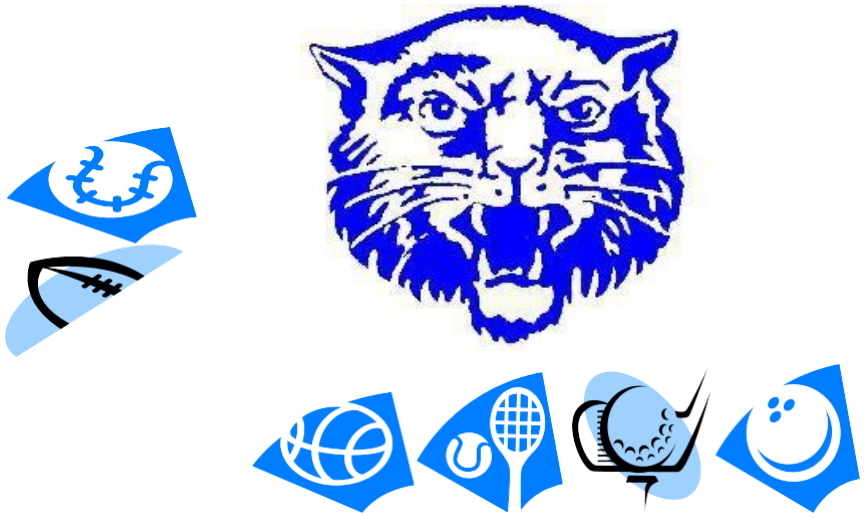
Hancock Central School District

Athletic Handbook



2026-2027

Mrs. Kimberly Makowski, Athletic Coordinator

Hancock Central School District

ATHLETIC HANDBOOK

In order to ensure a well-disciplined and competitive athletic program, all active and prospective athletes should make themselves fully acquainted with the contents of this handbook. All infractions may be reviewed under the District Code of Conduct as well.

THE RULES AND REGULATIONS CONTAINED IN THIS HANDBOOK APPLY TO ALL PUPILS PARTICIPATING IN ATHLETIC ACTIVITIES.

COACHING PHILOSOPY

The Athletic program is an integral part of the overall education process at Hancock Central School. Athletics provide an opportunity to grow academically, socially, physically and ethically.

Our aim is to develop a competitive program which incorporates the tenets of scholarship, hard work, citizenship, sportsmanship and a healthy lifestyle. Athletics should assist in the education of the whole child.

Modified

The philosophy at this level is toward education and participation. Students at the 7th and 8th grade level are encouraged to participate. There is a large focus on the fundamentals of the game. Each team member will participate as equally as possible (final decision rests with the coach) providing they meet the following requirements:

1. Meet NYSPHSAA athletic eligibility requirements.
2. Meet the medical eligibility requirements.
3. Meet all requirements set forth by H.C.S.
4. Meet all requirements set forth by the coach and team.

Junior Varsity

The Junior Varsity level builds on the modified level. Increased emphasis is placed on the refinement of skills, team play, and the development of game strategies, physical conditioning and healthy choices. Additionally, the emphasis on playing to win is introduced. An attempt will be made to play all team members. However, not all play will be equal, nor will all players play each contest. Playing time will be at the discretion of the coaching staff.

Varsity

Varsity is the apex of participation in high school athletics. The team objective is winning. Team play, sportsmanship, refinement of skills and healthy choices are emphasized. It is recognized that not all team members will play. Playing time is at the discretion of the coaching staff.

**Any player in grades 9-12 and any selectively classified 7th and 8th grade players are eligible for JV and Varsity levels. Final team placement is at the discretion of the coaching staff.*

BEHAVIOR AND CONDUCT

A. ***Wildcat Code: As a Wildcat athlete, I will be a good ambassador of the Hancock Central School District at all times. I will not bully or intimidate a teammate or opponent. I will always be a team player. I will not be selfish, jealous, envious, or egotistical. I will earn the right to be proud and confident. I will not expect favors, alibis, or make excuses. I will not lose faith or patience. I realize that courtesy and politeness are a small price to pay for the good will and affection of others. I know that I can acquire peace of mind by becoming the best I am capable of becoming.***

B. The general behavior of an athlete in school and elsewhere should be a credit to the student's school, team, coaches, and themself. When determining your own conduct, keep in mind the regulations given below:

A report of misconduct of an athlete by a faculty member for any form of misconduct may result in a conference involving one or more of the following: the high school principal, athletic coordinator/director, coach, teacher and athlete(s).

1. There will be NO public displays of affection.
2. Unsportsmanlike conduct will not be tolerated.
3. Any abusive language, profanity, and/or obscene gestures made in association with a contest, shall mean immediate suspension from the contest with further penalties to be assessed as a result of a conference.

C. The conduct of all players at all times must be of the highest moral standard and ethical behavior. All reports of misconduct will be investigated as outlined in the **Protocol for Issues Related to Athletics** outlined below. Penalties will be set according to the findings of any such investigations.

D. As athletes, you are expected to be encouraging and congenial to non-athletes, to be supportive of school activities, and to be an active Hancock Central student.

E. Rules and regulations are made for the good of the athletic program. Coaches act at all times to protect the value of the program. <u>All true athletes conduct themselves in a manner that will contribute to the good of the athletic program.</u>

F. Students may also be subject to discipline under the school's Code of Conduct for violations.

> **<u>Conduct rules pertain to behavior both on and off school property. Any inappropriate behavior that occurs off school property may be subject to investigation by school authorities, and if warranted, law enforcement agencies. Any responsible adult may report infractions of conduct.</u>**

PROTOCOL FOR ISSUES RELATED TO ATHLETICS – Please follow the standard 24-hour rule following an athletic competition prior to speaking to a coach.

Whenever an issue or a concern arises related to athletics, a protocol or chain of command is to be followed to ensure appropriate information is shared that individuals have an opportunity to respond to questions or to resolve issues:

<u>Step 1: Player/Coach or Parent/Coach</u>
<u>Step 2: Player/Parent/Athletic Director</u>
<u>Step 3: Player/Parent/Building Principal</u>
<u>Step 4: Player/Parent/Superintendent</u>

TRAINING RULES

It is expected that all athletes participating in the sports program at Hancock Central School will maintain the academic standards of the school, pursue the required number of courses, and exert all the efforts at the student's command to improve physically and mentally to the best of the student's ability.
A student failing two or more subjects will automatically be subject to evaluation for further participation in a sport (refer to the **Hancock Central School District – Student Handbook – see Academic Eligibility and Activity Participation and Extra-Curricular Participation)**.
In addition, the following training rules have been proposed by the coaches and approved by the administration of the school:

1. No use, possession or distribution of vaping, tobacco or tobacco products or facsimiles; no drinking, possession or distribution of alcoholic beverages; no use, possession or distribution of drugs and/or drug paraphernalia; no use, possession or distribution of synthetic cannabinoids; no destruction of school property. This includes activities which are not school-related or did not occur on school property.
2. No use of abusive language, profanity, and/or obscene gestures/comments while involved in sports activities.
3. Any behavior that may be potentially dangerous will not be tolerated.
4. Good attendance at school is required (see Attendance). In addition, in the case of a Saturday event, full-day attendance will be required on the preceding day.

Any infraction of the above rules will mean the following:
A. For rule number 1, anyone who has been found in violation of rule number 1 will be subject to disciplinary consequences and a range of penalties as per the Student Handbook. This includes activities which are not school-related or did not occur on school property. Penalties fora first offense will result in suspension for a minimum of 1/3 of the sport season. The student will attend practice; however, the practices will not count towards game eligibility. The student will not be permitted to attend any athletic contests. If more than 2/3 of the season has lapsed, the student will be off the team for the rest of the season. (**The "season" is deemed to begin at the first regularly scheduled league practice and continue through the final contest.) However, penalties could be extended into post-season or sectional play. These will be judged on a case-by-case basis.** A second offense will result in suspension for the remainder of the season and, if 2/3 of the current season has lapsed, suspension for the next sport season as well. A third offense will result in removal from the sports team(s) for the remainder of the current school year. It is recommended that any individual so suspended see a drug counselor.
B. A first offense against rules 2, 3 or 4 will be handled as an individual matter by the coach. A second offense for any infraction will mean a one-week suspension and any other disciplinary action deemed necessary by the coach. The athlete must continue to practice and may not participate in any games played that week.
C. Subsequent offenses will mean dismissal from the squad for the remainder of the sports season.
D. **A student may be referred to the Principal or Superintendent for additional discipline under the school's Code of Conduct when appropriate.**

SEXUAL HARASSMENT

The district is committed to safeguarding the right of all students within the school district to learn in an environment that is free from all forms of sexual harassment. Conduct is deemed to be sexual harassment when the student perceives such behavior as unwelcome, such as inappropriate touching, verbal comments, sexual name-calling, spreading sexual rumors, gestures, jokes, pictures, blocking a student's movement, rape or attempted rape.
Sexual harassment is a form of sex discrimination. Any student who believes they have been subjected to sexual harassment, whether by a teacher, other student, or any individual on school grounds or at school activities, should report the alleged misconduct immediately to the Principal or the Title IX Compliance Officer, at Hancock Central School, 67 Education Lane, Hancock, NY 13783 or by calling 637-1305. The student can pursue a complaint informally or file a formal complaint.

THE DIGNITY FOR ALL STUDENTS ACT (DASA)

The Act imposes on school districts the obligation to, among other things, prohibit and punish discrimination, harassment, or bullying committed by one student against another student based on the student's actual or perceived race, color, weight, national origin, ethnic group, religion, religious practice, disability, sexual orientation, gender or sex by fellow students. In 2019, the Crown Act amended DASA to make clear that discrimination based on race includes hairstyles and traits associated with race. The Hancock Central School Board of Education has adopted the following change to the Student Code of Conduct pursuant to DASA:

Discrimination and harassment mean an intentional act against any student, on school property or at a school function, that creates a hostile environment by conduct, with or without physical contact by verbal threats, intimidation or abuse, of such a severe nature that it:

(a) Has or would have the effect of unreasonably and substantially interfering with a student's education performance, opportunities or benefits, or mental, emotional physical well-being; or
(b) Reasonably causes or would reasonably be expected to cause a student to fear for their physical safety.

Such conduct shall include, but is not limited to, threats, intimidation, or abuse based on a person's actual or perceived race, color, weight, national origin, ethnic group, religion, religious practice, disability, sexual orientation, gender or sex. In 2019, the Crown Act amended DASA to make clear that discrimination based on race includes hairstyles and traits associated with race.

<u>Students who have violated the Dignity for All Students Act will be subject to the range of disciplinary consequences as per the Hancock Central School Student Handbook.</u>

ATTENDANCE

A. In order to practice or compete, you must be in attendance the full school day unless you have an excuse (i.e., doctor or dentist) or have received permission from the principal. Arrival to school after **8:00 AM** will result in denial of the opportunity to participate or play in a game or a scrimmage on that day or if this occurs on a Friday or on the last school day of the week, the student will not be permitted to participate in the next practice or play in the next game if over a holiday.

B. **In the event of Wayne Highlands SD is delayed or closed due to inclement weather or other circumstances, and Hancock CSD is in session, Wayne Highlands SD students are expected to attend Hancock CSD. Parents/guardians may self-transport. Wayne Highlands students absent due to inclement weather or other circumstances resulting in Wayne Highlands SD closure when Hancock CSD is in session are not eligible for participation in co-curricular/after school activities including athletic practices/contests, rehearsals, etc.**

C. In the event of a 2-hour delay, students are expected to be present at the start of the 1st class of the day, at 10:00 AM.

Students who are frequently absent or tardy may be removed from co-curricular activities at the discretion of the building administrator.

Students who are assigned to In-School Detention will be permitted to practice the day of the assignment, but will not be able to participate in contests.

Students who are on Out-of-School Suspension will not be permitted to participate in any meetings, practices, or contests for the duration of the suspension. If the suspension includes a Friday and subsequent Monday (or last day of the school week and first day of a school week), the student will not be permitted to participate in any meetings, practices, or contests on the intervening non-school days. Otherwise, regular practice rules apply.

MEDICAL/INSURANCE PARAMETERS

SPORTS PHYSICAL EXAMINATIONS

As required by NYS Ed. Law, all students who participate in any interscholastic program must have a complete sports physical examination prior to the participation in tryout/practice sessions. This exam will be effective for one year and must be approved by the district's designated school physicians. If, at any time during this one-year period, the student athlete has any injury or illness, another exam **may** be required.

As of 9/1/93, sports physical examinations may be obtained **either** at a scheduled time at the Hancock Middle-Senior High School **or** privately at the offices of the district's designated school physicians.

School sports physical exams are conducted at various times during the school year.

These exams are scheduled whenever there are a sufficient number of students to justify the expense and need, **usually** before the start of the winter and spring sports seasons. Examinations for fall sports are scheduled in the late spring as **no** sports physicals are conducted at the school during the summer or early fall.

Students are encouraged to obtain their sports physical at the school when the exams are offered, as any exam that is not completed at the school, will not be paid for by the district. If a student wishes to participate in a sport and has not had a sports physical at school, a private exam may be scheduled with UHS, 4433 Vestal Parkway E, Vestal, NY by calling 607-771-2220.

At no time is any student to participate in any type of sports practice session without first receiving Health Office confirmation of a valid sports physical.

ATHLETIC PLACEMENT PROCESS

(formerly known as Selection Classification Assessment)

The Athletic Placement Process (APP) is a process for screening students to determine their readiness to compete in interscholastic athletic competition by evaluating their physical maturity fitness and skill. The intent of this program is to provide for students in grades 7 through 12 to safely participate at an appropriate level of competition based upon readiness rather than age and grade. This program has been designed to assess a student's physical maturation, physical fitness and skill, so the student may be placed at a level of competition which should result in increased opportunity, a fairer competitive environment, reduced injury and greater personal satisfaction. The Athletic Placement Process (APP) was designed for mature and exceptionally skilled students to advance to an upper level, and less developed students to participate at an appropriate lower level that is suited to their development and ability. The program is not to be used to fill positions on teams, provide additional experience, provide a place for junior high students when no modified program is offered, or to reward a student. It is aimed at the few select students who can benefit from such placement because of their level of readiness.
Normally, a student is eligible for senior high athletic competition in a sport during each of four consecutive seasons commencing with the youngster's entry into the ninth grade. However, by satisfying the requirements of the Athletic Placement Process, a student may receive extended eligibility to permit:

a.) Participation during five consecutive seasons in the approved sport after entry into the eighth grade,
or
b) Participation during six consecutive seasons in the approved sport after entry into the seventh grade.

PRACTICE TIME AND ATHLETIC CONTESTS

A. Since practice time is limited, it is essential that all players be on time.
B. Excuses from practices must be made directly to the coach.
C. Examples of excusable absences are:
    1. Death, illness or injury in the family.
    2. Any type of health appointment (proof must be provided).
    3. Extra scholastic assistance after school.
D. Examples of unexcused absences are:
    1. Jobs.
    2. Pleasure appointments.
    3. Unexcused absence of school.
    4. Out-of-School suspension and after-school detention.

A student who receives an out-of-school suspension for a disciplinary infraction will not be permitted to participate in practice or contests on the day(s) of the suspension. If a student receives an out-of-school suspension on the last school day of the week, the student will not be permitted to participate in weekend practices or contests. (This includes the length of any school vacation.)

E. Failure to produce an authenticated note for excused absences (refer to 'C' above) will result in exemption from that day's practice or contest.

F. Any student who does not participate in Physical Education classes on any given day for medical reasons, is unprepared for Physical Education class, or who refuses to participate in Physical Education class will not be allowed to participate in practice or in a contest on that day. A medical excuse will be accepted when written by a physician, a physician's assistant, or a nurse practitioner on a prescription form for a specific amount of time or number of days. The excuse may also be written on office letterhead with the physician's signature.

TRAVEL

A. All players who are to participate in away games will ride to and from the contest on the school bus. This may be waived only under the following conditions:

1. A parent or guardian of the athlete may transport the individual athlete after the contest so long as the coach is informed directly by the parent or guardian, principal approves and the transportation release is signed and presented to either the coach or the principal before the bus departs to the contest.
2. In addition to the provisions as set forth in #1, if any intervening circumstances make such transportation of any one student impractical, a chaperone will remain with any student until a parent or a legal guardian is together with the student at the same location.

B. All participants are expected to remain on school grounds at away events in the fall and spring, and to remain in the school building during the winter sports season.

C. No food is allowed on the bus (unless cleared by the coach).

D. Overnight travel opportunities require written permission and supporting documents. Students are reminded they are ambassadors of the Hancock Central School District.

E. The Student Code of Conduct applies for all travel.

F. Exceptions may be considered by administration on a case-by-case basis.

REPORTING INJURIES

A. All injuries received while participating in athletic activities should be reported immediately to the coach. If the injury requires a doctor's care, make sure the coach fills out an accident report for insurance coverage.

B. You must have a doctor's release to return to practice or play when injured or out of school for more than five days. Special circumstances may require a release from a specialist. (Consult with the school nurse or athletic trainer first).

C. Each student is covered by non-duplicating insurance. Any cost not covered by the parent/guardian's insurance may be covered by the school's insurance company.

HANCOCK CENTRAL SCHOOL
67 Education Lane
Hancock, New York 13783
607-637-1305

July 2025

Parents or Guardians,

In accordance with the **Concussion Management and Awareness Act** (effective July 1, 2012) and the **Dominic Murray Sudden Cardiac Arrest Prevention Act** (effective July 1st, 2022), it is now our responsibility as a school district to provide concussion and cardiac arrest related information to both parents/guardians and athletes prior to participation in interscholastic athletics.

We ask respectively that both parents/guardians and athletes take a few moments to review the documents provided, and then sign off stating that you have read and understand the information related to concussions, concussion management, and cardiac arrest prevention.

If you have any questions related to the information provided, please call the Health Office at 607-637-1310.

Please sign accordingly, acknowledging you have read and understand the attached information related to concussions, concussion management, and cardiac arrest prevention.

PARENT/GUARDIAN_____

ATHLETE_____

DATE_____

GUIDELINES FOR CONCUSSION MANAGEMENT

IN THE SCHOOL SETTING

Parents/Guardians:

Parent/guardians play an integral role in assisting their child and are the primary advocate for their child. When their child is diagnosed with a concussion, it is important that the parent/guardian communicates with both the medical provider and the school. Understandably this is a stressful time for the parent/guardian as they are concerned about their child's well-being. Therefore, it is recommended that parents/guardians:

- Be familiar with the signs and symptoms of concussions. This may be accomplished by reading pamphlets, Web based resources, and/or attending meetings prior to their child's involvement in interscholastic athletics.
- Be familiar with the Concussion Management and Awareness Act's requirement that any student believed to have suffered a concussion must immediately be removed from athletic activities.
- Be familiar with any concussion policies or protocols implemented by the school district. These policies are in the best interest of their child.
- Be made aware that concussion symptoms that are not addressed can prolong concussion recovery.
- Provide any forms and written orders from the medical provider to the school in a timely manner.
- Monitor their child's physical and mental health as they transition back to full activity after sustaining a concussion.
- Report concerns to their child's private medical provider and the school as necessary.
- Communicate with the school to assist in transitioning their child back to school after sustaining a concussion.
- Communicate with school staff if their child is experiencing significant fatigue or other symptoms at the end of the school day.
- Follow the private medical provider orders at home for return to activities.

Parent/Athlete Concussion Information Sheet

A concussion is a type of traumatic brain injury that changes the way the brain normally works. A concussion is caused by 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.

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, the student should be kept out of play the day of the injury and until a health care professional, experienced in evaluating for concussion, says the student is symptom-free and it's OK to return to play.

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.

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 prior to hit or fall	Confusion
Can't recall events after hit or fall	Just not "feeling right" or "feeling down"

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 if after a bump, blow, or jolt to the head or body the student 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)

> 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.

WHY SHOULD AN ATHLETE REPORT THEIR SYMPTOMS?

If an athlete has a concussion, the student's brain needs time to heal. While an athlete's brain is still healing, the student 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 brain. They can even be fatal.

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 professional, experienced in evaluating for concussion, says the student is symptom-free and it's OK to return to play.

Rest is the 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.

It's better to miss one game than the whole season. For more information on concussions, visit: **www.cdc.gov/Concussion**

Students/Athletes:

Students should be encouraged to communicate any symptoms promptly to district staff and/or parents/guardians, as a concussion is primarily diagnosed by reported and/or observed signs and symptoms. It is the information provided by the student about their signs and symptoms that guide the other members of the team in transitioning the student back to activities. The amount and type of feedback reported by the student will be dependent on age and other factors. Therefore, it is recommended that students:

- Be educated about the prevention of head injuries.
- Be familiar with signs and symptoms that must be reported to the coach, certified athletic trainer, school nurse, parent/guardian, or other staff.
- Be made aware of the risk of concussion and be encouraged to tell their coach, parent/guardian, certified athletic trainer, school nurse or other staff members about injuries and symptoms they are experiencing.
- Be educated about the risk of severe injury, permanent disability, and even death that can occur with re-injury by resuming normal activities before recovering from a concussion.
- Follow instructions from their private medical provider.
- Be encouraged to ask for help and to inform teachers of difficulties they experience in class and when completing assignments.
- Encourage classmates and teammates to report injuries.
- Promote an environment where reporting signs and symptoms of a concussion is considered acceptable.

Information provided by:

The University of the State of New York

THE STATE EDUCATION DEPARTMENT

Office of Student Support Services

Albany, New York 12234

June 2012

Infectious Disease Response Protocol

The Hancock Central School District is committed to proactively safeguarding the health, safety and welfare of all student-athletes. To this end, in the event of a confirmed diagnosis of an infectious disease (please see appendix for additional guidance), the District will respond by implementing the *HCS Infectious Disease Response Protocol.*

Mandatory steps in the *HCS Infectious Disease Response Protocol* include:

- Contacting Section IV and the Midstate Athletic Conference;
- Seeking immediate Agency consultations and guidance from the Delaware County Department of Health and UHS (HCS School Physician);
- Contacting/consulting with immediate upcoming opponents;
- Operationalizing internal and external District communications protocols.

UHS (HCS School Physician) or the Delaware County Department of Health reserve the right to unilaterally indefinitely suspend athletic events or activities in response to acute outbreaks of infectious diseases. Furthermore—at their discretion and following consultation with representatives from Section IV, the Midstate Athletic Conference and immediate upcoming opponents—the superintendent of schools, middle/high school principal, athletic coordinator or other District designees reserve the right to impose a minimum 24-hour moratorium on athletic competition in response to acute outbreaks of infectious diseases.

Dietary Supplements

UHS (HCS School Physician), the Hancock Central School District administration, athletic coordinator, coaches or supporting personnel will not warehouse, distribute or encourage the use of any dietary supplements or ergogenic aids by student-athletes.By definition, a dietary supplement or ergogenic aid is a product, intended to supplement the diet, which contains one or more of the following dietary ingredients: vitamins, minerals, amino acids, herbs or other botanicals, and metabolites. Many dietary supplements or ergogenic aids contain banned substances. Often the labeling of dietary supplements or ergogenic aids is not accurate and is misleading. The presence of terms such as “healthy” or “all natural” does not necessarily mean that dietary supplements or ergogenic aids do not contain a banned substance or are safe to take. Using dietary supplements or ergogenic aids may pose serious health risks. Such supplements cannot be warehoused, possessed, consumed, or distributed on school property or for school events at any time. Warehousing, possession, consumption and distribution of anabolic agents or any other illegal supplement as defined by the New York State Public High School Athletic Association, Section IV or the Midstate Athletic Conference is strictly prohibited. [Please see attached appendix for additional guidance.]

Failure of a student-athlete to comply with the above protocols may result in the imposition of the full range of disciplinary action by the District against the student-athlete, including but not limited to administrative conference/consult with the principal, athletic director, coach, and parents/guardians; suspension from athletic practices/competition; dismissal from athletic competition.

SCHOOL EQUIPMENT AND UNIFORMS

The coach or athletic coordinator/director will list all equipment (by equipment number) issued to the athlete on an equipment sign-out sheet.
A. First offense for vandalism or theft: a two-week suspension from participation in games or matches. During this time practice attendance is required.
B. Second offense for vandalism or theft: dismissal from the team for the remainder of the sports season.
C. In the case that the offense involves a person who is not at that time involved in athletics, the punishment will take effect during the next sports season in which that person participates, and will include a two-week suspension beginning with the first interscholastic contest.
D. If equipment is lost during a season, that equipment must be paid for (cost at full value) or replaced before the person responsible will be allowed to participate in another sport.
E. If the case involves a senior, the administration will not permit that person to attend graduation exercises until the equipment is either paid for or returned.
F. These same rules apply with regard to theft of equipment from other schools.
G. Athletic awards will not be issued to anyone who still has equipment signed out.
H. Students may be subject to discipline under the school's Code of Conduct.

BUILDING REGULATIONS

A. No cleats are permitted in the corridors of the building. Note: Metal cleats are not permitted anywhere in the building.
B. Before and after practice:
    1. Students are not to wander in any building. They are to stay in the gym end of the building at Hancock Elementary School or, the HS/MS Cafeteria.
    2. Students are to bring coats and books to the gym area at practice time.
    3. Students must be under the direct supervision of a coach to occupy any area of the building after 3:30 P.M.
       Students are to leave the building out of the locker-room entrance or by the main entrance.
    4. Students are not to loiter outside of the building.
    5. Students who have a special request, such as use of a school telephone, are to ask permission from a custodian or a school official who is in the building.
    6. Students are to be respectful of all staff.
    7. Students are to comply and cooperate with requests made by school staff.
    8. Students are to knock and wait to be admitted to the coach's office.

MIDSTATE ATHLETIC CONFERENCE

MISSION STATEMENT

The Midstate Athletic conference will grow and develop Student Athletes to enter society with strong characteristics in sportsmanship, respect, collaboration, cooperation and empathy**.** The Midstate Athletic Conference will create opportunities to achieve the highest degree of excellence, in an environment that prioritizes respect, equity and positivity while preparing student athletes for future success.

Expectations of Student Athletes:
Be respectful of teammates and opponents at all times.
Demonstrate class and good character in victory and defeat.
Play within the rules and accept the outcomes.
Conduct yourselves with honesty, integrity, poise and composure at all times.
Demonstrate good sportsmanship and act as a positive role model at all times.

Expectations of Coaches:
Establish, promote, model and maintain standards of good sportsmanship with fellow coaches, student athletes, parents/guardians and spectators.
Respect the decisions of game officials and act professionally and appropriately in interactions with the officials.
Maintain your composure at all times.
Refrain from embarrassing your players.
Treat mistakes as opportunities for learning.
Acknowledge, in a positive way, the efforts of your opponents.

Expectations of Parents/Guardians:
Respect game officials, players, coaches and spectators.
Recognize outstanding performances by members of either home or visiting teams.
Be exemplary role models by demonstrating good sportsmanship and showing support for individuals and teams.
Maintain composure at all times.

Expectations of Spectators:
Be respectful of game officials, players, coaches, opposing fans and facilities.
Cheer in a positive way during the introduction of players, coaches and officials.
Cheer in a positive way for your team and refrain from negative cheering/chants that are directed toward opponents.
Demonstrate concern for any injured players.
Be reminded that you represent not only your school, but your community and family as well.
Conduct yourselves in an appropriate and civil manner at all times.

THE AWARDING OF LETTERS FOR ATHLETIC PARTICIPATION

The following procedures will be followed by the Athletic Department of Hancock Central School for the awards for interscholastic competition:

A. A letter in any sport may be earned by remaining on the squad for the entire season in said sport for three complete successive years.
B. A football award may be earned by participation in at least ¾ of the games played in that season.
C. A basketball award may be earned by participation in at least ¾ of the games played in that season.
D. Wrestling – Participate in ¾ of the matches during the season (notwithstanding injury).
E. A baseball/softball award may be earned by participation in ¾ of the games played in that season, except in cases of pitchers and catchers, awards for whom shall be made at the discretion of the coach.
F. A track/cross country award may be earned by participation in ¾ of the meets scheduled inthat season.
G. A field hockey award may be earned by participation in at least ¾ of the games played in that season
H. A volleyball award may be earned by participation in at least ¾ of the matches played in that season.
I. Awards for Junior High, Junior Varsity, and Varsity athletics shall consist of a certificate.

Hancock Central School
2026-2027 School Year

Statement of Understanding

I,_____have read the Hancock Athletic Handbook and am familiar with its contents. I understand that if I should become a member of the Hancock Athletic Team, I must agree to follow the contents of this manual and comply with the procedures and guideline contained within. I understand that as an athlete, I may be photographed or videotaped for media releases. I further understand that to do anything well requires dedication, faithful practice, and self-discipline. As an athlete will strive to possess these qualities and live up to the ideals associated with outstanding sportsmanship.

Signed _____
(Student)

Signed _____
(Parent/Guardian)

Date _____

PLEASE RETURN TO COACH NO LATER THAN: _____

Common School-aged Infectious Diseases

Public Health
Prevent. Promote. Protect.

Delaware County
Public Health Services

1

Common Definitions:

Endemic: the constant presence of a disease or health condition within a population

Exclusion: requirements precluding individuals from the school environment

Outbreak: an increase, often sudden, in the number of cases of a disease above what is normally expected in a population.

Outbreak Investigation: an investigation by Public Health officials to determine the cause of a outbreak to appropriately make recommendations to stop the spread of infection

Syndromic Surveillance: A system for early detection of outbreaks whereby health department staff, though routine data collection monitor disease indicators

Transmission: any mode or mechanism by which an infectious disease is spread

General Outbreak Information

Outbreak: an increase, often sudden, in the number of cases of a disease above what is normally expected in a population.

Outbreak Investigation: an investigation by Public Health officials to determine the cause of a outbreak to appropriately make recommendations to stop the spread of infection

Exclusion information:

Exclusion recommendations may vary depending on the disease.

Disease	Exclusion Recommendation
MRSA	If wounds are oozing out of the bandage
Pertussis	Until completion of antibiotic treatment. A symptomatic person who does not take antibiotic treatment should be excluded for 21 days from school, work, & events
Influenza	Until they are symptomatic
Chickenpox	Until the blisters become dry and crusted.
Norovirus	Until they are asymptomatic for at least 2 days.

Types of Disease Transmission

1. **Direct Contact:** Physical contact (body surface to body surface) with an infected person

   Example: common cold, sexually transmitted diseases, flu

   Precautions: Hand hygiene

2. **Indirect Contact:** Infectious agent deposited onto an object or surface and survives long enough to transfer to another person who touches the object

   Example: Norwalk virus, influenza

   Precautions: Disinfecting surfaces such as athletic equipment, door knobs, table tops, etc.

3. **Droplet:** expelled from sneezing, coughing, etc

   Example: Pertussis

   Precautions:

   - Covering mouth during cough or sneeze
   - Maintain distance between school desks
   - Disinfect objects and surfaces

4. **Airborne:** Transmission via aerosols (very small particles) that contain organisms in droplet nuclei or in dusts.

   Example: Tuberculosis (TB), chickenpox (varicella)

   Precautions: masks

5. **Vehicle:** A single contaminated source spreading the infection to multiple people.

   Example: Food borne illness

   Precautions: Normal safety and disinfection standards

6. **Vector borne:** Transmission by insects or animals

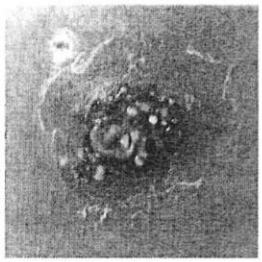
   Example: Malaria, Zika

   Precautions: Insect spray, protective barriers (bed nets), etc.

MRSA

Methicillin-resistant

Staphylococcus aureus



Methicillin-resistant Staphylococcus aureus (MRSA) is a bacteria that is resistant to many antibiotics.

Symptoms:

Broad range of symptoms depending on the part of the body that's infected.

Infection often results in redness, swelling and tenderness at the site of infection. Sometimes, people may carry MRSA without having any symptoms.

Transmission:

Most frequently by direct skin-to-skin contact or contact with shared items or surfaces (e.g., towels, used bandages) that have come into contact with someone else's infected site.

Some people can carry MRSA for days to many months, even after their infection has been treated.

Treatment:

While MRSA cannot be treated with certain antibiotics, it can usually be treated with an antibiotic called vancomycin.

Exclusion Information:

Athletes should be excluded if wounds are oozing out of bandage

MRSA Prevention in Athletics

1. Hand hygiene is KEY!

Staff should practice appropriate hand hygiene after contact with players, especially when changing bandages and providing wound care.

2. Use gloves when changing bandages or dressings

3. Provide enough clean towels so players do not need to share them.

4. Educate players on appropriate management of all wounds.

5. Wounds (e.g., cuts, scrapes, abrasions) should be completely and securely covered at all a time, particularly during competition (e.g., bandaged and use of protective sleeve).

Specific guidance for players

1. Do not share towels (even on the sidelines during games), washcloths, soap, razors, topical preparations, or other personal hygiene items with other players.

2. Shower with soap as soon as possible after EVERY practice or game.

3. Avoid contact with draining lesions and contaminated items (e.g., bandages) from other people.

4. Perform hand hygiene after using multi-use equipment (e.g., weight equipment) and after contact with potentially contaminated items (e.g., another person's wounds, infected skin, or soiled bandages).

Environmental Cleaning and Disinfection of MRSA in the Athletic Setting

Confirmed MRSA:

- Disinfect environmental surfaces and shared equipment where direct-skin contact by multiple users is likely.

No Confirmed MRSA:

- Follow routine procedures for cleaning.
- Follow regular cleaning and maintenance procedures for equipment and materials that may be shared
- Use of disinfectants on shared environmental surfaces and equipment as part of regular facility maintenance may also be considered.
- When laundering soiled linens, wash with laundry detergent in hot water (minimum 160ºF), add one cup of bleach if water is not 160ºF and dry in a hot dryer. Consider wearing gloves when handling dirty laundry.

Confirmed MRSA:

- Disinfect environmental surfaces and shared equipment where direct-skin contact by multiple users is likely.

Widespread disinfection of entire facility based on the occurrence of a single MRSA infection is not recommended.

More Information: http://www.cdc.gov/mrsa/

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Pertussis (Whooping Cough)

Pertussis is also called whooping cough. It is a serious lung infection caused by bacteria. It is also very contagious and causes coughing fits.

Symptoms:

Symptoms usually appear about **7 to 10 days after exposure**.

In some rare cases symptoms can appear from 4 to 21 days after a person is infected.

Some people have milder symptoms, especially if they have been vaccinated

Symptoms appear in 3 stages:

Stage One: (1-2 weeks)

• Runny nose • Sneezing • Low-grade fever • Mild occasional cough

Stage Two: (1-2 months)

Cough becomes more severe - can be followed by a high- pitched whoop. The whoop means the person is trying to catch their breath.

Stage Three: (last weeks to months)

Recovery phase is when a person slowly gets better. Coughing fits can come back if the person gets another respiratory illness.

Transmission:

Spread from person to person. People with pertussis usually spread the disease to another person by **coughing or sneezing or when spending a lot of time near one another where you share breathing space.**

Treatment:

Pertussis is usually treated with **antibiotics**.

Prevention:

The best method for prevention is to get vaccinated.

- Children and Infants: DTaP vaccine which protects against Diphtheria, Tetanus and Pertussis.
- 7- to 10-year-olds who are not fully immunized with DTaP, should get a Tdap vaccine.
- Adults: 19 and older who have not received a Tdap vaccine should get a booster shot.

Exclusion Information:

Individuals should be excluded from school and athletic events until completion of antibiotic treatment.

A symptomatic person who **does not** take antibiotic treatment should be excluded for 21 days from the

More Information: http://www.cdc.gov/pertussis/

Influenza (Flu)

The "flu" or influenza is a serious disease. At times it can lead to death. It is very contagious and spreads in the U.S. each year, starting in the fall and continuing through spring.

Symptoms:

Symptoms usually appear about 1-4 days after a person has been exposed.

Symptoms may include:

- Fever
- Cough
- Runny or stuffy nose
- Headache
- Tiredness
- Sore throat
- Vomiting
- Diarrhea
- Muscle or body aches

Transmission:

The Influenza virus is spread mainly by coughing, sneezing or close contact with a sick person.

Sick individuals can spread the disease to others from **1 day before symptoms begin to 5-7 days after becoming symptomatic.**

Treatment:

Influenza can be treated with antiviral drugs if started soon after the illness begins. They will help reduce how sick a person is and how long they stay ill. People with the flu need rest and fluids.

Prevention:

The BEST way to prevent the flu is to get the flu vaccine. Everyone 6 months of age and older should get the flu vaccine every year.

Flu vaccines cannot cause the flu.

People who are ill should:

- **Stay home when sick** and avoid close contact with people who are sick.
- **Cover nose and mouth** with a tissue when coughing or sneezing. If a tissue is not available, cover your mouth and nose with your sleeve, **not your hand**.
- **Wash your hands often with soap and water**, especially after coughing or sneezing. If soap and water are not available, use an alcohol-based hand rub.
- **Avoid touching your eyes, nose, or mouth**.

Frequently cleaning and disinfecting surfaces or objects that are frequently touched can assist in preventing illness especially when someone is ill.

Exclusion Information:

Individuals should stay home and away from until they are symptomatic

More Information: http://www.cdc.gov/flu/

Varicella-zoster Virus (Chickenpox)

Chickenpox is a highly contagious illness caused by the varicella-zoster virus (VZV), a type of herpes virus.

Symptoms:

Symptoms commonly appear **14 to 16 days (range of ten to 21 days)** after exposure to someone with chickenpox or herpes zoster (shingles).

Common symptoms: Fever and Itchy rash on the face, scalp and trunk with pink spots and tiny fluid-filled blisters that dry and become scabs 4 to 5 days later.

Serious complications, although **rare**, can occur in individuals with a weaken immune system. Severe symptoms may include: bacterial infections of skin blisters, pneumonia, and encephalitis (inflammation of the brain).

In the NY, chickenpox mostly occurs in the late winter and early spring.

Transmission:

Chickenpox is transmitted from person to person by directly touching the blisters, saliva or mucus of an infected person.

The virus can also be transmitted through the air by coughing and sneezing.

Can also be spread indirectly by touching contaminated that are freshly soiled, such as clothing, from an infected person.

Blisters that are dry and crusted are no longer able to spread chickenpox.

Treatment:

Treatment options are available however chickenpox tends to be mild in healthy children so many physicians do not treat.

Treatment will otherwise be considered for those who are at risk of moderate to severe varicella.

Prevention:

Vaccination is CRITICAL for controlling the spread of chickenpox

Exclusion Information:

Infected persons should remain home until the blisters become dry and crusted.

More Information: http://www.cdc.gov/chickenpox/

Norovirus (Norwalk Virus)

Noroviruses are a group of related viruses that cause acute gastrointestinal illness sporadically or in outbreaks.

Symptoms:

Although the virus is easy to spread, serious illness rarely occurs.

Common symptoms include:

- Nausea
- Vomiting
- Stomach cramps
- Diarrhea
- Low-grade Fever

Infected people generally recover in one to two days

Transmission:

Noroviruses are spread by exposure to infected people or contaminated food and water. The virus is passed in stool and vomit.

Norovirus can be found in your stool (feces) even before a person is symptomatic. The virus can stay in stool for **2 weeks or more after you feel better.**

Treatment:

There is no specific medicine to treat people with norovirus illness. Norovirus infection **cannot be treated with antibiotics** because it is a viral (not a bacterial) infection.

Prevention:

Regular prevention practices should include:

1. Good hand hygiene
    a. Wash hands after using the toilet
    b. Before eating, preparing food, or handling food
    c. Anytime they are dirty
2. Wash fruits and vegetables
3. Cook seafood thoroughly
4. Wash laundry thoroughly
    - When washing soiled clothes:
        - ◊ Handle soiled items carefully
        - ◊ Wear disposable gloves and wash hands after handling
        - ◊ Wash the items with detergent at the maximum available cycle length then machine dry.

Exclusion Information:

People who are ill should stay home for at least 2 days after symptoms stop.

More information: www.cdc.gov/norovirus

For more information:

Delaware County Public Health

(607)832-5200

www.delawarecountypublichealth.com

Public Health
Prevent. Promote. Protect.
Delaware County
Public Health Services

Helpful websites:

www.health.ny.gov

www.cdc.gov

Appendix II

PROS AND CONS OF PERFORMANCE-ENHANCING SUPPLEMENTS FOR SPORTS

Youth sports used to mean kids going outside, organizing their own teams, creating their own rules, and playing until mom called them in for dinner. Today, the nature of youth sports has changed drastically. The ever-professionalized landscape of professional and collegiate sports has swallowed up youth sports so that the focus is no longer on strictly playing for the sake of playing. The focus has turned to a win-at-all-costs competitive mentality (1), turning most youth sports programs into no more than mini versions of adult programs. Just as the competitive nature of professional sports has led to athletes doing whatever they can to give themselves an edge, sometimes putting their health at risk in the process, it has also led to a trickled down affect in youth sports. Evidence shows that performance-enhancing supplements are being used by youth athletes, some as young as 13-14, in order to improve their performance (2). This should be seen as problematic for parents/guardians, coaches, and league administrators.

MOST COMMON PERFORMANCE-ENHANCING SUPPLEMENTS

This discussion of performance-enhancing supplements will focus primarily around two of the most common supplements, creatine and steroids, but you will also find links to sites that give information on other types of supplements. Before we begin our discussion, there are a few things you should know about performance-enhancing supplements.

ERGOGENIC AID

First, performance-enhancing supplements are a type of ergogenic aid. An ergogenic aid is simply any aid that is taken, put on, or performed to enhance performance. According to Powers and Howley (3), ergogenic aids can be any of the following: nutrients, drugs, blood doping, oxygen breathing, warm-up exercises, stress management and even hypnosis. There is concern about the fairness regarding ergogenic aids, especially supplements, because using them gives the athlete an unfair advantage. This violates the spirit of fair play in athletics. The American

Academy of Pediatrics (AAP) (4) says, “The intentional use of any substance for performance enhancement is unfair and, therefore, morally and ethically indefensible” (p. 2).

UNREGULATED AND UNPROVEN SUPPLEMENTS

Second, the Food and Drug Administration (FDA) does not regulate supplements sold over the counter. This allows the manufactures to put whatever claim they want on their bottle, regardless of whether or not the product really does what it claims to do. According to the AAP, the lack of any regulations may ultimately pose a health risk to anyone using these products (4), not to mention the fact that they are expensive and most are a waste of money.

SPORTS SUPPLEMENTS AND NUTRITION

Third, the AAP cautions that using supplements may undermine proper nutrition, coaching and training (4). If someone can take a supplement, they may think it is OK to use that instead of good old sweat and hard work. This sends the wrong message to kids.

Finally, as a parent/guardian or coach it is important that you realize what your role regarding supplement use is. Kids are being sent mixed messages by society. Too often they are also being sent mixed messages by their parents/guardians and coaches as well. In an article from The Physician and Sportsmedicine Online (5), epidemiologist and professor of health and human development Charles Yesalis is quoted as saying, “Steroid use is consistent with two societal values: winning and improved physical appearance. ‘We have to give kids a clear message that taking steroids is cheating and harmful’” (p. 2). It is parents/guardians and coaches who need to take an active role in sending that clear message to kids. The AAP has several recommendations to discourage supplement use (4). Regarding parents/guardians, they recommend, “Parents/guardians should take a strong stand against the use of performance-enhancing substances and, whenever possible, demand that coaches be educated about the adverse health effects of performance-enhancing substances” (p. 5). As for coaches, they recommend, “Coaches at all levels, including youth sports, should encourage wholesome and fair competition by emphasizing healthy nutrition and training practices, taking a strong stand against cheating, and avoiding the ‘win-at-all-costs’ philosophy” (p. 5).

With that said, we now turn to a more in depth look at two popular performance-enhancing supplements: creatine and steroids.

CREATINE

WHAT IS CREATINE?

Creatine is a substance, which the body uses to produce energy. It is necessary for high intensity activities. Creatine comes from two sources. It is naturally produced in the body, and it also comes from foods such as red meats and fish. The combination of diet and the natural production in the body generally satisfies the body's requirement of 2 grams per day (6). Some athletes have chosen to ingest additional creatine in the form of a supplement. Creatine supplementation is thought to aid athletes involved in high power and high intensity sports, but not aerobic sports. The added creatine is thought to allow the athlete to perform repeated training bouts at a higher intensity due to the fact that the energy supply from the CK system (one of three main ways in which the body produces energy) is not as diminished (7). Being able to perform at a higher intensity allows for the muscles to be pushed harder and requires them to subsequently adapt and gain strength.

CREATINE HEALTH RISKS

Creatine is not recommended for teens or adolescents. The studies conducted on creatine use so far have all used adult subjects to gather information on short-term creatine supplementation. To date only one study of creatine use has been conducted with adolescents (7), and no studies have examined the long-term consequences of use. The safety and effectiveness of long-term use cannot be guaranteed, especially among adolescents. Therefore, the risks to adolescent users are unknown, and creatine use for this population should be discouraged. While not definitively proven, some studies on adults have suggested high doses of creatine may cause kidney damage or result in the body ceasing to make its own creatine. A survey of teen athletes found that teens take higher doses than recommended during loading and maintenance phases of creatine use and therefore are not recommended to take creatine (14). Creatine use should be monitored by a physician.

CREATINE BENEFITS FOR ADULTS

In adult populations, creatine use has been shown to enhance the ability of the muscle to exert force and power, especially in bouts of repeated high-intensity movements (7). In addition, it is not banned by the NCAA. However, the NCAA cautions that since over the counter supplements are not regulated by the FDA, they may contain substances that could result in a positive drug test. (8)

Despite the apparent benefit of creatine supplementation for adult athletes involved in high intensity sports, caution is advised in using this supplement. There have been reports of creatine use being associated with short-term side effects such as nausea, vomiting, diarrhea, cramping, heat exhaustion, hypertension, kidney problems, and liver problems. But according to the American College of Sports Medicine, there is insufficient evidence to directly link these problems to creatine use (7). In addition, the effects of long-term use are unknown. Steroids were once thought relatively safe and acceptable in the 1960s and 70s. Twenty years later the link between steroids and cancer became clear (9).

WHAT IS THE RATE OF CREATINE USE AMONG ADOLESCENTS?

Creatine is one of the more popular performance-enhancing supplements used by adolescents. A national survey by the National Institute on Drug Abuse found in 2004 that the annual use rate among 8th, 10th and 12th grade boys, respectively, was 3%, 10% and 16%. This means that one-in-six 12th grade boys used creatine at least once in the prior 12 months. The annual rate among 8th, 10th, and 12th grade girls was 0.6%, 0.9%, and 1.0% (10).

STEROIDS

WHAT ARE STEROIDS?

When talking about steroids there are three main categories you should be aware of: anabolic steroids, testosterone, and prohormones. Anabolic steroids are synthetic steroids that were designed to promote muscle growth in patients suffering from muscular atrophy. Unfortunately, they made their way into the athletic arena where they are sometimes taken in extremely large amounts, up to 100 times larger than the recommended dosage (3). Testosterone is a hormone naturally occurring in males and females that promotes muscle growth. Since it occurs naturally, it is harder to detect. Prohormones are precursors to testosterone and comes in a variety of forms. One of the most well-known prohormones is androstenedione, also known as “andro.” Since they are precursors to testosterone, users hope that once in the body these prohormones will increase testosterone levels. This does not appear to be the case. Maughan, King and Lea (11) reported in the Journal of Sports Sciences that “’testosterone prohormones’ taken orally do not significantly raise blood testosterone in young men and do not increase muscle size or strength.”

WHAT ARE THE RISKS OF USING STEROIDS?

The risks of using steroids far outweigh any strength benefit that might be gained. The sale, purchase, or possession of many forms of steroids is illegal. In 2004, congress passed the Anabolic Steroid Control Act, making andro supplements illegal after January, 2005. Steroid use also comes with huge health risks. Some of the adverse effects of steroid use include: disrupted blood clotting, atherosclerosis, hypertension, increased sex drive, acne, frequent nose bleeds, sleeplessness, rapid weight increase, stretch marks, increased irritability, violent behavior, and suicidal behavior. In males, steroid use has been shown to lead to tumors, testicular atrophy, enlargement of the breasts, and premature closure of the growth plate in adolescents. In females, steroid use can lead to abnormal hairiness, deepening of the voice, alopecia, clitoral enlargement and menstrual irregularities (12).

WHAT IS THE RATE OF STEROID USE AMONG ADOLESCENTS?

The prevalence of steroid use in adolescent males has been reported between 5% and 11%, while the prevalence rate in females is as high as 2.5% (13). The National Institute on Drug Abuse estimated that in 2004, 2.2%, 3.1% and 5.3% of boys in 8th, 10th and 12th grades, respectively, used either andro or steroids in the past year. In addition, steroid use among 12th graders has increased by 1.4% from 1992 to 2004. (10). While these percentages may seem small, given the harmful side effects of steroid use and the fact that use is on the rise, it is not a problem that should be ignored.

COMBATING THE PROBLEM OF SUPPLEMENT USE

Parents/guardians and coaches should take an active role in combating the problem of supplement use among adolescents. Fair play and sound nutritional practices should be stressed in youth sports over winning-at-all-costs. Coaches need to educate their players about the harmful side effects of supplements as well as their illegal nature and the unfair advantage that may be derived from using performance-enhancing supplements. Intervention programs using peers to communicate the message have shown promise. For these programs to work, coaches must provide proper nutritional and strength training, enforce a no supplement policy, and de-emphasize scare tactics (5). For an example of an intervention that has shown progress, check out the article "Fortifying students against steroid use" from the Physician and Sportsmedicine Online (5).

ADDITIONAL INFORMATION FROM THE EDUCATED SPORTS PARENT

Pros and Cons of Supplementation and Ergogenic Aids

Pros and Cons of Supplements – Powerpoint Presentation

ADDITIONAL INFORMATION ON OTHER SITES

Detailed chart of various types of performance-enhancing supplements

NCAA List of Banned Drugs

National Federation of High Schools (NFHS) Position Statement on Supplements

Anabolic Steroid Control Act of 2004 – made sale, purchase or possession of andro supplements illegal after Jan 20, 2005

Fortifying Students Against Steroid Use – from The Physician and Sportsmedicine Online, December 1996, Volume 24 Dietary Androgen 'Supplements': Separating Substance from Hype – by Conrad P. Earnest, from The Physician and Sportsmedicine Online, May 2001, Volume 29

Nutrition Supplements: Science vs. Hype – by Thomas D. Armsey and Gary A. Green, from The Physician and Sportsmedicine Online, June 1997, Volume 25

THE STATE EDUCATION DEPARTMENT / THE UNIVERSITY OF THE STATE OF NEW YORK / ALBANY, NY 12234

Kathleen R. DeCataldo, Esq.
Assistant Commissioner
Office of Student Support Services
89 Washington Avenue, Room 318-M EB
Phone: (518) 486-6090 Web: http://www.p12.nysed.gov/sss/

TO: District Superintendents of BOCES
Superintendents of Public School Districts,
Administrators of Public, Charter, and Nonpublic Schools

FROM: Kathleen R. DeCataldo

DATE: June 15, 2022

SUBJECT: Dominic Murray Sudden Cardiac Arrest Prevention Act

The Dominic Murray Sudden Cardiac Arrest Prevention Act, Chapter 500 of the Laws of 2021, and Commissioner's regulation §136.9 are **effective July 1, 2022**. The Act was written to ensure that schools, students, and parents are provided with critical, lifesaving information on sudden cardiac arrest (SCA) risks, signs and symptoms, to ensure students at risk are evaluated prior to participation in athletics, and that SCA is immediately recognized and treated to prevent death. The Act requires:

- The Commissioner of Health to develop information, in conjunction with the Commissioner of Education, relating to pupils exhibiting signs or symptoms of pending or increased risk of sudden cardiac arrest;
- Directs the Commissioner of Education to post the information on the Department's website;
- All schools must include such information[1] in any permission form, consent form, or similar document that may be required for a student's participation in interscholastic athletics or reference how to obtain such information from the Department and Department of Health's websites, or on the school's website, if one exists;
- The Commissioner of Education to promulgate regulations requiring that any student displaying signs or symptoms of pending or increased risk of sudden cardiac arrest shall be immediately removed from athletic activities, and shall not resume athletic activity until he or she has been evaluated by and received written and signed authorization from a licensed physician; and retain the authorization on file in the student's permanent health record.

Sudden cardiac arrest (SCA) is defined as the abrupt and unexpected loss of heart function. SCA can be fatal if not treated within minutes, and even with treatment death may occur. Immediate treatment is cardiopulmonary resuscitation (CPR) and use of an automatic external defibrillator (AED). Public schools, BOCES and charter schools are reminded that they are required, pursuant to Education Law Article 19 §917, to have at least one staff person who has undergone the training mandated in Public Health Law for

[1] Until the Department of Health's website becomes available, schools are to post or provide the information from the sample parent letter as the source of information on consent forms available on NYSED Health Services webpage

CPR and AED use, assure that AED equipment is provided in an instructional facility where students are present and during any school-sponsored athletic contest or school-sponsored competitive athletic event held at any location. Schools are encouraged to plan for these emergencies and develop protocols and communication plans recommended in Managing Emergency Health Care and Communicable Diseases in the School Setting 2019 (nysed.gov).

Although SCA is rare[2] -- the incidence of sudden cardiac death (SCD) on the playing field is
0.61 in 100,000 -- there are steps parents/guardians and school personnel can take to identify students who may be at risk and help to identify students exhibiting signs or symptoms. These signs or symptoms may be misinterpreted or disregarded by the student or others, but are an important indication that a student should be seen by a healthcare provider for an evaluation. Additionally, a student may have personal risk factors or family history risk factors that indicate they are potentially at increased risk for SCA and should be evaluated by a healthcare provider **prior to** participating in athletics.

Preventing SCA before it happens is the best way to save a life.[3] The Interval Health History for Athletics must be completed prior to each sports season unless a physical examination has been conducted within 30 days before the start of the season. The updated form contains questions to elicit potential risk for cardiac conditions and to identify students who need to see a healthcare provider for further evaluation. A sample letter for parents/guardians is available on the NYSED Health Services webpage to explain the purpose of completing the form. Schools and directors of school health services (a.k.a. medical directors) are strongly encouraged to require the parent/guardian to return this form with the signed consent. See School Health Examination Guidelines (nysed.gov) for more information on requirements for participation in interscholastic athletics.

The lists of signs and symptoms, and risk factors listed below, developed in collaboration with the Department of Health and pediatric cardiologists, indicate when a student may be at risk for SCA[4].

1. **Signs or symptoms**
   - Fainting or seizure, especially during or right after exercise or with excitement or startle
   - Racing heart, palpitations, or irregular heartbeat
   - Dizziness, lightheadedness, or extreme fatigue with exercise
   - Chest pain or discomfort with exercise
   - Excessive shortness of breath during exercise
   - Excessive, unexpected fatigue during or after exercise

2. **Risk Factors**
   - Personal Risk Factors:

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[2] Maron BJ, Doerer JJ, Haas TS, et al. Sudden deaths in young competitive athletes: analysis of 1866 deaths in the United States, 1980- 2006. *Circulation* 2009;119:1085-92. 10.1161/CIRCULATIONAHA.108.804617

[3] Parent Heart Watch | Sudden Cardiac Arrest In Youth Prevention | SCA

[4] SECTION ON CARDIOLOGY AND CARDIAC SURGERY, Robert Campell, Stuart Berger, Michael J. Ackerman, W. Robert Morrow, Kathy Jenkins, L. LuAnn Minich, Geoffrey L. Rosenthal, Christopher S. Snyder, James Twedell; Pediatric Sudden Cardiac Arrest. *Pediatrics* April 2012; 129 (4): e1094–e1102. 10.1542/peds.2012-0144. Pediatric Sudden Cardiac Arrest | Pediatrics | American Academy of Pediatrics (aap.org)

    - Use of diet pills, performance-enhancing supplements, energy drinks, or drugs such as cocaine, inhalants, or "recreational" drugs.[5]
    - Elevated blood pressure or cholesterol
    - History of health care provider ordered test(s) for heart related issues

   - Family History Risk Factors:
    - Family history of known heart abnormalities or sudden death before 50 years of age
    - Family members with *unexplained* fainting, seizures, drowning, near drowning or car accidents before 50 years of age
    - Structural heart abnormality, repaired or unrepaired
    - Any relative diagnosed with the following conditions:
      - Enlarged Heart/ Hypertrophic Cardiomyopathy/Dilated Cardiomyopathy
      - Arrhythmogenic Right Ventricular Cardiomyopathy
      - Heart rhythm problems, long or short QT interval
      - Brugada Syndrome
      - Catecholaminergic Ventricular Tachycardia
      - Marfan Syndrome- aortic rupture
      - Heart attack at 50 years or younger
      - Pacemaker or implanted cardiac defibrillator (ICD)

Any student with such signs or symptoms, family history or personal risk factors should be evaluated by a healthcare provider before participating in athletics.

This is important since SCA can be triggered by athletic activities in students at risk.[6]

It is imperative that students are educated on the risks and symptoms of SCA and encouraged to report any of the signs or symptoms to their coach or athletic trainer, and parent/guardian. Administration, coaches, and athletic trainers will want to foster a culture of acceptance, where the health and safety of the athletes is foremost as early identification and treatment of a student at risk for SCA may save their life.

Any student displaying signs or symptoms of pending SCA must be immediately removed from athletic activities and not resume athletic activities until they have been evaluated by and received written signed authorization to do so from a licensed **physician**. This authorization must be kept on file in the student's cumulative health record maintained by the school.

Finally, the law requires that coaches of extra class athletic activities[7] in both public and nonpublic schools complete a course in first aid knowledge and skills from a nationally recognized organization, as defined in paragraph (D) of section 3000-B of Public Health Law. Such course must include instruction in recognizing signs and symptoms of cardiac arrest or sudden cardiac arrest. The first aid Courses Accepted as Meeting the Coaches

[5] SCA Prevention Toolkit – Eric Paredes Save A Life Foundation (epsavealife.org)

[6] Halabchi, Farzin et al. "Sudden cardiac death in young athletes; a literature review and special considerations in Asia." *Asian journal of sports medicine* vol. 2,1 (2011): 1-15. doi:10.5812/asjsm.34818

[7] Extra-class athletic activities mean those sessions organized for instruction and practice in skills, attitudes, and knowledge through
participation in individual, group, and team activities organized on an intramural, extramural, or interschool athletic basis to supplement regular physical education class instruction [8 NYCRR 135.1(h)].

First Aid and CPR/AED Requirement (nysed.gov) for coaches include this mandatory content.

For questions, please contact the Office of Student Support Services at studentsupportservices@nysed.gov or 518-486-6090.

7/1/25

Dear Parents/Guardians,

The Dominic Murray Sudden Cardiac Arrest Prevention Act is a new law as of July 1, 2022. This law requires schools, students, and parents/guardians have information on sudden cardiac arrest risks, signs, and symptoms. Please note that sudden cardiac arrest in children and youth is rare. The incidence of sudden cardiac death (SCD) on the playing field is 0.61 in 100,000.[1]

Sudden Cardiac Arrest (SCA) is an emergency that happens when the heart suddenly stops working. SCA can cause death if not treated immediately, and even with treatment death may occur. Immediate treatment is cardiopulmonary resuscitation (CPR) and use of an automatic external defibrillator (AED). All public schools must have a staff member trained in the use of CPR and AED in school and at all school athletic events.

Preventing SCA before it happens is the best way to save a life[1]. Both your family health history and your child's personal history must be told to healthcare providers to help them know if your child is at risk for sudden cardiac arrest. Ask your child if they are having any of the symptoms listed below and tell a healthcare provider. Know your family history and tell a healthcare provider of any risk factors listed below.

The signs or symptoms are:

- Fainting or seizure, especially during or right after exercise or with excitement or startled
- Racing heart, palpitations, or irregular heartbeat
- Dizziness, lightheadedness, or extreme fatigue with exercise
- Chest pain or discomfort with exercise
- Excessive shortness of breath during exercise
- Excessive, unexpected fatigue during or after exercise

Student's Personal Risk Factors are:

- Use of diet pills, performance-enhancing supplements, energy drinks, or drugs such as cocaine, inhalants, or "recreational" drugs.[2]
- Elevated blood pressure or cholesterol
- History of health care provider ordered test(s) for heart related issues

Student's Family History Risk Factors are:

- Family history of known heart abnormalities or sudden death before 50 years of age

[1] Maron BJ, Doerer JJ, Haas TS, et al. Sudden deaths in young competitive athletes: analysis of 1866 deaths in the United States, 1980-2006. *Circulation* 2009;119:1085-92. 10.1161/CIRCULATIONAHA.108.804617

[2] SCA Prevention Toolkit – Eric Paredes Save A Life Foundation (epsavealife.org)

- Family members with *unexplained* fainting, seizures, drowning, near drowning or car accidents before 50 years of age
- Structural heart abnormality, repaired or unrepaired
- Any relative diagnosed with the following conditions:
  - Enlarged Heart/ Hypertrophic Cardiomyopathy/Dilated Cardiomyopathy
  - Arrhythmogenic Right Ventricular Cardiomyopathy
  - Heart rhythm problems, long or short QT interval
  - Brugada Syndrome
  - Catecholaminergic Ventricular Tachycardia
  - Marfan Syndrome- aortic rupture
  - Heart attack at 50 years or younger
  - Pacemaker or implanted cardiac defibrillator (ICD)

SCA in students at risk can be triggered by athletic activities. To decrease any chance of SCA in a student, the Interval Health History for Athletics must be completed and signed by a parent/guardian before each sports season unless a physical examination has been conducted within 30 days before the start of the season. This form has questions to help identify changes since the last physical examination or health history was completed. School personnel may require a student with health or history changes to see a healthcare provider before participating in athletics.

Finally, the law requires any student who has signs and symptoms of pending SCA be removed from athletic activity until seen by a **physician**. The physician must provide written clearance to the school for the student to be able to return to athletics.

Please contact the State Education Department's Office of Student Support Services for questions at studentsupportservices@nysed.gov or 518-486-6090.

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