

# ESSEX COUNTY VOCATIONAL TECHNICAL SCHOOLS



## ***ATHLETIC DEPARTMENT***

### **ATHLETIC PARTICIPATION PACKET**

Dear Student Athlete,

Congratulations on making the commitment to participate in the Essex County Vocational Schools Athletic Program. Athletics teaches many valuable lifelong lessons and requires a high level of dedication, responsibility, and diligence. I hope that you have a positive and rewarding interscholastic athletic experience!

Please pay special to attention to all the enclosed information. It is imperative that all paperwork is completed and returned in a timely manner to ensure approval and eligibility for athletics. Please return all completed and signed materials on time. Communicate with your coach to ensure that you know all the due dates so you will be ready to play! The athletic participation packet can also be downloaded at [www.essextech.org](http://www.essextech.org) Sports physicals must be approved by the school physician prior to you participating (practice, competition or travel) in the sport of your choice.

**\*\*ALL INCOMPLETED FORMS WILL BE RETURNED TO YOU.  
PLEASE CHECK YOUR FORMS THAT YOU RECEIVE FROM YOUR  
PRIVATE PHYSICIAN FOR COMPLETENESS BEFORE  
SUBMITTING\*\***

Sincerely,

Gerhard Sanchez  
Director of Athletics  
[gsanchez@essextech.org](mailto:gsanchez@essextech.org)  
P- 973-412-2083  
Athletic Schedules [www.essexcountyvoctech.org](http://www.essexcountyvoctech.org)



# Essex County Vocational Technical Schools

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### PERMISSION FORM FOR INTERSCHOLASTIC SPORTS

#### *Parent's Permission and Acknowledgement*

I grant permission for my child \_\_\_\_\_ (Student's Printed Name) to be enrolled as a candidate in the Athletic program of the Essex County Vocational Technical School District at the following campus and for the following sport:

Campus: \_\_\_\_\_ Sport: \_\_\_\_\_

Realizing that activity in this sport involves the potential for injury which is inherent in all sports I acknowledge that even with the best coaching, use of protective equipment and observance of rules, physical hazards may be encountered and injuries which on rare occasions can be severe are still a possibility. I have read and understand this warning.

#### **Accident and Injury Reporting Procedures**

1. The student is to report any injury or accident to the coach involved immediately;
2. Any injury requiring emergency attention will be referred immediately to emergency medical services and parental notification will be given as soon as possible;
3. The student is to complete a school accident form, signed by the coach, as soon as possible after the accident or injury;
4. The form will be submitted to the Nurse's Office for processing.

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

Parent/Guardian Printed Name: \_\_\_\_\_

TO: NJSIAA Member Schools and Officials' Associations  
FROM: Larry L. White, Assistant Director  
RE: State Concussion Policy Law

At the last meeting of the NJSIAA Medical Advisory Committee in May, 2011, the committee approved to change the NJSIAA Concussion Policy to mirror the state law as it pertains to the development of interscholastic athletic head injury safety training program, required measures to protect student athletes with concussions, and the continuing education for athletic trainers.

The major difference between the State Statute and the previous NJSIAA Concussion Policy is contained within the law and reads accordingly:

“A student who participates in an interscholastic sports program and who sustains or is suspected of having sustained a concussion or other head injury while engaged in a sports competition or practice shall be immediately removed from the sports competition or practice. A student-athlete who is removed from competition or practice shall not participate in further sports activity until he is evaluated by a physician or other healthcare provider trained in the evaluation and management of concussions, **and receives written clearance from a physician trained in the evaluation and management of concussions to return to competition or practice.**” **Bold added.**

As this reads, written clearance may take place at game site on game day, if so given by trained physician as stated above. This is the marked difference between the prior NJSIAA Concussion Policy and the State law on Concussions, which the Executive Committee of NJSIAA has approved on June 1, 2011 and will be written in the 2011-2012 NJSIAA Constitution and Bylaws.

From the schools' perspective, written release forms, must be present at all practices and competitions. However, once a student-athlete is removed from competition or a practice, only a physician **trained in the evaluation and management of concussions** can sign off on a written clearance that would allow a concussed or suspected concussed athlete to return. NJSIAA has created a standardized written, **RTP**, form that will be available on our website. When a student athlete is evaluated by a trained physician and is NOT cleared to return to play or practice that day/night, the school district's Return to Play guidelines shall be followed.

Game officials will follow the protocol previously established and disseminated on September 1, 2010, namely upon observing any signs, symptoms or behaviors that are consistent with a concussion, and the signs, symptoms or behaviors are a result of an impact or contact of the player with another person, an object or the ground, the student athlete is immediately removed from play and may not return to play without a written clearance from a physician trained in the evaluation and management of concussions. The mechanics to enforce the rule are as follows:

- Using sound game management procedures and judgment, upon observing a player who exhibits the signs, symptoms or behaviors that are consistent with a concussion, the official shall follow the sport specific guidelines for handling an injured player.
- When appropriate, call time out. If the player's safety is in jeopardy, call time out immediately.
- **Beckon the physician/ATC onto the playing surface.**
- **Observe the injured player.**
- Other game officials keep players/others away from the injured player.
- Apprise the physician/ATC of your observations as to the signs, symptoms, behaviors that are consistent with a concussion, including any conversation that you had with the injured player (any questions and answers that took place prior to the physician/ATC arriving).
- Note the game time, score, period or half, player name/number, etc when injury and removal took place (for those sports that officials do not normally keep a game card on their person, begin doing so).
- If the prescribed written clearance form is signed by a physician, and the player returns to play that day/night, the official in charge must obtain a copy of the signed written clearance form and subsequently submit it to the association's keeper of records.

Schools and officials are reminded that NJSIAA is a 100% state, meaning that we follow the playing rules established by the NFHS. Every NFHS sports rule book contains the following:

...Any player who exhibits signs, symptoms or behaviors consistent with a concussion (such as loss of consciousness, headache, dizziness, confusion or balance problems) shall be immediately removed from the game and shall not return to play until cleared by an appropriate health-care professional.

**Remember that under NJ Law the only “appropriate health-care professional” who can authorize return-to-play under the rule is a physician trained in the evaluation and management of concussions.**

Thank you for your attention and cooperation in the most important matter.



1161 Route 130, P.O. Box 487, Robbinsville, NJ 08691 609-259-2776 609-259-3047-Fax

## **NJSIAA'S STEROID TESTING POLICY**

In accordance with Executive Order 72, issued by the Governor of the State of New Jersey, Richard J. Codey, on December 20, 2005, the NJSIAA will test a random selection of student athletes, who have qualified, as individuals or as members of a team, for state championship competition.

1. List of banned substances: A list of banned substances shall be prepared annually by the Medical Advisory Committee, and approved by the Executive Committee.
2. Consent form: Before participating in interscholastic sports, the student-athlete and the student-athlete's parent or guardian shall consent, in writing, to random testing in accordance with this policy. Failure to sign the consent form renders the student-athlete ineligible.
3. Selection of athletes to be tested: Tested athletes will be selected randomly from all of those athletes participating in championship competition. Testing may occur at any state championship **site or at the school whose athletes have qualified for championship competition**
4. Administration of tests: Tests shall be administered by a certified laboratory, selected by the Executive Director and approved by the Executive Committee.
5. Testing methodology: The methodology for taking and handling samples shall be in accordance with current legal standards.
6. Sufficiency of results: No test shall be considered a positive result unless the approved laboratory reports a positive result, and the NJSIAA's medical review officer confirms that there was no medical reason for the positive result. A "B" sample shall be available in the event of an appeal.
7. Appeal process: If the certified laboratory reports that a student-athlete's sample has tested positive, and the medical review officer confirms that there is no medical reason for a positive result, a penalty shall be imposed unless the student-athlete proves, by a preponderance of the evidence, that he or she bears no fault or negligence for the violation. Appeals shall be heard by a NJSIAA committee consisting of two members of the Executive Committee, the Executive Director/designee, a trainer and a physician. Appeal of a decision of the Committee shall be to the Commissioner of Education, for public school athletes, and to the superior court, for non-public athletes. Hearings shall be held in accordance with NJSIAA By-Laws, Article XIII, "Hearing Procedure."

8. Penalties. Any person who tests positively in an NJSIAA administered test, or any person who refuses to provide a testing sample, or any person who reports his or her own violation, shall immediately forfeit his or her eligibility to participate in NJSIAA competition for a period of one year from the date of the test. Any such person shall also forfeit any individual honor earned while in violation. No person who tests positive, refuses to provide a test sample, or who reports his or her own violation shall resume eligibility until he or she has undergone counseling and produced a negative test result.
9. Confidentiality: Results of all tests shall be considered confidential and shall only be disclosed to the individual, his or her parents and his or her school.
10. Compilation of results: The Executive Committee shall annually compile and report the results of the testing program.
11. Yearly renewal of the steroid policy: The Executive Committee shall annually determine whether this policy shall be renewed or discontinued.



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## **NJSIAA STEROID TESTING POLICY**

### **CONSENT TO RANDOM TESTING**

In Executive Order 72, issued December 20, 2005, Governor Richard Codey directed the New Jersey Department of Education to work in conjunction with the New Jersey State Interscholastic Athletic Association (NJSIAA) to develop and implement a program of random testing for steroids, of teams and individuals qualifying for championship games.

Beginning in the Fall, 2006 sports season, any student-athlete who possesses, distributes, ingests or otherwise uses any of the banned substances on the attached page, without written prescription by a fully-licensed physician, as recognized by the American Medical Association, to treat a medical condition, violates the NJSIAA's sportsmanship rule, and is subject to NJSIAA penalties, including ineligibility from competition. The NJSIAA will test certain randomly selected individuals and teams that qualify for a state championship tournament or state championship competition for banned substances. The results of all tests shall be considered confidential and shall only be disclosed to the student, his or her parents and his or her school. No student may participate in NJSIAA competition unless the student and the student's parent/guardian consent to random testing.

By signing below, we consent to random testing in accordance with the NJSIAA steroid testing policy. We understand that, if the student or the student's team qualifies for a state championship tournament or state championship competition, the student may be subject to testing for banned substances.

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Signature of Student-Athlete

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Print Student-Athlete's Name

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Date

---

Signature of Parent/Guardian

---

Print Parent/Guardian's Name

---

Date



## Website Resources

- Sudden Death in Athletes  
<http://tinyurl.com/m2gjmvg>
- Hypertrophic Cardiomyopathy Association  
[www.4hcm.org](http://www.4hcm.org)
- American Heart Association [www.heart.org](http://www.heart.org)

## Collaborating Agencies:

### American Academy of Pediatrics New Jersey Chapter

3836 Quakerbridge Road, Suite 108  
Hamilton, NJ 08619  
(p) 609-842-0014  
(f) 609-842-0015  
[www.aapnj.org](http://www.aapnj.org)



### American Heart Association

1 Union Street, Suite 301  
Robbinsville, NJ, 08691  
(p) 609-208-0020  
[www.heart.org](http://www.heart.org)



### New Jersey Department of Education

PO Box 500  
Trenton, NJ 08625-0500  
(p) 609-292-5935  
[www.state.nj.us/education/](http://www.state.nj.us/education/)



### New Jersey Department of Health

P. O. Box 360  
Trenton, NJ 08625-0360  
(p) 609-292-7837  
[www.state.nj.us/health](http://www.state.nj.us/health)



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# SUDDEN CARDIAC DEATH IN YOUNG ATHLETES

## The Basic Facts on Sudden Cardiac Death in Young Athletes



STATE OF NEW JERSEY  
DEPARTMENT OF EDUCATION

American Academy of Pediatrics

DEDICATED TO THE HEALTH OF ALL CHILDREN™



American Heart  
Association   
*Learn and Live*



## SUDDEN CARDIAC DEATH IN YOUNG ATHLETES

**S**udden death in young athletes between the ages of 10 and 19 is very rare. What, if anything, can be done to prevent this kind of tragedy?



### What is sudden cardiac death in the young athlete?

Sudden cardiac death is the result of an unexpected failure of proper heart function, usually (about 60% of the time) during or immediately after exercise without trauma. Since the heart stops pumping adequately, the athlete quickly collapses, loses consciousness, and ultimately dies unless normal heart rhythm is restored using an automated external defibrillator (AED).

### How common is sudden death in young athletes?

Sudden cardiac death in young athletes is very rare. About 100 such deaths are reported in the United States per year. The chance of sudden death occurring to any individual high school athlete is about one in 200,000 per year.

Sudden cardiac death is more common: in males than in females; in football and basketball than in other sports; and in African-Americans than in other races and ethnic groups.



### What are the most common causes?

Research suggests that the main cause is a loss of proper heart rhythm, causing the heart to quiver instead of pumping blood to the brain and body. This is called ventricular fibrillation (ven-TRICK-you-lar fib-roo-LAY-shun). The problem is usually caused by one of several cardiovascular abnormalities and electrical diseases of the heart that go unnoticed in healthy-appearing athletes.

The most common cause of sudden death in an athlete is hypertrophic cardiomyopathy (hi-per-TRO-fic CAR-dee-oh-my-OP-a-thee) also called HCM. HCM is a disease of the heart, with abnormal thickening of the heart muscle, which can cause serious heart rhythm problems and blockages to blood flow. This genetic disease runs in families and usually develops gradually over many years.

The second most likely cause is congenital (con-JEN-it-al) (i.e., present from birth) abnormalities of the coronary arteries. This means that these blood vessels are connected to the main blood vessel of the heart in an abnormal way. This differs from blockages that may occur when people get older (commonly called "coronary artery disease," which may lead to a heart attack).



## SUDDEN CARDIAC DEATH IN YOUNG ATHLETES

Other diseases of the heart that can lead to sudden death in young people include:

- Myocarditis (my-oh-car-DIE-tis), an acute inflammation of the heart muscle (usually due to a virus).
- Dilated cardiomyopathy, an enlargement of the heart for unknown reasons.
- Long QT syndrome and other electrical abnormalities of the heart which cause abnormal fast heart rhythms that can also run in families.
- Marfan syndrome, an inherited disorder that affects heart valves, walls of major arteries, eyes and the skeleton. It is generally seen in unusually tall athletes, especially if being tall is not common in other family members.

### Are there warning signs to watch for?

In more than a third of these sudden cardiac deaths, there were warning signs that were not reported or taken seriously. Warning signs are:

- Fainting, a seizure or convulsions during physical activity;
- Fainting or a seizure from emotional excitement, emotional distress or being startled;
- Dizziness or lightheadedness, especially during exertion;
- Chest pains, at rest or during exertion;
- Palpitations - awareness of the heart beating unusually (skipping, irregular or extra beats) during athletics or during cool down periods after athletic participation;
- Fatigue or tiring more quickly than peers; or
- Being unable to keep up with friends due to shortness of breath (labored breathing).

### What are the current recommendations for screening young athletes?

New Jersey requires all school athletes to be examined by their primary care physician ("medical home") or school physician at least once per year. The New Jersey Department of Education requires use of the specific Preparticipation Physical Examination Form (PPE).

This process begins with the parents and student-athletes answering questions about symptoms during exercise (such as chest pain, dizziness, fainting, palpitations or shortness of breath); and questions about family health history.

The primary healthcare provider needs to know if any family member died suddenly during physical activity or during a seizure. They also need to know if anyone in the family under the age of 50 had an unexplained sudden death such as drowning or car accidents. This information must be provided annually for each exam because it is so essential to identify those at risk for sudden cardiac death.

The required physical exam includes measurement of blood pressure and a careful listening examination of the heart, especially for murmurs and rhythm abnormalities. If there are no warning signs reported on the health history and no abnormalities discovered on exam, no further evaluation or testing is recommended.

### Are there options privately available to screen for cardiac conditions?

Technology-based screening programs including a 12-lead electrocardiogram (ECG) and echocardiogram (ECHO) are noninvasive and painless options parents may consider in addition to the required

PPE. However, these procedures may be expensive and are not currently advised by the American Academy of Pediatrics and the American College of Cardiology unless the PPE reveals an indication for these tests. In addition to the expense, other limitations of technology-based tests include the possibility of "false positives" which leads to unnecessary stress for the student and parent or guardian as well as unnecessary restriction from athletic participation.

The United States Department of Health and Human Services offers risk assessment options under the Surgeon General's Family History Initiative available at <http://www.hhs.gov/familyhistory/index.html>.

### When should a student athlete see a heart specialist?

If the primary healthcare provider or school physician has concerns, a referral to a child heart specialist, a pediatric cardiologist, is recommended. This specialist will perform a more thorough evaluation, including an electrocardiogram (ECG), which is a graph of the electrical activity of the heart. An echocardiogram, which is an ultrasound test to allow for direct visualization of the heart structure, will likely also be done. The specialist may also order a treadmill exercise test and a monitor to enable a longer recording of the heart rhythm. None of the testing is invasive or uncomfortable.

### Can sudden cardiac death be prevented just through proper screening?

A proper evaluation should find most, but not all, conditions that would cause sudden death in the athlete. This is because some diseases are difficult to uncover and may only develop later in life. Others can develop following a

normal screening evaluation, such as an infection of the heart muscle from a virus.

This is why screening evaluations and a review of the family health history need to be performed on a yearly basis by the athlete's primary healthcare provider. With proper screening and evaluation, most cases can be identified and prevented.

### Why have an AED on site during sporting events?

The only effective treatment for ventricular fibrillation is immediate use of an automated external defibrillator (AED). An AED can restore the heart back into a normal rhythm. An AED is also life-saving for ventricular fibrillation caused by a blow to the chest over the heart (commotio cordis).

N.J.S.A. 18A:40-41a through c, known as "Janet's Law," requires that at any school-sponsored athletic event or team practice in New Jersey public and nonpublic schools including any of grades K through 12, the following must be available:

- An AED in an unlocked location on school property within a reasonable proximity to the athletic field or gymnasium; and
- A team coach, licensed athletic trainer, or other designated staff member if there is no coach or licensed athletic trainer present, certified in cardiopulmonary resuscitation (CPR) and the use of the AED; or
- A State-certified emergency services provider or other certified first responder.

The American Academy of Pediatrics recommends the AED should be placed in central location that is accessible and ideally no more than a 1 to 1½ minute walk from any location and that a call is made to activate 911 emergency system while the AED is being retrieved.



# SPORTS-RELATED EYE INJURIES:

## AN EDUCATIONAL FACT SHEET FOR PARENTS



Participating in sports and recreational activities is an important part of a healthy, physically active lifestyle for children. Unfortunately, injuries can, and do, occur. Children are at particular risk for sustaining a sports-related eye injury and most of these injuries can be prevented. Every year, more than 30,000 children sustain serious sports-related eye injuries. Every 13 minutes, an emergency room in the United States treats a sports-related eye injury.<sup>1</sup> According to the National Eye Institute, the sports with the highest rate of eye injuries are: baseball/softball, ice hockey, racquet sports, and basketball, followed by fencing, lacrosse, paintball and boxing.

Thankfully, there are steps that parents can take to ensure their children's safety on the field, the court, or wherever they play or participate in sports and recreational activities.

### Prevention of Sports-Related Eye Injuries

Approximately 90% of sports-related eye injuries can be prevented with simple precautions, such as using protective eyewear.<sup>2</sup> **Each sport has a certain type of recommended protective eyewear, as determined by the American Society for Testing and Materials (ASTM). Protective eyewear should sit comfortably on the face. Poorly fitted equipment may be uncomfortable, and may not offer the best eye protection. Protective eyewear for sports includes, among other things, safety goggles and eye guards, and it should be made of polycarbonate lenses, a strong, shatterproof plastic. Polycarbonate lenses are much stronger than regular lenses.**<sup>3</sup>

Health care providers (HCP), including family physicians, ophthalmologists, optometrists, and others, play a critical role in advising students, parents and guardians about the proper use of protective eyewear. To find out what kind of eye protection is recommended, and permitted for your child's sport, visit the National Eye Institute at <http://www.nei.nih.gov/sports/findingprotection.asp>. Prevent Blindness America also offers tips for choosing and buying protective eyewear at <http://www.preventblindness.org/tips-buying-sports-eye-protectors>, and <http://www.preventblindness.org/recommended-sports-eye-protectors>.

It is recommended that all children participating in school sports or recreational sports wear protective eyewear. Parents and coaches need to make sure young athletes protect their eyes, and properly gear up for the game. Protective eyewear should be part of any uniform to help reduce the occurrence of sports-related eye injuries. Since many youth teams do not require eye protection, parents may need to ensure that their children wear safety glasses or goggles whenever they play sports. Parents can set a good example by wearing protective eyewear when they play sports.

<sup>1</sup> National Eye Institute, National Eye Health Education Program, Sports-Related Eye Injuries: What You Need to Know and Tips for Prevention, [www.nei.nih.gov/sports/pdf/sportsrelatedeyeinjuries.pdf](http://www.nei.nih.gov/sports/pdf/sportsrelatedeyeinjuries.pdf), December 26, 2013.

<sup>2</sup> Rodriguez, Jorge O., D.O., and Lavina, Adrian M., M.D., Prevention and Treatment of Common Eye Injuries in Sports, <http://www.aafp.org/afp/2003/0401/p1481.html>, September 4, 2014; National Eye Health Education Program, Sports-Related Eye Injuries: What You Need to Know and Tips for Prevention, [www.nei.nih.gov/sports/pdf/sportsrelatedeyeinjuries.pdf](http://www.nei.nih.gov/sports/pdf/sportsrelatedeyeinjuries.pdf), December 26, 2013.

<sup>3</sup> Bedinghaus, Troy, O.D., Sports Eye Injuries, [http://vision.about.com/od/emergencyeyecare/a/Sports\\_Injuries.htm](http://vision.about.com/od/emergencyeyecare/a/Sports_Injuries.htm), December 27, 2013.

## Most Common Types of Eye Injuries



The most common types of eye injuries that can result from sports injuries are blunt injuries, corneal abrasions and penetrating injuries.

♦ **Blunt injuries:** Blunt injuries occur when the eye is suddenly compressed by impact from an object. Blunt injuries, often caused by tennis balls, racquets, fists or elbows, sometimes cause a black eye or hyphema (bleeding in front of the eye). More serious blunt injuries often break bones near the eye, and may sometimes seriously damage important eye structures and/or lead to vision loss.

♦ **Corneal abrasions:** Corneal abrasions are painful scrapes on the outside of the eye, or the cornea. Most corneal abrasions eventually heal on their

own, but a doctor can best assess the extent of the abrasion, and may prescribe medication to help control the pain. The most common cause of a sports-related corneal abrasion is being poked in the eye by a finger.

♦ **Penetrating injuries:** Penetrating injuries are caused by a foreign object piercing the eye. Penetrating injuries are very serious, and often result in severe damage to the eye. These injuries often occur when eyeglasses break while they are being worn. Penetrating injuries must be treated quickly in order to preserve vision.<sup>4</sup>

- Pain when looking up and/or down, or difficulty seeing;
- Tenderness;
- Sunken eye;
- Double vision;
- Severe eyelid and facial swelling;
- Difficulty tracking;

## Signs or Symptoms of an Eye Injury



- The eye has an unusual pupil size or shape;
- Blood in the clear part of the eye;
- Numbness of the upper cheek and gum; and/or
- Severe redness around the white part of the eye.

## What to do if a Sports-Related Eye Injury Occurs



If a child sustains an eye injury, it is recommended that he/she receive immediate treatment from a licensed HCP (e.g., eye doctor) to reduce the risk of serious damage, including blindness. It is also recommended that the child, along with his/her parent or guardian, seek guidance from the HCP regarding the appropriate amount of time to wait before returning to sports competition or practice after sustaining an eye injury. The school nurse and the child's teachers should also be notified when a child sustains an eye injury. A parent or guardian should also provide the school nurse with a physician's note detailing the nature of the eye injury, any diagnosis, medical orders for

the return to school, as well as any prescription(s) and/or treatment(s) necessary to promote healing, and the safe resumption of normal activities, including sports and recreational activities.

## Return to Play and Sports

According to the American Family Physician Journal, there are several guidelines that should be followed when students return to play after sustaining an eye injury. For



example, students who have sustained significant ocular injury should receive a full examination and clearance by an ophthalmologist or optometrist. In addition, students should not return to play until the period of time recommended by their HCP has elapsed. For more

minor eye injuries, the athletic trainer may determine that

it is safe for a student to resume play based on the nature of the injury, and how the student feels. No matter what degree of eye injury is sustained, it is recommended that students wear protective eyewear when returning to play and immediately report any concerns with their vision to their coach and/or the athletic trainer.

**Additional information on eye safety can be found at <http://isee.nei.nih.gov> and <http://www.nei.nih.gov/sports>.**

<sup>4</sup>Bedinghaus, Troy, O.D., Sports Eye Injuries, [http://vision.about.com/od/emergencyeyecare/a/Sports\\_Injuries.htm](http://vision.about.com/od/emergencyeyecare/a/Sports_Injuries.htm), December 27, 2013.

***Essex County Vocational Technical Schools***  
**DEPARTMENT OF ATHLETICS**  
***ACKNOWLEDGEMENT/CONSENT CHECKLIST***

Student's Name (print): \_\_\_\_\_ Grade: \_\_\_\_\_ Gender: M F

Parent's Name (print): \_\_\_\_\_

The signatures below verify that you have read, reviewed and understand all the information regarding student athletes and concussions, sudden cardiac death and the NJSIAA Steroid testing policy. All of these policies and brochures are part of the interscholastic sports registration packet on the district Athletic website ([www.essextech.org](http://www.essextech.org)).

**CONCUSSION AND HEAD INJURY FACT SHEET**

We have read this form and understand the facts, signs and symptoms of a concussion, as well as the guidelines for concussion management and the procedure for return-to-play following a concussive injury.

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**NJSIAA STEROID TESTING POLICY**

We have read this policy, as well as the NJSIAA Banned Drug Classes sheet, and consent to random testing in accordance with the NJSIAA steroid testing policy. We understand that, if the student or student's team qualifies for a state championship tournament or state championship competition, the student may be subject to testing for banned substances.

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**SUDDEN CARDIAC DEATH BROCHURE**

We have read this brochure and understand the basic facts and risks of sudden cardiac death in young athletes. We are aware of additional resources available on this subject from the American Heart Association ([www.heart.org](http://www.heart.org)) and the State of New Jersey website ([www.state.nj.us/education/students/safety/health/services/cardiac.pdf](http://www.state.nj.us/education/students/safety/health/services/cardiac.pdf))

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**SPORTS RELATED EYE INJURY INFORMATION**

We have read this brochure and understand the basic facts and risks of sports related eye injuries in young athletes.

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_





ATHLETIC DEPARTMENT

# STUDENT/ATHLETE CONTRACT

*Athletes, Parents and Coaches working together in harmony for success*

## PROCEDURES

- All participants must have a **signed Physical and Student-Athlete Contract** on file in the Nurse Office in order to participate in interscholastic sports programs.
- Athletes must meet ECVT and NJSIAA eligibility requirements (as found in the High School Handbook)
- Athletes must abide by all school policies, which are located in the Student Handbook.
- All injuries are to be reported immediately to your Coach and to our School Nurse for proper examination and if needed, a referral to appropriate medical personnel or services.
- Students are to be in school if they wish to participate in a scheduled practice or game on that day. A building administrator must approve any exception.

## CONDUCT

- Athletes are representatives of ECVT Schools and at all times must present themselves in a positive and sportsmanlike manner. ***All athletes, spectators and coaches must show proper respect for opposing teams, their coaches and officials alike.***
- Bus behavior will be beyond reproach. Appropriate demeanor and reasonable volume must be maintained at all times. No abuse, distasteful or obscene language or unsafe actions will be permitted. ***All athletes are expected to arrive and return to the school as part of the team.*** At no time are students allowed to drive themselves to or from athletic contests. Any other arrangement must be made in writing and submitted prior to the beginning of the day to the Athletic Coach. That will include written parental permission, a detailed rationale for exemption, and the names(s) of assigned driver(s) who will be responsible for the child's safety. ***We encourage all team members, to use the assigned school transportation. This promotes team unity, ensures proper supervision and allows for greater safety of our students.***
- **Hazing:** ECVT will not tolerate hazing of any kind to our student athletes. Students who disregard this rule are subject to suspension and/or expulsion from their team, as well as appropriate school consequences set forth by the School Principal.

## RESPONSIBILITIES

- It is the responsibility of the Head Coach to decide which student/athlete will participate and at which level of play, as well as the amount of playing time that the student will have. Questions regarding this area will be addressed directly to the Head Coach in a mutually acceptable timeframe and in an appropriate, professional manner.
- Athletes will be on time for practice and will be prepared for practice every day. They should prioritize their affiliations with community teams and clubs placing the needs of the ECVT High School team first.
- Athletes are responsible for all equipment issued and for the care of said equipment. Equipment and uniforms are to be worn and used only at ECVT events. Athletes will be held accountable and submit restitution for any equipment/uniforms mistreated or not returned.
- On game dates, when contests run late, participants are to have prearranged transportation home from school. Every effort should be made to have that transportation waiting at the school for student/athlete pick-up.
- Failure to comply with requirements stipulated in the High School Handbook or any of the rules stated in this contract or stipulated by the Coach regarding curfews, detentions, etc., will result in disciplinary action which may include suspension or dismissal for a designated time as determined by the Head Coach and/or the policy set forth in the Student Handbook.

In addition to the above-mentioned criteria, all athletes are required to be alcohol-free, tobacco-free, and drug-free twenty-four hours a day, seven days a week (24/7) throughout their season. Student/athletes who use and/or are in possession of these items are subject to disciplinary action as outlined by Board of Education Policy and Procedures in the High School Student Handbook. Attendance at parties or gatherings where alcohol, tobacco or drugs are present is strictly prohibited and is also considered a violation. This rule does not restrict athletes from attending family functions where alcoholic beverages are present. The purpose of this rule is to deter under-age drinking and/or substance abuse.

### Remember:

**Everything you say and do should be consistent with the six core ethical values comprising good character: trustworthiness, respect, responsibility, fairness, caring, and citizenship.**

**I HAVE READ AND UNDERSTAND THESE RULES AND AGREE TO ABIDE BY THEM.**

Student/Athlete and parent/legal guardian must sign this document prior to issuing a uniform or adding the student's name to the team roster.

SPORTS

ATHLETE'S SIGNATURE

DATE

PARENT/GUARDIAN SIGNATURE

DATE

# ESSEX COUNTY VOCATIONAL TECHNICAL SCHOOLS



## ATHLETIC DEPARTMENT

Player Info Sheet: **\*ALL INFORMATION MUST BE COMPLETED\***

Name: \_\_\_\_\_

Current Sport: \_\_\_\_\_ School Year: \_\_\_\_\_

Grade: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Male \_\_\_\_\_ Female \_\_\_\_\_

Student's Cell Phone: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Address, City & Town: \_\_\_\_\_

Medical History: (allergies/ asthma, etc.): \_\_\_\_\_

Medications: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

**COACHES PLEASE KEEP THIS FORM FOR YOUR  
TRAVEL FILES INCASE OF EMERGENCY**