

JAMES F BYRNES HIGH SCHOOL

PRE-PARTICIPATION PACKET FOR ATHLETICS

Dear Parent,

This packet contains important information that should be reviewed by all athletes and their parents prior to athletic participation at Byrnes High School. Families are encouraged to keep these documents on file as a reference. Also contained in this packet are several forms that must be completed and returned to the athletics office prior to participation. All this is done in an effort to best manage issues related to sports health and safety for your student-athlete.

Our sports medicine program's focus is to prevent, evaluate, assess, treat, and rehabilitate injuries incurred by Byrnes athletes during the course of practice and competition. In most cases, the injury can be handled by our staff without a referral to a physician or emergency room. The Byrnes Sports Medicine program also offers rehab services for all sports injuries, both those treated conservatively and surgically.

When a physician referral is needed, we can assist with the arrangement of the appointment. Dr. Michael Hoenig from Orthopaedic Associates serves as the team physician for our athletics program. Any time an athlete is examined by a physician, he/she should return with written documentation from the doctor including the diagnosis, recommendations, and restrictions for athletic participation. Please return this document to the athletic trainer upon returning to school.

Athletes are required to submit a completed pre-participation physical exam form along with all forms included in the pre-participation packet before any athletic participation, including try-outs and strength/conditioning sessions. Parents are encouraged to make a copy of all documents for their files before submitting to the school.

Note: A physical for the 2015-2016 school year must be conducted after April 1, 2015.

For your review & retain for your information:

- CDC Concussion Fact Sheet for Student-Athletes & Parents
- Heat Illness Awareness Sheet
- SCHSL Football Safety Handout (football only)

Need to be completed and returned:

- Byrnes High School Sports Health Form
- Drug Consent Form
- Insurance Acknowledgement Form
- Concussion Acknowledgement Form

We look forward to a great year!

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SOUTH CAROLINA HIGH SCHOOLS

The purpose of this document is to warn students and their parents of the possibility of serious injury or death while playing a contact sport.

Football is a contact sport and injuries will occur. Safety is the major concern of the Rules Committees of the National Federation of High School Associations and recent rule changes have reduced the number of serious injuries.

This document does not cover all potential injury possibilities in playing football, but it is an attempt to make the players and their parents aware that fundamentals and proper fitting equipment is important to their safety and enjoyment in playing football.

TACKLING, BLOCKING, AND RUNNING THE BALL

By rule, the helmet is not to be used as a "ram". Initial contact is not to be made with the helmet. It is not possible to play the game safely or correctly without making contact with the helmet when properly blocking and tackling an opponent. Therefore, technique is most important to prevention of injuries.

Teaching and blocking techniques are basically the same. The player should always be in a position of balance, knees bent, back straight, body SLIGHTLY bent forward, HEAD UP, target area as near to the body as possible with the main contact being made with the shoulder.

Blocking and tackling by not putting the helmet as close to the body as possible could result in shoulder injury such as a separation or a pinched nerve in the neck area. The dangers of not following the proper techniques can be from minor to disabling to even death. The reason for following the safety rules in making contact with the upper body and helmet is that improper body alignment can put the spinal column in a vulnerable position for injury.

If the head is bent downward, the cervical (neck) vertebrae are in a bind and contact on the TOP OF THE HELMET could result in a dislocation, nerve damage, paralysis or even death. If the back is not straight, the thoracic (mid-back) and lumbar vertebrae are also vulnerable to injury with similar results. If contact again is made to the TOP OF THE HELMET.

BASIC CONTACT POSITION AND FUNDAMENTAL TECHNIQUE

If the knees are not bent, the chance of knee injury is greatly increased. Fundamentally, a player should be in the proper hitting position at all times during live ball play. The injury could be anything from strained muscles, to ankle injuries, to serious knee injuries requiring surgery. The rules have made blocking below the waist (outside a two-yard by four-yard area next to the football) illegal. Cleats have been restricted to no more than 1/2 inch to further help in preventing knee injuries. A runner with the ball, however, may be tackled around the legs.

In tackling, the rules prohibit initial contact with the helmet or grabbing the face mask or edge of the helmet. These restrictions were placed in the rules because of serious injuries resulting from non-compliance to these safety precautions. Initial helmet contact could result in a bruise, dislocation, broken bone, head injury, internal injury such as kidneys, spleen, bladder, etc. Grabbing the face mask or helmet edge could result in a neck injury which could be anything from a muscle strain to a dislocation, nerve injury, spinal damage causing paralysis or death.

The above information has been explained to me and I understand the possibility of serious injury or death as a result of playing a collision sport. I also understand the necessity of using the proper techniques while participating in the football program.

HEADS*UP

CONCUSSION IN HIGH SCHOOL SPORTS

A FACT SHEET FOR **ATHLETES**

Concussion facts:

- A concussion is a brain injury that affects how your brain works.
- A concussion is caused by a bump, blow, or jolt to the head or body.
- A concussion can happen even if you haven't been knocked out.
- If you think you have a concussion, you should not return to play on the day of the injury and not until a health care professional says you are OK to return to play.

What are the symptoms of a concussion?

Concussion symptoms differ with each person and with each injury, and they may not be noticeable for hours or days. Common symptoms include:

- Headache
- Confusion
- Difficulty remembering or paying attention
- Balance problems or dizziness
- Feeling sluggish, hazy, foggy, or groggy
- Feeling irritable, more emotional, or "down"
- Nausea or vomiting
- Bothered by light or noise
- Double or blurry vision
- Slowed reaction time
- Sleep problems
- Loss of consciousness

During recovery, exercising or activities that involve a lot of concentration (such as studying, working on the computer, or playing video games) may cause concussion symptoms to reappear or get worse.

What should I do if I think I have a concussion?

DON'T HIDE IT. REPORT IT. Ignoring your symptoms and trying to "tough it out" often makes symptoms worse. Tell your coach, parent, and athletic trainer if you think you or one of your teammates may have a concussion. Don't let anyone pressure you into continuing to practice or play with a concussion.

GET CHECKED OUT. Only a health care professional can tell if you have a concussion and when it's OK to return to play. Sports have injury timeouts and player substitutions so that you can get checked out and the team can perform at its best. The sooner you get checked out, the sooner you may be able to safely return to play.

TAKE CARE OF YOUR BRAIN. A concussion can affect your ability to do schoolwork and other activities. Most athletes with a concussion get better and return to sports, but it is important to rest and give your brain time to heal. A repeat concussion that occurs while your brain is still healing can cause long-term problems that may change your life forever.

How can I help prevent a concussion?

Every sport is different, but there are steps you can take to protect yourself.

- Follow your coach's rules for safety and the rules of the sport.
- Practice good sportsmanship at all times.

**If you think you have a concussion:
Don't hide it. Report it. Take time to recover.**

It's better to miss one game than the whole season.

For more information, visit www.cdc.gov/Concussion.



HEADS*UP

CONCUSSION IN HIGH SCHOOL SPORTS

A FACT SHEET FOR **PARENTS**

What is a concussion?

A concussion is a type of traumatic brain injury. Concussions are caused by a bump or blow to the head. Even a "ding," "getting your bell rung," or what seems to be a mild bump or blow to the head can be serious.

You can't see a concussion. Signs and symptoms of concussion can show up right after the injury or may not appear or be noticed until days or weeks after the injury. If your child reports any symptoms of concussion, or if you notice the symptoms yourself, seek medical attention right away.

What are the signs and symptoms of a concussion?

If your child has experienced a bump or blow to the head during a game or practice, look for any of the following signs of a concussion:

SYMPTOMS REPORTED BY ATHLETE	SIGNS OBSERVED BY PARENTS/GUARDIANS
<ul style="list-style-type: none"> • Headache or "pressure" in head • Nausea or vomiting • Balance problems or dizziness • Double or blurry vision • Sensitivity to light • Sensitivity to noise • Feeling sluggish, hazy, foggy, or groggy • Concentration or memory problems • Confusion • Just "not feeling right" or "feeling down" 	<ul style="list-style-type: none"> • Appears dazed or stunned • Is confused about assignment or position • Forgets an instruction • Is unsure of game, score, or opponent • Moves clumsily • Answers questions slowly • Loses consciousness (even briefly) • Shows mood, behavior, or personality changes

How can you help your child prevent a concussion or other serious brain injury?

- Ensure that they follow their coach's rules for safety and the rules of the sport.
- Encourage them to practice good sportsmanship at all times.
- Make sure they wear the right protective equipment for their activity. Protective equipment should fit properly and be well maintained.
- Wearing a helmet is a must to reduce the risk of a serious brain injury or skull fracture.
 - However, helmets are not designed to prevent concussions. There is no "concussion-proof" helmet. So, even with a helmet, it is important for kids and teens to avoid hits to the head.

What should you do if you think your child has a concussion?

SEEK MEDICAL ATTENTION RIGHT AWAY. A health care professional will be able to decide how serious the concussion is and when it is safe for your child to return to regular activities, including sports.

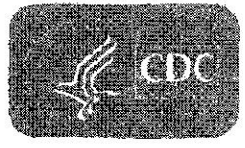
KEEP YOUR CHILD OUT OF PLAY. Concussions take time to heal. Don't let your child return to play the day of the injury and until a health care professional says it's OK. Children who return to play too soon—while the brain is still healing—risk a greater chance of having a repeat concussion. Repeat or later concussions can be very serious. They can cause permanent brain damage, affecting your child for a lifetime.

TELL YOUR CHILD'S COACH ABOUT ANY PREVIOUS CONCUSSION. Coaches should know if your child had a previous concussion. Your child's coach may not know about a concussion your child received in another sport or activity unless you tell the coach.

If you think your teen has a concussion:
 Don't assess it yourself. Take him/her out of play.
 Seek the advice of a health care professional.

It's better to miss one game than the whole season.

For more information, visit www.cdc.gov/Concussion.





Heat Illness Prevention Tips

The topic of heat illness has received a great deal of attention following the tragic experiences of athletes in hot climates. Heat illness can happen to anyone in a hot environment and is an issue that athletes especially need to be aware of -- and know how to prevent.

Athletes increase their risk of heat illness as they become dehydrated. According to the National Athletic Trainers' Association, it is not uncommon to reach dehydration levels significant enough to place athletes at risk of developing exertional heat illnesses in as little as an hour of exercise. Athletes can reach this level even more rapidly if they begin the workout, practice or competition dehydrated. Many of the risk factors for heat illness can be eliminated to help prevent heat injury to the athlete.

10 Tips to "Beat the Heat"

Recognize the early warning signs of dehydration.

These can include: dark yellow urine, loss of energy, dizziness, loss of coordination, cramps, headaches, or unusual fatigue. If left untreated, more extreme symptoms can occur.

Allow for acclimation.

Acclimation is the body's adaptation to a hot environment. Slowly increase practice intensity and duration over the first two weeks of training. Most cases of heat illness occur in the first 2 to 3 days of training.

Drink up.

Once acclimated, fluid intake needs to be greater because sweat losses will be higher.

Have fluids within arm's reach.

Fluids should be easily accessible during workouts, practices and games.

Don't rely on thirst.

Drink during exercise to minimize losses in body weight but don't over drink.

Favor sports drinks over water.

Research demonstrates that the carbohydrate in sports drinks fuels muscle^{1,2,3,4} and sodium encourages voluntary drinking and promotes hydration.^{1,5}

Drink it. Don't pour it.

Pouring fluid over your head may feel great but won't help restore body fluids or lower body temperature.

Exercise in the morning or evening.

This is when the weather is coolest. Also, avoid the direct sun to minimize radiant heat from the sun and hot playing surfaces.

Dress for the weather.

Keeping cool in hot weather means wearing fewer clothes and frequently removing gear like helmets during breaks.

Break it up.

Increase the frequency and duration of rest breaks to help you stay hydrated and cool.

If You Feel Like This

Do This

Dehydration

Loss of Energy & Performance

Muscle Cramps

Drinking sports drinks with small amounts of carbohydrate speeds absorption, prevents fatigue and provides energy. Avoid beverages containing caffeine or carbonation.

Stop activity, gently stretch and massage cramped muscles. Consuming a sports drink that contains sodium (at least 110mg/8oz) may reduce the risk of muscle cramps.

Heat Exhaustion

Dizziness, Light-headedness,
Chills or Loss of Coordination

Nausea/Headaches

Replace fluids. Rehydration is critical. Rest in a cool, shaded area until all symptoms pass. If dizziness continues, lie with the legs elevated to promote circulation to the head, then seek medical attention.

Rest in a cool place until nausea passes. Rehydration is critical; drink slowly as nausea passes. Lying down is often helpful in relieving headaches. Do not resume practice if any symptoms continue.

Heat Stroke

High Body Temperature

Confusion or
Unconsciousness

Immediately cool the athlete by immersion in a tub of ice water and seek immediate medical treatment.

Confusion or unconsciousness can be indicators of heat stroke. Heat stroke is a medical emergency that calls for immediate medical assistance.

1. Casa, D.J. et al. J. Appl. Physiol. 95:215-224, 2003. 2. Baker, P.P. et al. Med. Sci. Sports Exerc. 37: 210-216, 2005. 3. Murray R. et al. Med. Sci. Sports Exerc. 27: 1025-1032, 1995. 4. Parnianpour, R.B. et al. J. Appl. Physiol. 68: 136-152, 2002. 5. Davis, J.M. et al. J. Sport Nutr. Exerc. Behav. 10: 476-485, 2006. 6. Pottier, D.H. et al. Appl. Physiol. 35: 242-249, 1996. 7. Ueda, S. and O. Sakurai. J. Appl. Physiol. 68:1110-1117, 1990.

District Five Schools of Spartanburg County Explanation of Athletic Insurance Policy 2013-2014

Each athlete, participating in a sports program in District Five Schools of Spartanburg County is required to maintain private health insurance coverage. This coverage can be obtained through your employer, Medicaid or through a private carrier. This coverage is considered the *primary* coverage for the student athlete.

District Five Schools of Spartanburg County also provides athletic insurance for our athletes. This insurance covers the athlete during practice and games. This coverage is designed to be a secondary insurance coverage and only pays a small amount to help cover the deductibles, co-pays and out of pocket maximums that your primary coverage does not pay. This coverage pays after the primary coverage has paid.

If there is a difference between what the primary coverage pays and the district athletic coverage pays, *the parent(s) of the student athlete* is responsible for the balance of the charges. *District Five* is not responsible for this cost. If you do not have primary insurance, the district policy will only pay the small amount toward the medical bill as it would have paid to supplement the primary coverage. Parents will be responsible for the balance of the charges.

The Schedule of Benefits for the District Five Athletic Coverage can be found on the back of this explanation.

Should your child be injured during a sporting event or practice, you must obtain a claim form from the school. Please complete the claim form and return it to District Five Schools of Spartanburg County for processing.

District Five Schools of Spartanburg County
Attention: Donna Lazar
100 N. Danzler Road
PO Box 307
Duncan, SC 29334

Please attach the explanation of benefits from your primary insurance company as well as any invoices for payment you have received.

JAMES F BYRNES HIGH SCHOOL SPORTS HEALTH FORM

School Year _____

EMERGENCY CONTACT INFORMATION (Please Print)

Athlete's Name _____ SS# _____

Sex _____ Age _____ Date of Birth _____ Grade _____

Mailing Address _____ City _____ Zip _____

Mother's Name _____ Phone #'s _____ Email _____

Father's Name _____ Phone #'s _____ Email _____

In an EMERGENCY, if parents cannot be contacted notify:

Contact 1 _____ Phone # _____ Contact 2 _____ Phone # _____

Family Doctor _____ Phone # _____ Family Dentist _____ Phone # _____

Preferred Hospital _____ Glasses/Contacts _____

Allergies _____ Medications: _____

Significant Medical History/Existing Condition: _____

INSURANCE INFORMATION

Do you have health insurance? _____ Health Insurance Company _____

Insured's Name _____ SS# _____ Policy # _____

Does your insurance plan require you to be seen by your primary care physician before being seen by a specialist? _____

ACKNOWLEDGEMENT OF RISK & DUTY TO REPORT INJURY

My child and I have read and understand the educational information attached to this document concerning concussion, heat illness, and proper tackling technique (football only). We understand and accept the risk involved in athletic participation. We understand that it is his/her responsibility to report all injuries and illnesses to the school's certified athletic trainers immediately.

Parent's Signature _____ Date _____

CONSENT FOR MEDICAL TREATMENT & RELEASE OF MEDICAL RECORDS & INFORMATION

In the event of an injury, illness, or emergency, I give the certified athletic trainers and physicians associated with James F. Byrnes High School permission to evaluate and treat me/my child. In the event that the athlete is unable to communicate, the sports medicine staff has permission to take whatever measures they deem prudent and necessary in a life-threatening or potentially life-threatening situation. I authorize the release of any and all medical records and information to the certified athletic trainers and physicians associated with James F. Byrnes High School. I also authorize the sports medicine staff to release medical information to the following: parents/guardians, coaching staff, and athletic administration of James F. Byrnes High School.

Parent's Signature _____ Date _____

School Year: _____

**DISTRICT FIVE SCHOOLS
OF SPARTANBURG COUNTY**

Post Office Box 307 • 100 North Danzler Road • Duncan, South Carolina 29334
Telephone: (864) 949-2350 • Fax: (864) 439-0051 • www.spart5.net

Random Drug and Alcohol Consent to Test Form

File: JCDAE-E

I plan to participate in the following athletic activity / activities _____
for the _____ school year.

I understand that my participation in athletics and the reputation of my school are dependent on my conduct as an individual. I hereby agree to accept and abide by the standards, rules, and regulations set forth by the District Five Board of Trustees of Spartanburg County.

I authorize District Five Schools of Spartanburg County to test my urine for drugs and alcohol, pursuant to board policy and the accompanying administrative rule, if my name is selected from a random pool. I also authorize the release of the test results to district personnel needed to execute the random drug and alcohol testing program.

Student's Name

Student's ID Number

Student's Signature

Date

Parent/Legal Guardian Name

Parent/Legal Guardian Telephone No.

Parent/Legal Guardian Signature

Date

Class of _____

District Five Schools of Spartanburg County Acknowledgement of Explanation of Athletic Insurance Policy

Parent or legal guardian please initial each statement:

_____ I have received a copy of the Benefits Schedule for the District Five Schools Athletic Insurance coverage and I understand it is my responsibility to provide my athlete with primary health insurance coverage.

_____ I understand that the Athletic Insurance provided by District Five Schools of Spartanburg County is not meant to be primary coverage. This policy only pays a small amount to supplement the deductibles, co-pays and out of pocket expense that is not covered by my primary insurance carrier. I understand that if I do not have primary insurance coverage for my athlete, the District Five Athletic Policy will still only pay the small amount toward the medical bill as it would have paid to supplement the primary coverage. I also understand that after the District Five Athletic policy has made its payment, the balance of the medical bill is completely my responsibility.

_____ I understand that it is my responsibility to obtain and return the completed claim form, explanation of benefits from my primary insurance carrier, and all invoices to District Five Schools, Attention: Donna Lazar, 100 N. Danzler Road, PO Box 307, Duncan, SC 29334, for processing.

Print Athlete's Name

Sport

Name of Primary Insurance Company

Policy Number

Parent or Legal Guardian Signature

Date

School Year: _____

**District Five Schools of Spartanburg County
Concussion / Traumatic Brain Injury (TBI)
Annual Statement and Acknowledgement Form**

I, _____ (student), acknowledge that I have to be an active participant in my own health and have the direct responsibility for reporting all of my injuries and illnesses to the appropriate school staff (e.g., coaches, athletic training staff, and school nurse). I further recognize that my physical condition is dependent upon providing an accurate medical history and a full disclosure of any symptoms, complaints, prior injuries and/or disabilities experienced before, during or after athletic activities.

By signing below, I/We acknowledge:

- My school has provided me with specific educational materials including the CDC Concussion fact sheet (<http://www.cdc.gov/concussion>) on what a concussion is and has given me an opportunity to ask questions.
- I/We have fully disclosed to the school medical staff any prior traumatic brain injuries (TBI)/concussions and will also disclose any future conditions.
- There is a possibility that participation in my sport may result in a head injury and/or concussion. In rare cases, these concussions can cause permanent brain damage, and even death.
- A concussion is a brain injury, which I/We am/are responsible for reporting to the coach, athletic trainer, school nurse, or other appropriate school medical staff member.
- A concussion can affect my ability to perform everyday activities, and affect my reaction time, balance, sleep, and classroom performance.
- Some of the symptoms of concussion may be noticed right away while other symptoms can show up hours or days after the injury.
- If I suspect a teammate has a concussion, I will make every effort to report the injury to the appropriate school staff and/or school medical staff member.
- I will not return to play in a game or practice if I have received a blow to the head or body that results in concussion related symptoms.
- I will not return to play in a game or practice until my symptoms have resolved AND I have written clearance to do so by a qualified health care professional.

I represent and certify that I and my parent/guardian have read the entirety of this document and fully understand the contents, consequences and implications of signing this document.

Student Athlete must print their name, then sign and date below:

Print Name: _____ Signature: _____

Date: _____

Parent/Guardian must print their name, then sign and date below:

Print Name: _____ Signature: _____

Date: _____