

HVADT Dancer Overview and Contract

PURPOSE

The purpose of the Dance Team program is to promote school spirit and good sportsmanship at school functions and to serve as a performing group representing the high school throughout the community, state, and nation. Members are exposed to teaching, practice and performance opportunities that result in the development of responsibility, self-respect, and that encourage an honest effort in striving for excellence. These opportunities also develop character, teamwork and pride in quality of performance and physical fitness by emphasizing the maintenance of high standards. This team's style is mainly hip hop, but over the past few years, HVADT has expanded into the pom and jazz styles as well.

CONDUCT AND EXPECTATIONS

After making the squad, the HVA Dance Team will be expected to follow certain rules:

Zero Tolerance Rules

We will not tolerate any of the following behaviors. If you are caught, found guilty, or even assumed by evidence as doing one of the following, you will immediately be removed from the Hardin Valley Dance Team, reported to the Athletic Director and Principal, and may not be eligible for any other HVA sport.

1. Drinking
2. Questionable Social Gatherings
3. Smoking
4. Inappropriate relations
5. Illegal practices
- 6. Bullying**
- 7. Drama of any sort. This also includes parents.**
8. Inappropriate text messages, etc.
9. Any type of group chat of dancers that is not created by administration.

We also ask that all dancers report to practices and any other dance events with a positive and appreciative attitude. It is a **MUST** to keep our environment and positive, safe place. A dancer will be asked to leave practice if an attitude or other actions affects the overall environment.

Appearance

Our girls are not only viewed as HVA students but also members of the dance team. Please follow the school's dress code policy. Inappropriate clothing being worn gives the team a bad reputation. Also, we ask and require dancers to keep their hair color a natural color. Example, please do not dye your ends/underneath/whole head pink or purple. It is also recommended that dancers at least have medium length hair (shoulder length) in order to achieve certain hairstyles for games and competing (such as buns or braided styles).

Communication

Communication is a crucial part of this team. Dancers MUST let us know what is going on (attendance conflict, injury, other issue, questions, etc.) There are many girls on this team; therefore, we need each girl to be straightforward. This is a high school team which means dancers are responsible for letting their guardians know about practices, injuries, costs, extra rehearsals, events, etc. We will try to make announcements on our Facebook/group me pages/email, but ultimately, it is the dancer's responsibility to let their families in on our dance team activity. As mentioned, prior, this is a high school team which means dancers are old enough to be independent and let us know what they need.... Not their guardian. I encourage parent involvement 100%, but we expect dancers to be the ones meeting with us or calling/texting us when they need to do so. Please also think thoroughly before texting a coach regarding an issue (parents/dancers). We are happy to handle any problems but do so in a clear state of mind (allow 24 hrs. to reflect). This gives time to calm and present an issue appropriately. We do not blame, complain, or get defensive.

Within communication, it is expected that all dancers respect one another and their coaches. If you do not have anything nice to say, do not say anything at all. We try to keep a respectful and positive environment as best as we can. We aim to lift each other up and not put each other down. When in doubt, all dancers are teammates who share a love for dance. Be energy givers not energy vampires.

Grades

We are a school-based team which means academics come first. You are responsible for getting all your schoolwork completed in class and outside of class. We WILL check your grades. If you are failing a class, you will sit out (No games, competing, social squad events, etc.) until you are passing the course. If you fail a class at the end of the semester, you will be on academic probation which will cause a step back. If you fail multiple courses at the end of the semester, you will be removed from the team.

Attendance

Dance is a team activity and when one person is missing it affects the entire team.

- Members are required to attend all activities and rehearsals. This may include weekdays, evenings and weekends. Jobs, club activities, extracurricular activities, doctor's appointments, etc. should be managed around dance team.
- If a member is ill and misses ANY activity, they must be at home or seeking medical appointments. A doctor's note is also REQUIRED.
- If a member misses ANY practice, they will have to forfeit the upcoming performance or activity due to the lack of preparation.
- All doctor appointments, other activities that the student is involved in, and/or jobs should be scheduled so they do not interfere with Dance Team activities and performances.
- Emergencies would be the only exception. The definition of "emergency" will be left to the coach's discretion. All team members will attend all performances and activities in their entirety.
- Dancers must be present half the school day (2 full class periods) to be eligible for practices and games scheduled for that day. PLEASE do NOT skip school for fun on a dance day. You're only hurting yourself and the rest of the team.
- If a member is late to a practice without communicating to a coach (not dancer), they will face consequences at practice.

**If a team member misses, they are responsible for getting caught up on choreography or anything taught ASAP on their own time. If they show up to the following practice without this knowledge learned, their spots and involvement, in said routines, can be altered or removed entirely.

Injuries

Dance can lead to just as many injuries as any other sport. As mentioned in a previous section, dancers must communicate what is going on with their bodies. They must communicate to us AND to their parents as well. It is not our job to tell your guardian every time you fall onto your bottom. If a dancer gets hurt outside of practice or during practice, we must be told in order to take the appropriate course of action; otherwise, we are most likely not aware of an injury. A doctor's note will be needed for an extended time of sitting out and being able to then participate

again. As a dancer, you must take care of your bodies. When injured, you're still required to come to practice and watch unless discussed otherwise. Please be genuine as well.

Studio

Dancers are required to take a skills-based or turns and leaps class at a studio; ballet is also highly recommended. This will help a dancer keep up with their training which benefits them as an individual but also their team. Being a part of a studio and a dance team should go hand in hand with their training. Nowadays, a dancer also does not have to be committed to a studio. There are many drop-in options for girls to take based on their convenience. Dancers may go to the studio they feel they learn best at.

If you compete with a studio, you **MUST** put this team first especially prior to nationals and camp. Studio rehearsals are not considered excused absences. Most Knoxville studios try to help with allowing girls to be able to do both teams. (Ex: Revolution has later classes that are post dance team practices. They also do not compete their mandatory competitions until Spring which is after Nationals.) You are responsible for juggling both if you choose to do so, but as said, this team **WILL** come first.

SUMMER

Practices

We will practice this **summer on Tuesdays, Wednesdays, and Thursdays from 6pm to 8pm at HVA**. There will be days before camp that we may need to add practices on or extend practices in order to be prepared. We will let you know the practice prior the time change.

Attendance is also enforced throughout the summer. Dancers get a two-week dead period on June 27-July 10th. Vacations are not excused absences.

UDA Camp

We will also attend UDA camp this summer- July 24th through 27th at the University of North Carolina - Asheville. Every dancer is required to go and stay at camp. It is not up for discussion because this camp is very beneficial to the team as a whole.

At camp, the dancers will compete in the home routine competition. This determines if they get a bid for UDA Nationals in February 2023. The routine will be

learned in June, and if a dancer does not have the appropriate skills, looks off while doing such dance, OR have been absent multiple times, they will be asked to sit out of this competition. If they sit out, they will still participate in the rest of camp like everyone else.

DURING THE YEAR

Practices

During the Fall school year, we will practice: (But this will change up for Basketball)

Monday: Practice 4-6pm

Wednesday: 4-6pm

Friday: 4-6 or (Football Games)

**Saturdays and extensions to during the week practices will be added as we move forward towards Nationals season. You are required to be at every practice for Nationals despite the additions.

Football and Basketball Games

1. Be on time. We eat together before games at the school. During football, we will eat between 4:30-5:00 pm. **Eating with the team is NOT optional.** The dinner will be provided by parents on a rotation schedule. Why we do this? We can review songs, get ready, do homework, and, most of all, bond.
2. **Have all of the uniform.** If you are missing poms, you will not dance. If you have the wrong shoes, you will not dance. If you wear jewelry other than team diamond earrings, you will not dance. The goal is to be a team...not individuals.
3. You may not leave a game early. Do not even ask.
4. You will cheer your team on during the game. This takes focus and teamwork. **You may not have your friends sit with you during basketball games or hanging on the fence during a football game. You will not text or talk on your cell phone, or it will be taken for the remainder of the practice/game/event.** You are known for being very professional on the track and floor. That status WILL remain!
5. You may not miss a game. If you miss more than two games in a year, you will be removed from the team unless said otherwise.
6. We now do all home and certain away football games. We will need a rotation of parents to carpool to these games. A dancer may not drive

themselves. The risk is too high and not worth it. We also perform at all home basketball game halftimes.

UDA Nationals and Competing

HVA Dance is both a spirit team and a competitive team. All members of the team take on that knowledge when trying out. It is not optional to not be considered to compete unless medical reasons talked about prior. Assuming we receive a bid for UDA Nationals at camp, our team will be going to Orlando for Nationals in February. We compete in the Small Varsity category for ALL routines meaning we will take a maximum of 11 dancers. Deciding who will dance will be talked about when the time comes. In order to prepare for Nationals, practices will be added (a calendar will be handed out at the time). Dancers will need to be fully committed to this process. It is extremely time consuming, but many will say it is worth it to experience. Choreography for dances competing will be taught in September (Or prior if used as a Home Routine for Camp) so they can be cleaned prior to Smoky Mountain Dance competition and/or the TSSAA State competition in December. We will use one or both of these competitions to get feedback on our routines prior to Nationals.

Apparel

Uniforms belong to the team (not the individual). They are not to be worn to practice or school unless told to do so via text from captain or from a coach. If a uniform is damaged or lost, it is the responsibility of the girl to pay the cost to replace the uniform. **With this being said, there is a \$110 uniform fee to help the cost of replacing the wear and tear on uniforms. If you're a senior and want a uniform to keep at the end of the year, this will result in an additional fee to purchase it.**

There will be other gear needing to be ordered during Summer in order to match at early events and camp. Ordering and buying our gear early prevents further issues when the time comes, and we realize we need something. More information regarding prices and exact gear being bought is listed on the Dance Fees section.

Financial Obligations/ Fundraisers

Just like other dance teams/club sports, there will be required purchases/fees (See fee section next). We try to keep everything budget friendly compared to what

the dance world usually requires. Please know that great choreography, new apparel, awesome costumes, coaching, etc. will require a cost.

However, these costs (Choreography, costumes, and other additional team - wide things) can be offset with fundraising opportunities. We participate in many dine outs, dance/cheer clinics, biscuit sales, etc. Some of these are required team involvement events and go to our team account, but some, like poinsettia sales during the holiday season, are based on how much you want to be involved. The independent opportunities should be taken advantage of if a dancer needs it and desires. However, if a dancer does not participate in team fundraisers for whatever reason, they will owe the team account the money earned per girl for their share. These team fundraisers help pay for a variety of things (new team items/uniforms, studio space, coaches' ways to nationals and camps, etc.)

****Any suggestions for fundraising opportunities are welcomed!! Or any volunteers to help with fundraising efforts are much appreciated!**

HVA Dance Fees

**Estimations based on previous years (2021-2022)

**A more detailed pricing sheet with dates and exact items/prices will be given out at the official HVADT meeting after try outs

Basic Fees:

- \$40 Coach fee per month (June-February)
- \$110 Uniform fee (Used to replace/fix/alter uniforms or buy new ones for the team)
- Any cleaning/technique rehearsal taught by a guest \$15-\$30

UDA Camp:

- Registration \$380+ (Boarding, instruction, most meals) - *Price is dependent upon camp type attending and additional fees
- Home Routine Choreography (Depends on Choreographer's rates \$30-\$80)
- Home Routine Costume (if needed depending on style) \$100

Apparel:

- Nike (Shoes) \$100
- Rain Jacket and Shirt Pack ~ \$41
- Varsity Gear (Majority of this apparel bought will only be bought ONCE in dancer's entire HVADT career.) ~ \$525
- *Returning members only need fill in items (Poms, shoes, etc. unless their apparel is damaged or doesn't fit)
- *Sweatshirts, hoodies, and/or long sleeves can be bought during Fall months

Competitions & Nationals:

- Choreography per dance \$45-\$90 depending on number of dancers and yearly choreographer rates
- State Competition/ Smoky Mountain Competition *Depends how many dances re being competed (Ex: One dance ranged from \$50-\$80)
- Costume (Stoning, shoes, etc.) \$150 per dance
- Nationals \$700+ for boarding/tickets (depends on hotel choices and tickets), Flight price roundtrip \$250-\$330

Other:

- Accessories (Makeup, jazz shoes, tights, etc.) \$60 -Depends where you get it from

Further Questions:

Please contact via email for any further questions, comments, or concerns:
hardinvalleydance@gmail.com

Dancer & Parent Agreement

I agree to abide by the HVA Dance rules and everything stated in this packet.

Dancer signature _____

Date _____

Parent signature _____

Date _____

Information:

Name: _____

Grade (As of 2022-2023): _____

Birthday: _____

Address: _____

Parents' Names & Cell :

Dancer's cell: _____

Any alerts/allergies:

Prior Dance Experience:

T-Shirt Size (Unisex): _____

HVADT Tryout Score Sheet

Girl # _____ **Judge #** _____ **Total Score** _____

Technique

Leg hold or Tilt for 8	0	1	2	3	4	5
Right Leap	0	1	2	3	4	5
Left Leap	0	1	2	3	4	5
Second Leap on Right	0	1	2	3	4	5
Turning Disk	0	1	2	3	4	5
Toe Touch Combo (2 into firebird)	0	1	2	3	4	5
Right Calypso	0	1	2	3	4	5
Double Pirouette	0	1	2	3	4	5
Triple Pirouette	0	1	2	3	4	5
Turns in Second (1 "8" count into Double)	0	1	2	3	4	5
Aerial	0	1	2	3	4	5
Headspring (standing)	0	1	2	3	4	5
Kip up	0	1	2	3	4	5
Optional skill #1	0	1	2	3	4	5
Optional skill #2						

Combo

Memory	0	1	2	3	4	5
Timing	0	1	2	3	4	5
Execution/Spirit	0	1	2	3	4	5
Pom Portion	0	1	2	3	4	5
Hip Hop Portion	0	1	2	3	4	5

Total _____ /25

Total _____ /75

Judges Total Score: _____/100

Call Back?

PREPARTICIPATION PHYSICAL EVALUATION HISTORY FORM

(Note: This form is to be filled out by the patient and parent prior to seeing the physician. The physician should keep this form in the chart.)

Date of Exam _____

Name _____ Date of birth _____

Sex _____ Age _____ Grade _____ School _____ Sport(s) _____

Medicines and Allergies: Please list all of the prescription and over-the-counter medicines and supplements (herbal and nutritional) that you are currently taking

Do you have any allergies? Yes No If yes, please identify specific allergy below.

Medicines Pollens Food Stinging Insects

Explain "Yes" answers below. Circle questions you don't know the answers to.

GENERAL QUESTIONS	Yes	No
1. Has a doctor ever denied or restricted your participation in sports for any reason?		
2. Do you have any ongoing medical conditions? If so, please identify below: <input type="checkbox"/> Asthma <input type="checkbox"/> Anemia <input type="checkbox"/> Diabetes <input type="checkbox"/> Infections Other: _____		
3. Have you ever spent the night in the hospital?		
4. Have you ever had surgery?		
HEART HEALTH QUESTIONS ABOUT YOU	Yes	No
5. Have you ever passed out or nearly passed out DURING or AFTER exercise?		
6. Have you ever had discomfort, pain, tightness, or pressure in your chest during exercise?		
7. Does your heart ever race or skip beats (irregular beats) during exercise?		
8. Has a doctor ever told you that you have any heart problems? If so, check all that apply: <input type="checkbox"/> High blood pressure <input type="checkbox"/> A heart murmur <input type="checkbox"/> High cholesterol <input type="checkbox"/> A heart infection <input type="checkbox"/> Kawasaki disease Other: _____		
9. Has a doctor ever ordered a test for your heart? (For example, ECG/EKG, echocardiogram)		
10. Do you get lightheaded or feel more short of breath than expected during exercise?		
11. Have you ever had an unexplained seizure?		
12. Do you get more tired or short of breath more quickly than your friends during exercise?		
HEART HEALTH QUESTIONS ABOUT YOUR FAMILY	Yes	No
13. Has any family member or relative died of heart problems or had an unexpected or unexplained sudden death before age 50 (including drowning, unexplained car accident, or sudden infant death syndrome)?		
14. Does anyone in your family have hypertrophic cardiomyopathy, Marfan syndrome, arrhythmogenic right ventricular cardiomyopathy, long QT syndrome, short QT syndrome, Brugada syndrome, or catecholaminergic polymorphic ventricular tachycardia?		
15. Does anyone in your family have a heart problem, pacemaker, or implanted defibrillator?		
16. Has anyone in your family had unexplained fainting, unexplained seizures, or near drowning?		
BONE AND JOINT QUESTIONS	Yes	No
17. Have you ever had an injury to a bone, muscle, ligament, or tendon that caused you to miss a practice or a game?		
18. Have you ever had any broken or fractured bones or dislocated joints?		
19. Have you ever had an injury that required x-rays, MRI, CT scan, injections, therapy, a brace, a cast, or crutches?		
20. Have you ever had a stress fracture?		
21. Have you ever been told that you have or have you had an x-ray for neck instability or atlantoaxial instability? (Down syndrome or dwarfism)		
22. Do you regularly use a brace, orthotics, or other assistive device?		
23. Do you have a bone, muscle, or joint injury that bothers you?		
24. Do any of your joints become painful, swollen, feel warm, or look red?		
25. Do you have any history of juvenile arthritis or connective tissue disease?		

MEDICAL QUESTIONS	Yes	No
26. Do you cough, wheeze, or have difficulty breathing during or after exercise?		
27. Have you ever used an inhaler or taken asthma medicine?		
28. Is there anyone in your family who has asthma?		
29. Were you born without or are you missing a kidney, an eye, a testicle (males), your spleen, or any other organ?		
30. Do you have groin pain or a painful bulge or hernia in the groin area?		
31. Have you had infectious mononucleosis (mono) within the last month?		
32. Do you have any rashes, pressure sores, or other skin problems?		
33. Have you had a herpes or MRSA skin infection?		
34. Have you ever had a head injury or concussion?		
35. Have you ever had a hit or blow to the head that caused confusion, prolonged headache, or memory problems?		
36. Do you have a history of seizure disorder?		
37. Do you have headaches with exercise?		
38. Have you ever had numbness, tingling, or weakness in your arms or legs after being hit or falling?		
39. Have you ever been unable to move your arms or legs after being hit or falling?		
40. Have you ever become ill while exercising in the heat?		
41. Do you get frequent muscle cramps when exercising?		
42. Do you or someone in your family have sickle cell trait or disease?		
43. Have you had any problems with your eyes or vision?		
44. Have you had any eye injuries?		
45. Do you wear glasses or contact lenses?		
46. Do you wear protective eyewear, such as goggles or a face shield?		
47. Do you worry about your weight?		
48. Are you trying to or has anyone recommended that you gain or lose weight?		
49. Are you on a special diet or do you avoid certain types of foods?		
50. Have you ever had an eating disorder?		
51. Do you have any concerns that you would like to discuss with a doctor?		
FEMALES ONLY		
52. Have you ever had a menstrual period?		
53. How old were you when you had your first menstrual period?		
54. How many periods have you had in the last 12 months?		

Explain "yes" answers here

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

Signature of athlete _____ Signature of parent/guardian _____ Date _____

PREPARTICIPATION PHYSICAL EVALUATION PHYSICAL EXAMINATION FORM

Name _____ Date of birth _____

PHYSICIAN REMINDERS

- Consider additional questions on more sensitive issues
 - Do you feel stressed out or under a lot of pressure?
 - Do you ever feel sad, hopeless, depressed, or anxious?
 - Do you feel safe at your home or residence?
 - Have you ever tried cigarettes, chewing tobacco, snuff, or dip?
 - During the past 30 days, did you use chewing tobacco, snuff, or dip?
 - Do you drink alcohol or use any other drugs?
 - Have you ever taken anabolic steroids or used any other performance supplement?
 - Have you ever taken any supplements to help you gain or lose weight or improve your performance?
 - Do you wear a seat belt, use a helmet, and use condoms?
- Consider reviewing questions on cardiovascular symptoms (questions 5–14).

EXAMINATION		
Height _____	Weight _____	<input type="checkbox"/> Male <input type="checkbox"/> Female
BP _____ / _____ (_____ / _____)	Pulse _____	Vision R 20/ _____ L 20/ _____ Corrected <input type="checkbox"/> Y <input type="checkbox"/> N
MEDICAL	NORMAL	ABNORMAL FINDINGS
Appearance • Marfan stigmata (kyphoscoliosis, high-arched palate, pectus excavatum, arachnodactyly, arm span > height, hyperlaxity, myopia, MVP, aortic insufficiency)		
Eyes/ears/nose/throat • Pupils equal • Hearing		
Lymph nodes		
Heart ^a • Murmurs (auscultation standing, supine, +/- Valsalva) • Location of point of maximal impulse (PMI)		
Pulses • Simultaneous femoral and radial pulses		
Lungs		
Abdomen		
Genitourinary (males only) ^b		
Skin • HSV, lesions suggestive of MRSA, tinea corporis		
Neurologic ^c		
MUSCULOSKELETAL		
Neck		
Back		
Shoulder/arm		
Elbow/forearm		
Wrist/hand/fingers		
Hip/thigh		
Knee		
Leg/ankle		
Foot/toes		
Functional • Duck-walk, single leg hop		

^aConsider ECG, echocardiogram, and referral to cardiology for abnormal cardiac history or exam.

^bConsider GU exam if in private setting. Having third party present is recommended.

^cConsider cognitive evaluation or baseline neuropsychiatric testing if a history of significant concussion.

- Cleared for all sports without restriction
- Cleared for all sports without restriction with recommendations for further evaluation or treatment for _____

- Not cleared
- Pending further evaluation
- For any sports
- For certain sports _____
- Reason _____

Recommendations _____

I have examined the above-named student and completed the preparticipation physical evaluation. The athlete does not present apparent clinical contraindications to practice and participate in the sport(s) as outlined above. A copy of the physical exam is on record in my office and can be made available to the school at the request of the parents. If conditions arise after the athlete has been cleared for participation, the physician may rescind the clearance until the problem is resolved and the potential consequences are completely explained to the athlete (and parents/guardians).

Name of physician (print/type) _____ Date _____

Address _____ Phone _____

Signature of physician _____, MD or DO

■ PREPARTICIPATION PHYSICAL EVALUATION CLEARANCE FORM

Name _____ Sex M F Age _____ Date of birth _____

Cleared for all sports without restriction

Cleared for all sports without restriction with recommendations for further evaluation or treatment for _____

Not cleared

Pending further evaluation

For any sports

For certain sports _____

Reason _____

Recommendations _____

I have examined the above-named student and completed the preparticipation physical evaluation. The athlete does not present apparent clinical contraindications to practice and participate in the sport(s) as outlined above. A copy of the physical exam is on record in my office and can be made available to the school at the request of the parents. If conditions arise after the athlete has been cleared for participation, the physician may rescind the clearance until the problem is resolved and the potential consequences are completely explained to the athlete (and parents/guardians).

Name of physician (print/type) _____ Date _____

Address _____ Phone _____

Signature of physician _____, MD or DO

EMERGENCY INFORMATION

Allergies _____

Other information _____

CONSENT FOR ATHLETIC PARTICIPATION & MEDICAL CARE

*Entire Page Completed By Patient

Athlete Information

Last Name _____ First Name _____ MI _____
Sex: [] Male [] Female Grade _____ Age _____ DOB ____/____/____
Allergies _____
Medications _____
Insurance _____ Policy Number _____
Group Number _____ Insurance Phone Number _____

Emergency Contact Information

Home Address _____ (City) _____ (Zip) _____
Home Phone _____ Mother's Cell _____ Father's Cell _____
Mother's Name _____ Work Phone _____ Email Address _____
Father's Name _____ Work Phone _____ Email Address _____
Another Person to Contact _____
Phone Number _____ Relationship _____

Legal/Parent Consent

I/We hereby give consent for (athlete's name) _____ to represent (name of school) _____ in athletics realizing that such activity involves potential for injury. I/We acknowledge that even with the best coaching, the most advanced equipment, and strict observation of the rules, injuries are still possible. ***On rare occasions these injuries are severe and result in disability, paralysis, and even death. I/We further grant permission to the school and TSSAA, its physicians, athletic trainers, and/or EMT to render aid, treatment, medical, or surgical care deemed reasonably necessary to the health and well being of the student athlete named above during or resulting from participation in athletics.*** By the execution of this consent, the student athlete named above and his/her parent/guardian(s) do hereby consent to screening, examination, and testing of the student athlete during the course of the pre-participation examination by those performing the evaluation, and to the taking of medical history information and the recording of that history and the findings and comments pertaining to the student athlete on the forms attached hereto by those practitioners performing the examination. As parent or legal Guardian, ***I/We remain fully responsible for any legal responsibility which may result from any personal actions taken by the above named student athlete.***

Signature of Athlete

Signature of Parent/Guardian

Date

CONCUSSION

INFORMATION AND SIGNATURE FORM FOR STUDENT-ATHLETES & PARENTS/LEGAL GUARDIANS

(Adapted from CDC “Heads Up Concussion in Youth Sports”)

Public Chapter 148, effective January 1, 2014, requires that school and community organizations sponsoring youth athletic activities establish guidelines to inform and educate coaches, youth athletes and other adults involved in youth athletics about the nature, risk and symptoms of concussion/head injury.

Read and keep this page.
Sign and return the signature page.

A concussion is a type of traumatic brain injury that changes the way the brain normally works. A concussion is caused by a bump, blow or jolt to the head or body that causes the head and brain to move rapidly back and forth. Even a “ding,” “getting your bell rung” or what seems to be a mild bump or blow to the head can be serious.

Did You Know?

- Most concussions occur *without* loss of consciousness.
- Athletes who have, at any point in their lives, had a concussion have an increased risk for another concussion.
- Young children and teens are more likely to get a concussion and take longer to recover than adults.

WHAT ARE THE SIGNS AND SYMPTOMS OF 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 an athlete reports **one or more** symptoms of concussion listed below after a bump, blow or jolt to the head or body, s/he should be kept out of play the day of the injury and until a health care provider* says s/he is symptom-free and it’s OK to return to play.

SIGNS OBSERVED BY COACHING STAFF	SYMPTOMS REPORTED BY ATHLETES
Appears dazed or stunned	Headache or “pressure” in head
Is confused about assignment or position	Nausea or vomiting
Forgets an instruction	Balance problems or dizziness
Is unsure of game, score or opponent	Double or blurry vision
Moves clumsily	Sensitivity to light
Answers questions slowly	Sensitivity to noise
Loses consciousness, even briefly	Feeling sluggish, hazy, foggy or groggy
Shows mood, behavior or personality changes	Concentration or memory problems
Can’t recall events <i>prior</i> to hit or fall	Confusion
Can’t recall events <i>after</i> hit or fall	Just not “feeling right” or “feeling down”

*Health care provider means a Tennessee licensed medical doctor, osteopathic physician or a clinical neuropsychologist with concussion training

CONCUSSION DANGER SIGNS

In rare cases, a dangerous blood clot may form on the brain in a person with a concussion and crowd the brain against the skull. An athlete should receive immediate medical attention after a bump, blow or jolt to the head or body if s/he exhibits any of the following danger signs:

- One pupil larger than the other
- Is drowsy or cannot be awakened
- A headache that not only does not diminish, but gets worse
- Weakness, numbness or decreased coordination
- Repeated vomiting or nausea
- Slurred speech
- Convulsions or seizures
- Cannot recognize people or places
- Becomes increasingly confused, restless or agitated
- Has unusual behavior
- Loses consciousness (*even a brief loss of consciousness should be taken seriously*)

WHY SHOULD AN ATHLETE REPORT HIS OR HER SYMPTOMS?

If an athlete has a concussion, his/her brain needs time to heal. While an athlete's brain is still healing, s/he is much more likely to have another concussion. Repeat concussions can increase the time it takes to recover. In rare cases, repeat concussions in young athletes can result in brain swelling or permanent damage to their brains. *They can even be fatal.*

Remember:

Concussions affect people differently. While most athletes with a concussion recover quickly and fully, some will have symptoms that last for days, or even weeks. A more serious concussion can last for months or longer.

WHAT SHOULD YOU DO IF YOU THINK YOUR ATHLETE HAS A CONCUSSION?

If you suspect that an athlete has a concussion, remove the athlete from play and seek medical attention. Do not try to judge the severity of the injury yourself. Keep the athlete out of play the day of the injury and until a health care provider* says s/he is symptom-free and it's OK to return to play.

Rest is key to helping an athlete recover 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 to reappear or get worse. After a concussion, returning to sports and school is a gradual process that should be carefully managed and monitored by a health care professional.

* Health care provider means a Tennessee licensed medical doctor, osteopathic physician or a clinical neuropsychologist with concussion training.

Student-athlete & Parent/Legal Guardian Concussion Statement

Must be **signed and returned** to school or community youth athletic activity prior to participation in practice or play.

Student-Athlete Name: _____

Parent/Legal Guardian Name(s): _____

After reading the information sheet, I am aware of the following information:

Student-Athlete initials		Parent/Legal Guardian initials
	A concussion is a brain injury which should be reported to my parents, my coach(es) or a medical professional if one is available.	
	A concussion cannot be "seen." Some symptoms might be present right away. Other symptoms can show up hours or days after an injury.	
	I will tell my parents, my coach and/or a medical professional about my injuries and illnesses.	N/A
	I will not return to play in a game or practice if a hit to my head or body causes any concussion-related symptoms.	N/A
	I will/my child will need written permission from a <i>health care provider*</i> to return to play or practice after a concussion.	
	Most concussions take days or weeks to get better. A more serious concussion can last for months or longer.	
	After a bump, blow or jolt to the head or body an athlete should receive immediate medical attention if there are any danger signs such as loss of consciousness, repeated vomiting or a headache that gets worse.	
	After a concussion, the brain needs time to heal. I understand that I am/my child is much more likely to have another concussion or more serious brain injury if return to play or practice occurs before the concussion symptoms go away.	
	Sometimes repeat concussion can cause serious and long-lasting problems and even death.	
	I have read the concussion symptoms on the Concussion Information Sheet.	

** Health care provider* means a Tennessee licensed medical doctor, osteopathic physician or a clinical neuropsychologist with concussion training

Signature of Student-Athlete

Date

Signature of Parent/Legal guardian

Date

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 doesn't just happen to adults; it takes the lives of students, too. However, the causes of sudden cardiac arrest in students and adults can be different. A youth athlete's SCA will likely result from an inherited condition, while an adult's SCA may be caused by either inherited or lifestyle issues. 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?

SCA is the #1 cause of death for adults in this country. There are about 300,000 cardiac arrests outside hospitals each year. About 2,000 patients under 25 die of SCA each year. It is the #1 cause of death for student athletes.

Are there warning signs?

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

- fainting or seizures during exercise;
- unexplained shortness of breath;
- dizziness;
- extreme fatigue;
- chest pains; or
- racing heart.

These symptoms can be unclear in athletes, since people often 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 experience SCA die from it.

Public Chapter 325 – the Sudden Cardiac Arrest Prevention Act

The act is intended to keep youth athletes safe while practicing or playing. The requirements of the act are:

- All youth athletes and their parents or guardians 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.

- The immediate removal of any youth athlete who passes out or faints while participating in an athletic activity, or who exhibits any of the following symptoms:
 - (i) Unexplained shortness of breath;
 - (ii) Chest pains;
 - (iii) Dizziness
 - (iv) Racing heart rate; or
 - (v) Extreme fatigue; and
- Establish as policy that a youth athlete who has been removed from play shall not return to the practice or competition during which the youth athlete experienced symptoms consistent with sudden cardiac arrest
- Before returning to practice or play in an athletic activity, the athlete must be evaluated by a Tennessee licensed medical doctor or an osteopathic physician. Clearance to full or graduated return to practice or play must be in writing.

I have reviewed and understand the symptoms and warning signs of SCA.

Signature of Student-Athlete

Print Student-Athlete's Name Date

Signature of Parent/Guardian

Print Parent/Guardian's Name Date