



ILCS MIDDLE SCHOOL

**ATHLETIC
HANDBOOK**

PHILOSOPHY

ILCS's sports program is designed to enhance our student's education by teaching them real-life skills such as **leadership, teamwork, and self-discipline**. Our program will help student-athletes to learn to respect coaches, officials, teammates, and opponents. We believe that ILCS athletics will give our students a fantastic opportunity to build character and develop into positive and productive members of our community.

ILCS ATHLETIC PROGRAM OBJECTIVES

- ILCS is committed to providing a world-class education for students that will equip them with the critical 21st-century skills* necessary to be successful leaders in life.
- To develop successful student/athletes.
- To build our teams and players to be as successful as possible.

INTEGRITY

Participation in the Inland Leaders Athletic Program requires **COACHES, PLAYERS AND PARENTS** to conduct themselves with the highest standards of good sportsmanship. Coaches, players, and parents will respect the people and institutions associated with our athletic contests (players, coaches, officials, administrators and fans). Coaches and parents should be positive role models; not only for athletes, but for our opponents as well.

ELIGIBILITY

Grades

1. 7th & 8th graders with a GPA below 2.5 cannot participate in ILCS Sports' Teams.
2. Any athlete with a sum of 9 or more missing assignments cannot participate in practices or games until the missing assignments, reflected on *Aeries*, are below 9.

Citizenship

Student/athletes must meet the standards of satisfactory citizenship outlined in the ILCS Student Handbook under the title Code of Character. Student/athletes are to conduct themselves in a proper manner on and off the court and field.

Attendance

1. Students with an annual attendance rate below 94% present cannot participate in ILCS Sports' Teams.
2. Students who miss any part of a period on a game day, *prior to the all-call for athlete's dismissal*, may not play in that day's game/meet.
3. Students who miss any full period on a practice/training day may not participate in practice/training on that day.

ILCS Athletics Donation

Each athlete is recommended to pay, upon making the team, a donation of \$75. Students who are unable to donate funds will still be allowed to participate.

Age/Grade Requirement

Student-athletes must be between the grades of **6 - 8** to be eligible to try out and play. Also, students must not exceed the age of **14** or they will be ineligible to compete in the Mountain Valley Middle School League.

UNIFORMS

Uniforms will be signed out to each student/athlete after successfully making the team. Uniforms need to be handed in at the end of the season in similar condition as they received them in. Uniforms should be washed on delicate and hang dried. Players who lose or ruin their uniforms will be billed for that uniform so the athletic department can replace it.

PLAYING TIME

Playing time is solely up to the discretion of the **Head Coach**.

CONSENT FORMS

Each player must submit completed Consent for Treatment, Consent to Participate, Concussion, and Sudden Cardiac Arrest forms signed by parent/ guardian before being allowed to participate. Please sign and return the forms in the next section to your player's coach.

INLAND LEADERS CHARTER SCHOOL ATHLETIC CLEARANCE

THE ATHLETE NAMED BELOW MAY NOT TRYOUT OR PARTICIPATE IN ANY SPORT UNTIL THIS FORM IS COMPLETED IN FULL

SPORT(S) _____ MALE/FEMALE _____ BIRTHDATE _____ GRADE _____
STUDENT'S NAME _____ PHONE: _____
STREET _____ CITY _____ ZIP _____
FATHER'S NAME _____ DAYTIME PHONE _____
MOTHER'S NAME _____ DAYTIME PHONE _____

PHYSICIAN'S STATEMENT:

DATE OF EXAMINATION _____

HEIGHT: _____ WEIGHT: _____ BLOOD PRESSURE: _____

BODY / LIMBS: INJURY / PHYSICAL CONDITION THAT SHOULD BE WATCHED: YES NO
IF YES, EXPLAIN _____

HEAD / BRAIN: INJURY / PHYSICAL CONDITION THAT SHOULD BE WATCHED: YES NO
IF YES, EXPLAIN _____

TEETH: INJURY / PHYSICAL CONDITION THAT SHOULD BE WATCHED: YES NO
IF YES, EXPLAIN _____

THIS ATHLETE MAY PARTICIPATE IN SPORTS: YES NO

PHYSICIAN'S SIGNATURE _____

**THERE IS AN ELEMENT OF RISK ASSOCIATED WITH ALL ATHLETIC COMPETITIONS. THE DISTRICT CANNOT GUARANTEE THAT STUDENTS WILL NOT BE INJURED DESPITE ITS COMMITMENT TO PROVIDE FOR EVERY PARTICIPANT'S HEALTH AND WELFARE.

INSURANCE CARRIER:

POLICY # _____

RELEASE OF INFORMATION: I hereby give permission to release sports information on the above-named student. Additionally, I have read the general Information Bulletin of the above-named insurance carrier and agree to the provisions contained therein. I hereby give my consent for the above-named student to compete in sports and to go with a school representative on any trips.

Person to notify in case of illness or accident if school is unable to contact parent/guardian:

NAME _____ PHONE _____

In case of emergency, this doctor should be called:

NAME _____ PHONE _____

In case of an emergency, if I cannot be reached, I hereby give my consent to give such attention as may be thought necessary by the physician in charge or any available physician.

PARENT/GUARDIAN _____ DATE _____



12375 California Street, Yucaipa, CA 92399 (909) 446-1100 phone www.inlandleaders.com

Teacher/ Coach _____

AUTHORIZATION TO CONSENT FOR TREATMENT OF MINOR

We, the undersigned parents of:

Minor _____
Last Name First Name Birthdate

Do hereby authorize any physician on the staff of a licensed hospital or emergency clinic, or any other physician designated by him (them) as agents(s) for the undersigned to consent to any X-Ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care which is deemed advisable by, and is to be rendered under the general or special supervision of any physician or surgeon on the staff of a licensed hospital or emergency clinic, whether such diagnosis or emergency treatment is rendered at the office of said physician or at said hospital(s). It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required but is given to provide authority and power on the part of our aforesaid agent(s) to give specific consent to any and all such diagnosis, treatment, or hospital care which the aforementioned physician(s) in the exercise of his (their) best judgment may deem advisable.

This authorization shall remain in effect for the _____ school year or unless sooner revoked in writing and delivered to the school principal.

This authorization is given pursuant to the provision of Section 25.8 of the Civil Code of California.

Family Physician Number Physician's Phone

Health Insurance Company Group/Policy Number

Signature of Father or Guardian Parent's Address & Phone Number

Signature of Mother or Guardian Parent's Address & Phone Number

Indicate Special Information

Person(s) to be notified in the event parents are unable to be reached:

Name Address Phone Number

Name Address Phone Number



12375 California Street Yucaipa CA 92399 (909) 446-1100 phone www.inlandleaders.com

CONSENT TO PARTICIPATE IN ATHLETICS/SPORTS ACTIVITIES

Date: _____

Type of Athletic/Sport Activity _____

Participation in the above athletic/sport activity is voluntary and is not required as a part of the regular school program.

We hereby give our permission for our student _____
To participate in the above-described athletic/sport activity. We realize there is a possibility that a student may suffer severe injury, including paralysis or death as a result of participating in athletic or sports activities. In consideration of the permission granted, we, the undersigned, hereby release and discharge Inland Leaders Charter School from all liability arising out of or in connection with the above described athletic/sport activity.

In the event of an accident (or sudden illness), the school district has our permission to render whatever emergency medical treatment may be deemed necessary for the above-named student.

I understand and accept the responsibility for obtaining a written confirmation from the physician indicating that the student may return to practice and competition with an athletic team anytime a student is seen by such personnel.
_____ (please initial).

Attendance and academic performance are essential for student success. This success provides eligibility for participation in athletics. **TO ENSURE THIS, STUDENTS MUST ATTEND ALL CLASSES ON THE DAY OF THE CONTEST OR THE DAY PRIOR TO A SATURDAY EVENT.** Appointments on game days must follow the attendance policy as stated in the student handbook. _____ (please initial).

Transportation to and from most athletic contest or practices off school campus must be provided by parent/guardian of the participating student. Other arrangements due to emergency or family circumstances must be requested in writing by the parent/guardian (who has signed this form) the day before the event and cleared through the Team Coach.

IF THE STUDENT LIVES WITH BOTH PARENTS, IT IS NECESSARY FOR BOTH PARENTS TO SIGN. IF STUDENT LIVES WITH ONE PARENT, THAT PARENT MUST SIGN.

Signature of Parent/Guardian

Signature of Parent/Guardian

Signature of Student

Health Insurance Carrier



Student-Athlete Concussion Statement Inland Leaders Charter School

- I understand that it is my responsibility to report all injuries and illnesses to my athletic trainer/or team physician.
- I have read and understand the *CIF/CDC Concussion Fact Sheet*. After reading the CIF/CDC Concussion fact sheet, I am aware of the following information (please initial each item below):

____ A concussion is a brain injury, which I am responsible for reporting to my team physician or athletic trainer.

____ A concussion can affect my ability to perform everyday activities, and affect reaction time, balance, sleep, and classroom performance.

____ You cannot see a concussion, but you might notice some of the symptoms right away. Other symptoms can show up hours or days after the injury.

____ If I suspect a teammate has a concussion, I am responsible for reporting the injury to my team physician or athletic trainer.

____ 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.

____ Following a concussion, the brain needs time to heal. You are much more likely to have a repeat concussion if you return to play before your symptoms resolve.

____ In rare cases, repeat concussions can cause permanent brain damage, and even death.

Signature of Student-Athlete Date

Printed Name of Student-Athlete Date

Signature of Parent/Guardian Date

Printed Name of Parent/Guardian Date

Keep Their Heart in the Game

Sudden Cardiac Arrest Information for Athletes & Parents/Guardians

What is sudden cardiac arrest? Sudden cardiac arrest (SCA) is when the heart stops beating, suddenly and unexpectedly. When this happens blood stops flowing to the brain and other vital organs. SCA is NOT a heart attack. A heart attack 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 victim to collapse. The malfunction is caused by a congenital or genetic defect in the heart's structure.

How common is sudden cardiac arrest in the United States?

As the leading cause of death in the U.S., there are more than 300,000 cardiac arrests outside hospitals each year, with nine out of 10 resulting in death. Thousands of sudden cardiac arrests occur among youth each year, as it is the #1 killer of student athletes and the leading cause of death on school campuses.

Who is at risk for sudden cardiac arrest?

SCA is more likely to occur during exercise or physical activity, so student-athletes are at greater risk. While a heart condition may have no warning signs, studies show that many young people do have symptoms but neglect to tell an adult. This may be because they are embarrassed, they do not want to jeopardize their playing time, they mistakenly think they're out of shape and need to train harder, or they simply ignore the symptoms, assuming they will "just go away." Additionally, some health history factors increase the risk of SCA.

What should you do if your student-athlete is experiencing symptoms?

We need to let student-athletes know that if they experience any SCA-related symptoms it is crucial to alert an adult and get follow-up care as soon as possible with a physician, surgeon, nurse practitioner or physician assistant. If the athlete has any of the SCA risk factors, these should also be discussed with a doctor to determine if further testing is needed. Wait for your doctor's feedback before returning to play, and alert your coach, trainer and school nurse about any diagnosed conditions.

FAINTING
is the
#1 SYMPTOM
OF A HEART CONDITION

Recognize the Signs & Risk Factors

Tell Your Coach and Consult Your Doctor if These Conditions are Present in Your Student-Athlete

Potential Indicators That SCA May Occur

- Fainting or seizure, especially during or right after exercise
- Fainting repeatedly or with excitement or startle
- Excessive shortness of breath during exercise
- Racing or fluttering heart palpitations or irregular heartbeat
- Repeated dizziness or lightheadedness
- Chest pain or discomfort with exercise
- Excessive, unexpected fatigue during or after exercise

Factors That Increase the 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, drowning or near drowning or car accidents
- Known structural heart abnormality, repaired or unrepaired
- Use of drugs, such as cocaine, inhalants, "recreational" drugs, excessive energy drinks, diet pills or performance-enhancing supplements

Cardiac Chain of Survival

On average it takes EMS teams up to 12 minutes to arrive to a cardiac emergency. Every minute delayed in attending to a sudden cardiac arrest victim decreases the chance of survival by 10%. Everyone should be prepared to take action in the first minutes of collapse.

Recognition of Sudden Cardiac Arrest



Victim is collapsed, unresponsive and not breathing, even if gasping, gurgling, exhibiting breathing noises or seizure-like activity.

Call 9-1-1



Follow emergency dispatcher's instructions. Call any on-site Emergency Responders.

Hands-Only CPR



Begin CPR immediately. Hands-only CPR involves fast and continual two-inch chest compressions—about 100 per minute.

Defibrillation



Immediately retrieve and use an automated external defibrillator to restore the heart to its normal rhythm. Follow step-by-step audio instructions from the AED.

Advanced Care



Designate a bystander to direct EMS to the victim for quick transfer to the hospital.

Cardiac Chain of Survival Courtesy of Parent Heart Watch

Keep Their Heart in the Game

Sudden Cardiac Arrest Information
for Athletes & Parents/Guardians

What is an AED?



An automated external defibrillator (AED) is the only way to save a sudden cardiac arrest victim. An AED is a portable, user-friendly device that automatically diagnoses potentially life-threatening heart rhythms and delivers an electric shock to restore normal rhythm. Anyone can operate an AED, regardless of training. Simple audio direction instructs the rescuer when to press a button to deliver the shock, while other AEDs provide an automatic shock if a fatal heart rhythm is detected. A rescuer cannot accidentally hurt a victim with an AED—quick action can only help. AEDs are designed to only shock victims whose hearts need to be restored to a healthy rhythm. Check with your school for locations of on-campus AEDs.

What are we doing to help protect student athletes?

The State of California passed the Eric Paredes Sudden Cardiac Arrest Prevention Act in 2016 to protect K-12 students participating in school-sponsored athletic activities. New policy adds sudden cardiac arrest (SCA) training to coach certification, and new protocol that empowers coaches to remove from play a student-athlete who exhibits fainting—the number one warning sign of a potential heart condition, and potentially for other conditions if they are believed to be cardiac related. A student-athlete who has been removed from play after displaying signs or symptoms associated with SCA may not return to play until he or she is evaluated and cleared by a licensed health care provider. Parents, guardians, caregivers and adults involved in athletic activities are urged to dialogue with student-athletes about potential warning signs and risk factors and be familiar with the cardiac chain of survival so they are prepared in the event of a cardiac emergency.

I have reviewed and understand the symptoms and warning signs of SCA and the new protocol to incorporate SCA prevention strategies into my/my student's sports program or activity.

STUDENT-ATHLETE SIGNATURE

PRINT STUDENT-ATHLETE'S NAME

DATE

PARENT/GUARDIAN SIGNATURE

PRINT PARENT/GUARDIAN'S NAME

DATE

For more information about Sudden Cardiac Arrest visit

California Department
of Education
cde.ca.gov

Eric Paredes Save
A Life Foundation
epsavealife.org

California Interscholastic
Federation (CIF)
cifstate.org

National Federation of High Schools Free
20-Min. Training Video For Coaches, Parents or
Anyone Involved in Student Sports Activities
nfhslearn.com/courses/61032



I have read and understand the policies, rules, and regulations set in the ILCS Athletic handbook.

Player's Name _____ Grade _____

Player's Signature _____ Date _____

Parent's Signature _____ Date _____