



## Allegheny Highlands Public Schools - Athletic Pledge

I \_\_\_\_\_, have received a copy and agree to the terms of the AHPS Athletic Pledge. I understand that if I break this pledge I will be responsible and held accountable for my actions. I realize that being a part of the athletic and/or extracurricular program(s)/activity is a privilege, which means there may be penalties for inappropriate behaviors/or actions. By committing myself to the high standards and expectations of Allegheny Highlands Public School's athletics and/or extracurricular activities, I agree to the following guidelines as a student athlete.

1. I pledge to abstain from any drug, tobacco or alcohol use both on and off AHPS campuses. Substance abuse is in direct conflict with Allegheny High School, Covington High School & Clifton Middle School's athlete's handbooks; the VHSL handbook; and/or could be in conflict with federal & state laws,
2. I understand that I will be held accountable for my actions and that by using, selling and/or purchasing any drugs and/or alcohol products both on and off AHPS campuses I am subjecting myself to the following penalties and violations:
  - a. First Offense: Results in suspension from participation in current AHPS athletic and/or extracurricular program(s)/activities for 10 weeks from the date the student is found breaking the agreement/pledge.
  - b. Second Offense: Results in suspension from all AHPS athletic and/or extracurricular program(s)/activities for the remainder of the school year. Under Allegheny Highlands Public Schools Board Policy JFCI; the student-athlete will participate in the Substance Abuse-Student Assistance Program.
3. I understand that I will be held accountable for my actions and that by using, selling and/or purchasing tobacco both on and off AHPS campuses I am subjecting myself to the following penalties and violations:
  - a. First Offense: Possession of tobacco will result in a 1 week suspension from participation in all AHPS athletic and/or extracurricular program(s)/activities.
  - b. First Offense: Possession of tobacco will result in a 5 week suspension from participation in all AHPS athletic and/or extracurricular program(s)/activities.
4. I pledge to conduct myself in a mature and responsible manner at all times on and off AHPS campuses. I understand that as a student-athlete if I am ejected, then the VHSL rules will apply (VHSL 27-11-6). If I am ejected a second time, whether it be in the same season or another season, I understand that depending on the circumstances I could be ineligible to play or participate in any AHPS athletic and/or extracurricular program(s)/activities for the remainder of the current school year.

5. I pledge to be responsible for all team apparel and equipment issued to me and agree to return such equipment at the conclusion of the season. If lost or unaccounted for, then I agree to pay or reimburse AHPS for the full cost of replacing the apparel/equipment.
6. I pledge that I have been properly advised and instructed by the administration and/or coaches on the standards, rules & guidelines that I am to follow while a member of the AHPS athletic and/or extracurricular program(s)/activity.
7. I pledge that I have received and turned in an up-to-date VHSL physical form from an appropriate licensed health care provider. I agree to follow all guidelines and precautions associated with my completed VHSL physical. (VHSL 28-B-3-1)
8. I acknowledge that I have been notified and educated on the risks and potential effects of concussions by the administration, athletic trainer and/or coaches.
9. I acknowledge that I have been notified and educated on the symptoms that may lead to sudden cardiac arrest by the administration, athletic trainer and/or coaches.
10. I acknowledge that I have been properly advised and informed of any risks and/or injuries associated with participating in AHPS athletic and/or extracurricular program(s)/activities. I acknowledge that I am subjecting myself to possible injury, which may result in a partial or even permanent impairment. Having been educated and cautioned by the administration, athletic trainer and/or coaches, it is still my desire to participate in AHPS athletic and/or extracurricular program(s)/activities.
11. I pledge that I will abide by all team rules that are outlined by my coaches.
12. I understand that participation in activities, groups and teams is a privilege. The use of social media by a student considered "unbecoming" may result in discipline up to & including suspension or removal from the the AHPS activity, leadership position, group and/or team

By signing below; I understand that as a student-athlete I am voluntarily participating in athletic and/or extracurricular program(s)/activities offered by Alleghany Highlands Public Schools. I will represent AHPS to the fullest capacity and will abide by the AHPS student handbook, AHPS athletic handbook, Virginia High School League Handbook & team rules.

**Student Athlete Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

As a parent/guardian I have read, acknowledge I have been informed and agree to the Alleghany Highlands Athletic Pledge. I understand that my child will be participating in activities offered by Alleghany Highlands Public Schools and the VHSL. This form serves as permission for my child to participate in all AHPS athletic and/or extracurricular program(s)/activities. If an infraction occurs and disciplinary action is taken, the parent and/or guardian and student may set up a meeting with the coach and Athletic Director.

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_



## **Alleghany Highlands Public Schools - Sudden Cardiac Arrest**

The Code of Virginia was amended to include Section 22.1-271.8 directing Virginia school divisions to develop and distribute guidelines for policies (AHPS -JJAF) dealing with sudden cardiac arrest in student-athletes, and requiring schools to obtain written acknowledgment from students and parents of information regarding the symptoms that may lead to sudden cardiac arrest in student athletes.

### **1. What Is Sudden Cardiac Arrest?**

Sudden Cardiac Arrest (SCA) is not a heart attack. It's an abnormality in the heart's electrical system that abruptly stops the heartbeat. It's caused by an undetected congenital or genetic heart condition.

### **2. Are there warning signs?**

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

- fainting or seizure, especially during or right after exercise
- fainting repeatedly or with excitement or startle
- chest pain
- shortness of breath
- racing or fluttering of heartbeat (palpitation)
- dizziness or lightheadedness
- extreme fatigue (tiredness)
- family history of SCA

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.

**3. Factors that increase risk of SCA:**

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

**4. What are the risks of practicing or playing after experiencing warning symptoms?**

There are risks associated with continuing to practice or play after experiencing warning symptoms of sudden cardiac arrest. When the heart stops, so does blood flow to the brain and other vital organs. Death or permanent brain damage follows in just a few minutes. Most people who experience SCA die from it. However, when SCA is witnessed and an onsite automated external defibrillator (AED) is deployed in a timely manner, survival rates approach 50%.

**Virginia Law requires that any student-athlete who is suspected of experiencing symptoms of SCA be immediately removed from the activity and may not return to the activity until evaluated by an appropriate licensed health care provider.**

**Indicate your agreement by signing below and returning the signed form to your student's school.**

By signing below I certify I have received, read, fully understand and agree to the AHPS Sudden Cardiac Arrest in student-athletes guidelines and what to do if I experience symptoms of SCA..

Student Athlete Signature: \_\_\_\_\_ Date: \_\_\_\_\_

As a parent/guardian I have received, read, fully understand and agree to the AHPS Sudden Cardiac Arrest in Student-athletes guidelines and grant my consent and permission for my Student-Athlete to participate in AHPS athletics and/or extracurricular program(s)/activities.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_



## Alleghany Highlands Public Schools - Concussion in School Sports

The Code of Virginia was amended to include Sections 22.1-271.5 and 22.1-271.6 directing Virginia school divisions to develop and distribute guidelines for policies (AHPS - JJAC) dealing with concussions in student-athletes, and requiring schools to obtain written acknowledgment from students and parents of information regarding the identification and handling of suspected concussions in student athletes.

### 1. Concussion Facts:

- A concussion is a traumatic brain injury caused by a bump, blow, or jolt to the head, face, neck, or body which results in a rapid, short-lived impairment of neurologic function. A concussion occurs when the brain is violently rocked back and forth or twisted inside the skull. **A student-athlete does not have to lose consciousness to suffer a concussion.**
- Concussions can occur in all sports, not just contact sports. All student-athletes are at risk. **A student-athlete does not have to sustain a blow to the head to suffer a concussion.**
- A concussion may have multiple signs and/or symptoms that may appear immediately after the injury or develop or evolve over several minutes or hours or days.
- Concussion signs and/or symptoms may last from a few days to several months or longer.
- A concussion can affect a student-athlete from a medical and educational perspective, altering their ability to do schoolwork and other activities. Student-athletes who have symptoms and return to school without a plan for supporting learning are at risk for delayed recovery and ongoing problems with performance.
- A student-athlete may return to light physical and cognitive work while still having symptoms if supervised by an approved healthcare professional.
- Concussions are treatable injuries. Most student-athletes who experience a concussion can recover completely as long as they do not return to play prematurely. Premature return to play may delay and/or impede recovery. After a concussion there is a period in which the brain is particularly vulnerable to further injury. If a student-athlete sustains a second concussion during this period, the risk of prolonged symptoms increases significantly and the consequences of a second concussive impact may be severe and potentially catastrophic (i.e. "Second Impact Syndrome").

### 2. Concussion Signs and Symptoms may include:

- |                            |                   |                                 |
|----------------------------|-------------------|---------------------------------|
| ○ Difficulty Remembering   | ○ Sadness         | ○ Dizziness                     |
| ○ Headache                 | ○ Confusion       | ○ Crying More                   |
| ○ Irritability             | ○ Nausea/Vomiting | ○ Light/Sound Sensitivity       |
| ○ Sleeping more or less    | ○ Moodiness       | ○ Anxiety/Worry                 |
| ○ Difficulty Concentrating | ○ Drowsiness      | ○ Balance/Coordination Problems |
| ○ Blurry Vision            | ○ Feeling Foggy   |                                 |

### 3. Actions if a Student-Athlete Suffers a Suspected Concussion Event:

- The student-athlete will be immediately removed from play, and may not return to play or practice on that same day. The parent or guardian and school nurse will be notified. The Athletic Trainer may contact other members of the Concussion Management Team (CMT) based on each individual case. This may include a school administrator, counselor, teacher, and/or appropriate licensed health care provider. Continuing to participate in physical activity after a concussion that same day can lead to worsening concussion symptoms, increased risk for further injury, and even a risk of death. **WHEN IN DOUBT, SIT THEM OUT.**
- The student-athlete must be evaluated by a licensed healthcare provider and be cleared before returning to play or practice. Licensed healthcare providers include Medical Doctor, Doctor of Osteopathic Medicine, Physician Assistant, Certified Nurse Practitioner, Certified Athletic Trainer, and/or Neuropsychologist.
- The student-athletes will be placed on the appropriate Return to Learn and Return to Play phases by the athletic trainer based on the symptoms they report. They may gradually progress through some or all of the following phases in a stepwise fashion to allow the brain to re-adjust to cognitive and physical exertion. Light physical and cognitive activities will be encouraged as long as they remain below the symptom threshold and do not cause any new signs or symptoms. If the student-athlete is 3-4 weeks post-injury without significant improvement, a referral to a concussion specialist may be recommended.

### 4. What Must Be Done By Student Athletes, Parents, and Coaches?

- Concussion Education/Prevention: Coaches, student-athletes, parents, teachers, and administrators will be educated on the recognition, prevention and management and the possible short and long-term effects of a concussion (including acute mental health changes) at the beginning of the athletic season.
- All parties must learn to identify the “Signs and Symptoms” of a concussion as listed above.
- Teach student-athletes to immediately inform the athletic trainer and/or coach if they experience signs and/or symptoms.
- Teach student-athletes to tell the athletic trainer and/or coach if they suspect that a teammate has a concussion.
- Ask teachers to monitor any decrease in grades or changes in behavior that could indicate a concussion.

TABLE 1.

#### Return-to-Learn Plan

Stage	Activity	Objective
No activity	Complete cognitive rest — no school, no homework, no reading, no texting, no video games, no computer work.	Recovery
Gradual reintroduction of cognitive activity	Relax previous restrictions on activities and add back for short periods of time (5-15 minutes at a time).	Gradual controlled increase in subsymptom threshold cognitive activities.
Homework at home before school work at school	Homework in longer increments (20-30 minutes at a time).	Increase cognitive stamina by repetition of short periods of self-paced cognitive activity.
School re-entry	Part day of school after tolerating 1-2 cumulative hours of homework at home.	Re-entry into school with accommodations to permit controlled subsymptom threshold increase in cognitive load.
Gradual reintegration into school	Increase to full day of school.	Accommodations decrease as cognitive stamina improves.
Resumption of full cognitive workload	Introduce testing, catch up with essential work.	Full return to school; may commence Return-to-Play protocol (see Step 2 in Table 2).

Source: Master CL, Gioia GA, Liddy JJ, Grady MF

TABLE 2.

**Return-to-Play Protocol**

Stage	Activity	Objective
No activity	Complete physical rest.	Recovery
Light aerobic exercise	Walking, swimming, aerobic exercise up to 70% of maximum predicted heart rate; no resistance training.	Increase heart rate.
Sport-specific exercise	Sport-specific exercise such as skating, running drills; no head impacts.	Add movement.
Noncontact training drills	Progress to complex drills; add resistance training.	Exercise, coordination, add cognitive load.
Full contact practice	Normal practice after cleared by medical personnel.	Restore confidence and timing, allow assessment of functional skills.
Return to play	Normal game play.	Full return to play.

*Source: Adapted from Consensus Statement on Concussion in Sport 3<sup>rd</sup> International Conference on Concussion in Sport held in Zurich, November 2008.<sup>1</sup>*

**Indicate your agreement by signing below and returning the signed form to your student's school.**

By signing below I certify I have received, read, fully understand and agree to the AHPS Concussion in School Sports Guidelines. Furthermore, I acknowledge, understand, and certify by my signature below that I agree to the protocols of the AHPS concussion program.

**Student Athlete Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

As a parent/guardian I have received, read, fully understand and agree to the AHPS Concussion in School Sports Guidelines and grant my consent and permission for my Student-Athlete to participate in AHPS athletics and/or extracurricular program(s)/activities. Furthermore, I acknowledge, understand, and certify by my signature below that I agree to the protocols of the AHPS concussion program for the student-athlete's best welfare and safe participation in sports.

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_