
| Equipment Type (Helmet, Shoulder Pads) | Manufacturer | Description (Ex. Blue with white stripes) |
| 2. _____ | _____ | _____ |
| Equipment Type (Helmet, Shoulder Pads) | Manufacturer | Description (Ex. Blue with white stripes) |
| 3. _____ | _____ | _____ |
| Equipment Type (Helmet, Shoulder Pads) | Manufacturer | Description (Ex. Blue with white stripes) |

IN WITNESS WHEREOF, I have executed this waiver and representation

At _____ on this _____ day of _____, 202____.

Signature: _____

Print Name: _____
Parent/Guardian