

Students

**SUBJECT: SPORTS AND THE ATHLETIC PROGRAM**

Athletics are an integral part of a well balanced educational program. Therefore, the Board supports within its resources a broad sports program with equal access for both males and females, with emphasis on maximum participation, through interscholastic and intramural activity. The District will comply with recommendations from the U.S. Department of Education's Office for Civil Rights (OCR) regarding Title IX equal opportunity for males and females in the District's total athletic program regarding any of the following factors which may be applicable:

- a) The nature and extent of the sports program to be offered (including the levels of competition, such as varsity, club, etc.);
- b) The provision of equipment and supplies;
- c) The scheduling of games and practice time;
- d) The provision of travel and per diem allowances;
- e) The nature and extent of the opportunity to receive coaching and academic tutoring;
- f) The assignment and compensation of coaches and tutors;
- g) The provision of locker rooms, practice and competitive facilities;
- h) The provision of medical and training facilities and services;
- i) The provision of housing and dining facilities and services; and
- j) The nature and extent of support, publicity and promotion including cheerleading, bands, published programs distributed at games, and booster club activities.

The interscholastic athletic program shall conform to the Regulations of the Commissioner of Education as well as the established rules of the New York State Public High Schools Athletic Association and the State Education Department.

Eligibility for interscholastic athletic competition requires that the students:

- a) Provide written parental/guardian consent.
- b) Pass satisfactorily the medical examination administered by the school physician/nurse practitioner or the student's personal physician. When an athlete is seen by a personal physician, the athlete must present documentation to the school nurse.

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- c) Meet the requirements for interscholastic competition as set forth by the Commissioner's Regulations and the New York State Public High School Athletic Association.
- d) A student is not eligible and does not obtain clearance to participate in interscholastic athletics until a student's Medical Review Card has been completed and provided to the coach of the respective sport the student is participating in for a given sport season. Medical Review Card must be completed prior to the start of every sport season.

**Booster Clubs**

The School District has a responsibility under Title IX to ensure that boys' and girls' programs are provided with equivalent benefits, treatment, services and opportunities regardless of their source. When determining equivalency, benefits, services and opportunities attained through the use of private funds (e.g., "booster clubs"), such funds are considered in combination with all benefits, services and opportunities.

Private fundraising, including student-initiated fundraising, is permissible under Title IX. Further, compliance with Title IX does not mean that teams must "share" proceeds from fundraising activities. It does, however, place a responsibility on the District to ensure that benefits, services, treatment and opportunities overall, regardless of funding sources, are equivalent for male and female athletes.

In accordance with OCR, in order for the District to be in continuing compliance with Title IX requirements, the District must assure that services, benefits and opportunities in its athletic programs are provided on an equivalent basis to both boys and girls, including those services, benefits and opportunities that are provided through the use of outside financial assistance such as donations, fundraising by coaches, and booster clubs.

**Selection/Classification Process**

The Board approves the use of the selection/classification process for all secondary school interscholastic team members. The Board directs the Superintendent to implement the procedures and maintain a file of those students deemed eligible as a result of those procedures.

**Secondary Intramural and Pre-Season Activities**

A physical is not required to participate in intramural or pre-season activities.

- a) Prior to participation in secondary intramural and/or secondary pre-season activities parental permission and notification shall be submitted to the supervisor/coach of said activity,

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- b) A roster, due by a deadline set by the Athletic Director must be presented, in advance of students participating in secondary intramural activities and/or secondary pre-season activities shall be submitted to the appropriate building nurse, to review and notify intramural supervisor/coach of pre-existing health conditions regarding specific students. Intramural and/or pre-season activity rosters shall also be submitted to the Building Principal.

**Student Athletic Injuries**

No student should be allowed to practice or play in an athletic contest if he/she is suffering from an injury. The diagnosis of and prescription of treatment for injuries is strictly a medical matter and should under no circumstances be considered within the province of the coach. A coach's responsibility is to see that injured players are given prompt and competent medical attention, and that all details of a doctor's instructions concerning the student's functioning as a team member are carried out. No student will be allowed to practice or compete if there is a question whether he/she is in adequate physical condition.

- a) Athletic trainers are educated and trained health care professionals who collaborate with the school Chief School Medical Officer (CSMO), Athletic Director, and school nurse to optimize athletes' activity and participation in athletics. The practice of athletic training encompasses the prevention, examination, treatment and rehabilitation, of emergent, acute, sub-acute and chronic musculoskeletal conditions.
- b) If a student or student athlete is withheld from participation in physical education and/or athletics for reasons related to but not limited to injury, fatigue, and/or soreness, from interscholastic athletics and/or other activities, for a duration longer than five (5) consecutive school days, a physician's release must be presented to the school nurse for said student to be eligible to participate in physical education and interscholastic athletics.
- c) A physician's certificate will be required for a student before returning to athletic participation if an injury has been sustained during athletic participation where medical follow up was deemed necessary.
- d) In any instance where there is a dispute between an outside physician and School Medical Officer, the School Medical Officer renders the final decision.

**Athletic Program - Safety**

The District will take reasonable steps to see that physical risks to students participating in the interscholastic athletic program shall be kept at a minimum by:

- a) Requiring medical examinations of participants;

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- b) Obtaining appropriately certified and/or licensed officials to coach all varsity, junior varsity, and modified games;
- c) Building nurses are to be provided with the contact information for all coaches of athletic and/or intramural sports teams. School building nurses are to be responsible for notifying coaches and the Athletic Department of student athletic injuries, accidents, medically restricted participation in physical education, and/or student illness; and
- d) Ensuring that equipment is both safe and operative within approved guidelines.

**Concussion Policy**

The following policy has been developed in coordination with New York State Public High Schools Athletic Associations recommendations for concussion management. The policy follows the guidelines and procedures outlined in consensus statement from 3rd International Conference on Concussion in Sport held in Zurich 2008, as well as specific procedures for ImPACT Concussion testing.

A concussion is defined as a complex pathophysiological process affecting the brain, induced by traumatic biomechanical forces. Several common features that incorporate clinical, pathologic and biomechanical injury constructs that may be utilized in defining the nature of a concussive head injury:

- a) Concussion may be caused by either a direct blow to the head, face, neck or elsewhere on the body with an "impulsive" force transmitted to the head.
- b) Concussion typically results in a rapid onset of short-lived impairment of neurological function that resolves spontaneously.
- c) Concussion may result in neuropathological changes, but the acute clinical symptoms largely reflect a functional disturbance rather than a structural injury.
- d) Concussion results in a graded set of clinical symptoms that may or may not involve loss of consciousness. Resolution of the clinical and cognitive symptoms typically follows a sequential course; however, it is important to note that, in a small percentage of cases, post-concussive symptoms may be prolonged.
- e) No abnormality on standard structural neuroimaging studies is seen in concussion.

**Any athlete that shows any signs or symptoms of concussion will be removed from play and assessed by a healthcare professional.** According to the consensus statement of 2008 Zurich Conference, the suspected diagnosis of a concussion can include one (1) or more of the following clinical domains:

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- a) Symptoms: somatic (e.g., headache), cognitive (e.g., feeling like in a fog), and/or emotional symptoms (e.g., lability)
- b) Physical Signs (e.g., loss of consciousness, amnesia)
- c) Behavioral changes (e.g., irritability)
- d) Cognitive impairment (e.g., slowed reaction times)
- e) Sleep disturbance (e.g., drowsiness)

**If any one (1) or more of these components is present, a concussion should be suspected and the appropriate management strategy instituted.**

Once first aid issues are addressed, an assessment of the concussive injury should be made using the SCAT 2. The post injury results will be compared to the baseline SCAT 2, if available. Athletes with a suspected concussion will not be able to return to play that same day. These athletes should not be left alone and will be monitored after fifteen (15) and thirty (30) minutes and every thirty (30) minutes thereafter until the end of the event or until EMS is determined to be necessary. EMS should be activated for those athletes who suffer loss of consciousness, have a suspected neck injury in addition to head injury or for those athletes whose symptoms worsen over a fifteen (15) or thirty (30) minute time frame.

For those athletes not needing EMS, the parent/guardian must be contacted and a head injury sheet will be given to the athlete. An athlete with a suspected concussion should not drive home. The athletes that do not seek treatment in the emergency room must be seen by a physician and present documentation to the school nurse.

Concussions will be managed symptomatically and through medical assessment. During the time that an athlete is symptomatic and recovering from injury, it is important to emphasize both physical and cognitive rest, as outlined in Appendix B. Activities that require concentration and attention (e.g., scholastic work, video games, text messaging, etc.) may exacerbate symptoms and possibly delay recovery. If necessary, accommodations should be made for student-athletes whose symptoms worsen while in school or become so severe that an athlete is unable to complete studies.

**Return to Play Protocol**

Once an athlete is asymptomatic for twenty-four (24) hours and has medical clearance from a physician, the athlete will be seen by the athletic trainer with communication with the Chief School Medical Officer and the return to play protocol will be initiated. As recommended by the New York State Public High School Athletic Association (NYSPHSAA), this progression should be completed over five to ten (5-10) days and the athlete must have completed all five (5) phases of the protocol in

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order to return to the normal game play. The athlete must remain asymptomatic to progress to the next level. In the event that symptoms return, the athlete must stop activity. They may return to the previous phase of the protocol when asymptomatic for twenty-four (24) hours. *The athlete should be asymptomatic without the use of pharmacological agents/medications that may affect or modify their symptoms.*

The following return to play protocol will be followed:

- a) **Phase 1 Light aerobic exercise**  
walking, swimming, or stationary bike without resistance
- b) **Phase 2 Sport specific exercise**  
skating drills in ice hockey, running drills – no head impact activities
- c) **Phase 3 Non-contact training drills**  
progress to more complex training drills, may start progressive resistance training
- d) **Phase 4 Full contact practice**  
Following medical clearance by the Chief School Medical Officer, participate in normal training activities.
- e) **Phase 5 Return to play**  
normal game play

**The ImPACT Program**

The ImPact program is a baseline web-based assessment tool that will be implemented to assist in the Return to Play Protocol. This assessment tool can be used in conjunction or in place of the SCAT 2 assessment tool. Student-athletes will be baseline tested prior to the start of their sport season and then retested every two (2) years. The concussion will be managed symptomatically and clinically with consideration of the ImPACT test. The return to play protocol will be initiated and followed as described above. An athlete will be tested on ImPACT once they are asymptomatic for twenty-four (24) hours and have completed phase three of the return to play protocol. The ImPACT results will be given to the Chief School Medical Officer as part of their final medical clearance.

Title IX of the Education Amendments of 1972, 20 United States Code (USC) Section 1681 et seq.  
45 Code of Federal Regulations Part 86  
8 New York Code of Rules and Regulations (NYCRR) Section 135

Adopted: 7/12/11