

Garrett County Public Schools HANDBOOK FOR EXTRA-CURRICULAR ACTIVITIES



Southern Garrett High School



Northern Garrett High School



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School Year 2022-2023

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Alisa Miller
Ben Kelly

NON-DISCRIMINATION STATEMENT

In accordance with state and federal laws, and the policies of the Board of Education, Garrett County Public Schools (GCPS) does not discriminate on the basis of race, ethnicity, color, age, religion, disability, genetics, ancestry/national origin, marital status, sex, gender identity, or sexual orientation in matters affecting employment or in providing educational programs and services and provides equal access to the Boy Scouts and other designated youth groups. GCPS operates equal opportunity programs for students and staff. The Board of Education of Garrett County is an equal opportunity employer.



GOVERNING HANDBOOK POLICIES AND PROCEDURES

This handbook is developed in conjunction with:

- Garrett County Board of Education Policies and Procedures.
 - Policy JJA
 - Policy IHOA
 - Policy JLCED
- The Student Handbook Rights and Responsibilities and Discipline
- Comprehensive Negotiated Agreement of the Board of Education of Garrett County and the Garrett County Education Association.

The policies and procedures of the Garrett County Board of Education may not supersede existing rules, regulations or procedures as established by the Maryland Public Secondary Schools Athletic Association (MPSSAA) unless they are more restrictive in nature.

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GARRETT COUNTY PUBLIC SCHOOLS

Oakland, Maryland 21550

EXTRA-CURRICULAR ACTIVITIES

PHILOSOPHY

Extra-curricular activities are an integral part of the total education program. While the Board of Education recognizes the need for providing opportunities for students to participate in extra-curricular activities, it also realizes that appropriate guidelines must be established regarding this participation. The result of which will be to develop and maintain a high level of confidence in the community and student bodies in the scope and purpose of these extra-curricular activity programs.

Students, who participate on athletic teams and in other extra-curricular activities, comprise much of the visible student leadership in a school. However, their **participation** in these activities **is a privilege for those who qualify and is not a right** of any student. Therefore, students and staff who choose to participate assume all expectations and responsibilities. These individuals project an image to the community and to younger students. The responsibility inherent in participation carries with it a number of opportunities for personal growth and benefits for the participants.

Proper administration of this policy and its procedures can do much to attain a positive attitude from the school, faculty, staff, students, and the community. The rules and regulations under these policies will be carefully monitored so that they provide for consistent and fair treatment of all participants.

STUDENT PARTICIPATION

1. All students who qualify to participate in extra-curricular activities shall not be denied the opportunity to participate on the basis of age, color, ethnicity, family structure, language, national origin, race, religion, sex, sexual orientation, and socio-economics.
2. The assessment of fees, participation to raise funds, or enrollment in an outside summer camp cannot be stipulated as a requirement for students to be allowed participation in extra-curricular activities. Extra-curricular summer practices under the administration of the high school principals, and not in violation of MPSSAA, will be permitted.
3. Only those students properly enrolled in a specific school may represent that school in extra-curricular activities as direct student participants. An exception to this may be managers/mascots, not enrolled in the high school with the written approval of the parent/coach/building principal. A foreign exchange student must maintain full-time equivalency in order to participate in extra-curricular activities. Middle school students may participate in marching band.

4. In order to participate in extra-curricular activities, the following forms must be completed and filed with the appropriate coach, trainer, advisor or athletic director: Verification of Medical Insurance, Code of Conduct Training and Participation Rules Violation, Rules of Conduct and Training Signature, Issuance of Equipment and Individual Coach/Advisor Activity Rules, MSDE Concussion Awareness Form, and the MSDE Sudden Cardiac Arrest Acknowledgment Statement. Also, participants in interscholastic sports, marching band and cheerleading must submit the Medical Evaluation/Physical form and Verification of Medical Insurance
5. The number of extra-curricular activities in which a student may participate is constrained only by the appropriate academic requirements except that students who participate simultaneously in more than one approved extra-duty school activity must have the permission of each of the coaches/sponsors involved. Students may not join any additional interscholastic athletic team after the first play date of the season.
6. Students must be present for at least the equivalent of one period of the school day on the day of the activity in order to participate unless waived for good and sufficient reason by the school principal. Students in a suspended status for any school day, whether suspended in or out-of-school, may not participate in nor attend an extra-curricular activity on that date.
7. To participate at the high school level, a student must be enrolled in the high school in which graduation is anticipated. In order to participate in extra-curricular activities students must be academically eligible. The standard to be used for eligibility purposes is that students:
 - enrolled in one course must have a passing grade each reporting period, or if
 - enrolled in two or more courses may not fail more than one course each reporting period.

Term grades will be used unless final grades are available. Eligibility shall be determined on the date the county specifies for report card release. This shall not affect any activity performed on that day. If a student becomes ineligible, the ineligibility period will begin on the day following the report card release date. This ineligibility period will last 4 ½ weeks or 23 calendar days following which, eligibility will be reevaluated. If a student becomes ineligible 4th marking period/end of second semester the ineligibility period begins the first day of fall practice. During this period of ineligibility, these students will be permitted to participate in practices and travel with the team, but may not compete in a regular scheduled game or event. In the case of an early dismissal for team travel, the principal will decide if the ineligible student may attend. If a student receives an incomplete mark as an eligibility determining grade, this grade will not be considered a failing grade provided the incomplete is made up within ten school days of the ensuing marking period. Principals, with the assistance of the guidance staff at both the middle and high schools, are responsible for determining eligibility of students on a marking period basis. NOTE: NC due to attendance issues will be dealt with on a case-by-case basis by the administration of each school for eligibility issues.

8. If a student is returning to school as a previous dropout, the grades which were recorded as the student's "withdrawal grades" will be used to determine eligibility.
9. If a student is returning to school from a previous expulsion, he or she will be considered ineligible and will follow appropriate re-eligibility procedures.

ATTENDANCE EXTRA-CURRICULAR ACTIVITIES

A student who is away from the school building on a school day or regularly scheduled class/es because of an extra-curricular activity will not be marked absent.

RULES OF CONDUCT AND DISCIPLINARY ACTION

1. **Participation on an athletic team or in extra-curricular activities in the public schools of Garrett County is regarded as a privilege.** Students chosen for participation are subject to reasonable rules of conduct and training. Violation of these rules will result in disciplinary actions ranging from conferences among school officials and the student and his/her parents, to dismissal from participation.
2. Rules for participation are effective from the first day of practice and through an ensuing 180 school day period of the present and next school years but not during the non-school year, summer break days except for year-long activities. Each head coach and sponsor will submit a list of specific rules and possible disciplinary actions to the school's principal for approval prior to the beginning of the activity. Copies of the rules and possible disciplinary actions are to be submitted to each participant, and a signed record of receipt is to be kept on file in the school.

NOTE: Refer to Training/Participation Rules Violations (FORM SECTION, pg. 6-7 of 30)

SCHOOL ACTIVITIES

1. Curricular and co-curricular activities may occur both during and after the student day. Extra-curricular activities are to be scheduled, whenever feasible, at some time other than the student academic school day.
2. In cases where teams/student groups must leave school before dismissal, students will be released no earlier than 1:00 p.m. for travel purposes on days when schools are in session. However, the Board of Education recognizes that certain types of individual and group interscholastic activities (tournaments, parades, and other competitions) may create the need for a waiver of the above time requirements. The superintendent will respond to all such waiver requests. In no case will more than three student days be lost for each group activity unless travel is requested out of the country. Approval to accept invitations to special events must be obtained from the Superintendent of Schools prior to making arrangements with students, parents, or the general public.
3. The Board of Education places no limits as to the number of extra-curricular activities which may be offered by high schools other than the limits imposed by fiscal and/or legal constraints.

4. Extra-curricular activities should not be scheduled on Sunday.
5. COMAR 13A.05.05.09A requires that at least one adult in each high school, other than the designated school health services staff member, shall be currently certified in the First Aid Program of the Red Cross, or its equivalent, Adult and/or Pediatric Cardio-Pulmonary Resuscitation (CPR), and Automated External Defibrillator (AED). One person so certified shall be available on-site during the regular school day and at all school- sponsored athletic events.

EXTRA-DUTY POSITIONS

The underlying principles governing the policies and procedures for extra-duty positions and compensation are that:

1. The time required on a regular basis, in excess of the teacher's normal duties, should be compensated.
2. Extra-duty assignments are made on a yearly basis and contracts for the same will be made exclusive of and distinct from the regular teaching contract.
3. With the exception of the athletic director, extra-duty may be defined as those assigned tasks in excess of regular duty which require the time of a coach/sponsor/director/advisor outside the duty day on a regular basis and are related to non-classroom activities. Compensation will be paid for only those approved extra-duty positions which require more than 40 hours of extra-duty time per activity per year.

GENERAL CONDITIONS

1. The specific extra-duty programs are determined by the Board of Education. The number of compensated coaches and sponsors is determined through the negotiating process and approved by the Board of Education.
2. Assignments to each activity will be made in writing prior to the season or beginning of such activity unless in cases of emergency. All assignments will be made annually and will terminate on June 30th following the close of the school year in which the activity was conducted. No person assigned to an extra-duty position will acquire tenure in that position.
3. It is understood that the principal determines the scope of the assignment beyond what is specified in writing and the coach, sponsor, advisor or director accepting the assignment is directly responsible to the principal or his/her designee.
4. All assignments are tentative pending availability of facilities, student interest and participation, and other necessary factors.
5. When two or more teachers share the responsibility for a single assignment, the principal shall indicate on the written notice of assignment, after consultation with the teachers involved, how the compensation is to be divided.
6. If a school fails to sponsor an activity or sport due to lack of interest, facilities, or other

reasons, or if a coach or sponsor resigns, the coach or sponsor shall be paid a pro-rated fee for the number of duty days actually worked during the authorized sport or activity season.

7. Extra-curricular personnel will be selected and assigned according to established procedures. A separate letter of assignment will be prepared for each extra-duty assignment. All assignments must be approved by the principal of the school, the Director of Secondary Education (9-12), and the Director of Human Resources.
8. A Criminal Background Check will be required for all compensated and volunteer extra-curricular employees.

VOLUNTEER COACHES/SPONSORS

Pursuant to Section 6-106 of *The Annotated Code of the Public General Laws of Maryland—Education* the following criteria are established to permit volunteer service to occur in the programs of the Garrett County School’s extra-curricular activities.

1. All volunteer coaches must have prior authorization from the appropriate administrator and staff personnel who is responsible for the activity involved. Volunteers must be at least 21 years of age in addition to a current background check.
2. In areas of the program which require minimum qualifications or credentials, documentation or certification must be presented to the administrator immediately responsible for the activity in advance of any participation.
3. Volunteer coaches’ participation is limited to only those responsibilities assigned by the staff under which this assignment is affected. Volunteer coaches assume the authority to participate in related or unrelated activities while under the direction of the compensated head coach.
4. Volunteer coach participation will be accepted only under the conditions that the volunteer is not considered an employee of the Board of Education of Garrett County and that such service does not obligate the board, the local school or school organizations, or their agents, to financial remuneration, fringe benefits, personal liability, etc., except as provided by law, or as authorized by the county board of education.
5. The participation of any volunteer coach may be discontinued at any time at the discretion of the building administrator under whom the activity is being conducted.
6. All volunteer coaches shall be notified of the name of their immediate school employee supervisor, and all supervisors designated to supervise a volunteer shall inform the volunteer of the scope and parameters of the volunteer coach’s services and duties. The volunteer must be instructed that in conjunction with and pursuant to Section 4-105.1 of the Education Article of the Annotated Code of Maryland, the volunteer can only act upon these duties and responsibilities within the Board of Educations’ (supervisor’s) control and direction. The supervisor must also notify the volunteer of his specific duties and impress upon the volunteer the importance and necessity of acting only within the scope of these duties and responsibilities.

VOLUNTEER ASSISTANTS

Pursuant to Section 6-106 of *The Annotated Code of the Public General Laws of Maryland—Education* the following criteria are established to permit volunteer service to occur in the programs of the Garrett County School’s extra-curricular activities.

1. All volunteers must have prior authorization from the appropriate administrator and staff personnel who is responsible for the direction of the activity involved. Volunteers must be at least 21 years of age in addition to a current background check.
2. In areas of the program which require minimum qualifications or credentials, documentation or certification must be presented to the administrator immediately responsible for the activity in advance of any participation.
3. Volunteer participation is limited to only those responsibilities assigned by the staff under which this assignment is affected. Authorization for volunteer work in one activity does not assume any other authority to participate in related or unrelated activities.
4. Volunteer participation will be accepted only under the conditions that the volunteer is not considered an employee of the Board of Education of Garrett County and that such service does not obligate the board, the local school or school organizations, or their agents, to financial remuneration, fringe benefits, personal liability, etc., except as provided by law, or as authorized by the county board of education.
5. The participation of any volunteer may be discontinued at any time at the discretion of the building administrator under whom the activity is being conducted.
6. Volunteer assistants may only serve in clerical, managerial, and demonstrative roles.
7. Volunteers can never be permitted to officially perform professional activities such as:
 - a. diagnosing the needs of participants, except in a volunteer's role as a professional resource person, i.e., team physician;
 - b. prescribing instructional programs or techniques;
 - c. selecting appropriate materials or activities;
 - d. presenting or teaching content except under the direction of the professional teachers of the school system;
 - e. conducting clinical or professional counseling with students;
 - f. evaluating student progress or achievement; This does not exclude volunteers from serving as judges for science fairs, cheerleader selection procedures, monitoring student employees, etc.; and
 - g. initiating activities, programs of instruction, or special events.
8. All volunteers shall be notified of the name of their immediate school employee supervisor, and all supervisors designated to supervise a volunteer shall inform the volunteers of the scope and parameters of the volunteer services and duties.

The volunteer must be instructed that in conjunction with and pursuant to *Section 4-105.1 of the Education Article of the Annotated Code of Maryland*, the volunteer can only act upon these duties and responsibilities within the Board of Educations’ (supervisor’s) control and direction. The supervisor must also notify the volunteer of his specific duties and impress upon the volunteer the importance and necessity of acting only within the scope of these duties and responsibilities.

SCHOOL ACTIVITIES REVIEW/EVALUATION COMMITTEE

The School Activities/Evaluation Committee will be composed of the following representatives from each high school:

- a. one (1) Administrator
- b. one (1) Athletic Director
- c. two (2) Teacher/Coaches
- d. one (1) Athletic Trainer

From the Teacher's Collective Bargaining Unit:

- a. one (1) Representative

Students:

- a. In addition to the above-named school representatives, the Director of Secondary Education will meet with the AD and a select group of student-athletes at each school to discuss policy and get student feedback on current and recommended procedures.

This committee will work under the supervision of the Director of Secondary Education. The committee will meet annually for the purpose of reviewing the conduct of the school activities, evaluating the effectiveness of the policies and procedures governing the activities program, receiving and reviewing requests from the principals to drop or add programs and positions, and to recommend to the Superintendent and Board of Education any changes in these policies, procedures, staffing or compensation.

The School Activities Review/Evaluation Committee will recommend to the Superintendent of Schools changes to the school activities policies and procedures. This committee will also advise the Superintendent concerning all requests to add or delete specific activities or extra-duty personnel

Criteria to be used in judging whether to begin or delete extra-curricular activities will be based on the following:

1. participation;
2. facilities;
3. available finances;
4. availability of staff;
5. community and student interest and support; and
6. availability of minimum schedule.

Should any portion of these criteria not be met, the School Activities Review/Evaluation Committee will recommend that the extra-curricular activity in question not be sponsored by the Board of Education.

ADDITION OR DELETION OF EXTRA-CURRICULAR ACTIVITIES TO THE SCHOOL PROGRAMS

1. Before any school sponsored extra-curricular activity can be added to or deleted from a school's program, an application for an additional or a letter requesting a deletion must be submitted to the principal. An information discussion should always be held with the Director of Secondary Education (9-12) in advance of any formal consideration to add or delete extra-curricular activities.
2. Any application for a new activity in the extra-curricular category must outline the purpose, goals, practice and/or meeting schedule, necessity, student interest, estimate of annual costs, if any, and how funds will be provided to care for the expenditures. The principal will forward the application to the Activities Review Committee prior to its annual meeting in order to permit the committee to evaluate the request and recommend to the Board whether to add the activity and any additional personnel to its programs the following year.

INTERSCHOLASTIC ATHLETIC EXPENSES

The interscholastic athletic programs in the Garrett County high schools have typically been funded through gate receipts from athletic events, fundraising activities for individual sports, general school funds, and The Garrett County Board of Education supports these efforts via budgeted funds for extra-duty compensation for coaches, some planned maintenance activities, team transportation, and some approved expenses for coaches. To help ensure balance in the total interscholastic athletic program and to maintain public confidence in the schools' utilization of funds provided by the schools, the following procedures are important:

1. capital outlay items and equipment purchased from any sources of funding become the property of the Garrett County Board of Education once they are purchased;
2. athletic and service organizations should clear all purchases through the athletic director and principal of the school;
3. the gate receipts from all sports become the property of the school and must be spent by the principal of the school to help ensure that sports that do well at the gate help support sports whose gate receipts are low or non-existent;
4. Board of Education funds for expenses of coaches may be approved by the athletic director, with approval of the principal including:
 - a. registration fees for conferences and clinics related to a specific sport being coached,
 - b. transportation expenses, meals, and lodging in conjunction with approved conferences, clinics, or scouting trips (scouting may be approved for trips arranged outside the regularly scheduled school day).

All requests for reimbursement in this area must be submitted on appropriate forms with supporting receipts, etc., through the athletic director with approval from the principal.

Each school is expected to keep a detailed report of all income and expenditures for the interscholastic activity program. Detailed reports for each activity and a complete athletic financial report must be submitted for inclusion in the final school financial report and audit of each school year. This accounting should then be forwarded to the Director of Secondary Education by June 30 of each year.

SCHEDULING PROCEDURES

1. The athletic director of each school is responsible for the scheduling of all sports teams and submitting those schedules to the Director of Secondary Education prior to the beginning of the respective sport seasons.
2. School based administrators, or their designee, are responsible for scheduling the use of the facilities of their respective schools. See policy KG.
3. Coaches and sponsors of activities must submit to the principal or designee a schedule of activities and performances to be conducted for the duration of the time of the activity. The schedule must satisfy, in the principal's judgment, the needs of the participants and the overall goals of the specific activity.

CANCELLATION OF EVENTS/PRACTICE

1. *When schools are closed early due to inclement weather or other emergencies, all school activities, both practice and events, will be canceled. In the event of regional competitions, the superintendent may approve travel and participation.*
2. In the event schools are closed all day and the emergency conditions or weather, in the judgment of the principal, has been alleviated by noon, activities may be held. (See Form) Safety of the participants should be given the highest priority in making this decision and participation will be on a voluntary basis of participants and their parents only.

FEES FOR ATHLETIC EVENTS

Admission prices, advertising rates, and the like will be determined by each individual school/conference affiliation. Media broadcast fees will be charged in accordance with MPSSAA rules and completed on the appropriate county form.

NOTE: Refer to FORMS SECTION-BROADCAST AGREEMENT pg. 28-30.

EMPLOYMENT, ASSIGNMENT, AND EVALUATION OF EXTRA-CURRICULAR PERSONNEL

1. **Notification and application:**

Any currently employed faculty desiring to be a coach, sponsor, or advisor of an approved Garrett County Board of Education extra-curricular activity, must submit a completed application be considered for the upcoming school year. Whenever a position cannot be filled with qualified candidates from within the school, the Office of Human Resources will post the position. Every effort will be made to appoint all coaches, sponsors, and advisors 30 days before the beginning of each activity or sport season. Athletic Directors will submit a list of vacancies to the Director of Secondary Education by May 15 of each school year.

Emergency coaches shall be considered seasonal employees, and as such, can only coach/advise one season of the school year.

2. **Criteria for selection:**

According to the MPSSAA handbook, chapter 03.04.B.1 - MPSSAA Coaching Eligibility:

(1) Member MPSSAA schools shall employ as coaches:

(a) Teachers or certificated professional educator (including administrators) employed by the local Board of Education.

- Priority is given to **qualified teaching staff**

(b) Persons certifiable as professional educators by the State Department of Education according to 13A.12.01.

(c) Credentialed coaches who possess a MPSSAA/MSDE Coaching Certification.

(2) If no acceptable and qualified coaches are available from the teachers or certifiable professional educators employed by the local board of education, a temporary emergency coach may be employed:

- * An emergency coach is required to possess an MPSSAA/MSDE coach certification prior to the start of his or her fourth year as an emergency coach;
- * The emergency coach shall be at least 21 years old and possess a high school diploma.

(3) All coaches shall have completed or be enrolled in a one-credit course in the prevention and care of athletic injuries.

3. **Recommendation for appointment:**

It is the responsibility of the principal to screen all applicants according to the above criteria and make the recommendation for employment through the proper procedures.

Non-exempted employees shall be required to sign appropriate documentation relative to the extra-curricular position and their non-exempt status.

4. **Compensation:**

Approved extra-curricular staff will be compensated using the current Extra-Duty Pay Scale. Request for payment must be made to the Central Office by these dates:

- Fall sports – December 15 of the year the season ends
- Winter sports – April 15 of the year the season ends
- Spring sports – June 15 of the year the season ends

5. **Evaluation of Extra-Curricular Pay Assignments:**

The Board of Education of Garrett County believes that the assessment of coaches, athletic directors, and sponsors/advisors of school activities is vital for the system to improve the interscholastic athletic program and other activities within our schools. Inherent in this process is the belief that the major goal of assessment is for the improvement of instruction and the administration of these programs.

- a. It is the responsibility of the principal or his/her designee to evaluate coaches/sponsors/advisors (on the approved form) on the performance of those faculty members involved in extra-curricular pay assignments at the conclusion of the assignment period. Payment will not be made until all required reports and evaluations are completed, by both the coach and the administration.
- b. Evaluation due dates are January 30th for activities ending in the first semester, May 31st for year long, and second semester activities.
- c. At the time of the evaluation, the principal will review and sign the approved *Coach/Sponsor/Advisor Checkout Form* that is to be completed by each coach and sponsor/advisor. (The athletic director must also sign the *Coach/Sponsor/Advisor Checkout Form* for all coaches/sponsors/advisors.) The coach or sponsor/advisor and the athletic director will receive a copy of the *Checkout Form*. This form must be completed prior to submitting a request for payment.

6. **Other Conditions:**

- a. When a teacher in one school is assigned to coach, direct, or sponsor an activity in another school, he/she shall have approval signed by all principals involved. A copy of such approval shall be attached to his/her request for assignment. Employment of any non-certificated person to coach, direct, or sponsor a school activity shall be in accordance with the regulations of the MPSSAA and the Garrett County Board of Education.
- b. Before a contract is offered to an assistant coach in any sport, the head coach must be consulted.
- c. The extra-curricular activities coaches and directors will be given two professional days per year for participation in clinics and other professional related functions. Athletic directors will, on a need basis, be given professional leave and reimbursement at county rate to represent the school in district, regional, and state conferences as deemed necessary by the principal and Director of Secondary Education but not to exceed four (4) days per year.

- d. Where the employee is found to have used, consumed, possessed, distributed (except as in Sub-section 1.c.) or been under the influence of alcohol in any school, at any time, or on school grounds during or after school hours, or while supervising students in a school-related activity – sanctions up to and including termination.
- e. Where any employee has distributed any alcohol or alcohol product to a student – termination.
- f. Where any employee is convicted of driving while intoxicated or under the influence of alcohol or any other alcohol-related offenses, and there is a rational nexus between the offense and his or her job performance, so that job performance is impaired, including the impairment of the employee’s responsibility to set the appropriate example for the students:
 - (1) First Offense - reprimanded
 - (2) Second Offense - within ten (10) years, subject to suspension of up to thirty (30) days without pay
 - (3) Third Offense - within ten (10) years, subject to additional sanctions up to and including termination

7. Drama Productions:

Compensation is based on two plays and payment is made per play. This allows for any combination of major school plays such as junior and senior class plays or combined class groups depending on the needs of the school as judged by the principal. As with other groups, a schedule of rehearsals and performances must be arranged and conducted to the satisfaction of the principal in order for compensation to be paid.

MAINTENANCE OF FACILITIES

Since facilities used in the extra-curricular activities program are part of Board of Education property, the Board has an obligation to maintain the facilities at a level consistent with a good appearance, efficient operation, and the safety of students, staff, and general public.

In this regard, a differentiation between maintenance of these facilities and capital outlay for these facilities has to be made. Maintenance items consist of those activities which have to do with keeping the grounds, buildings, and equipment in their original condition of completeness or efficiency, either through repairs or replacements of property. Principals are charged with the responsibility for ensuring that these facilities are properly maintained. The procedure for requesting maintenance assistance from the maintenance staff is the same for athletic facilities as it is for other Board of Education facilities. This procedure, however, does not preclude use of school funds or other forms of assistance in helping to maintain the facilities—in fact, this form of assistance is encouraged, but any type of proposed maintenance which is to be done with school or other resources is to be reviewed with the Director of Facilities/Maintenance/Operations.

In the case of capital outlay, these are expenditures which result in the acquisition of, or addition to, fixing assets. These types of items can be funded by the Board of Education, but due to their nature must be requested as part of the annual budget request.

THUNDER AND LIGHTNING POSITION STATEMENT

1. If thunder and/or lightning can be heard and/or seen, or is within an 8-mile radius, stop activity and seek protective shelter immediately.
2. In situations where thunder and/or lightning may or may not be present yet you feel your hair stand on end and skin tingle, immediately assume the following crouched position: Drop to your knees, place your hands/arms on your legs, and lower your head. **Do not lie flat.**
3. In the event that either situation should occur, allow **30 minutes** to pass after the last sound of thunder and/or lightning strike within an 8-mile radius prior to resuming play.

An indoor facility is recommended as the safest protective shelter. However, if an indoor facility is not available, an automobile or school bus is a relatively safe alternative. If neither of these is available, the following guidelines are recommended. Avoid standing under large trees and telephone poles. If the only alternative is a tree, choose a small tree in a wooded area that is not on a hill. As a last alternative, find a ravine or valley. In all instances outdoors, assume the aforementioned crouched position. Avoid standing water and metal objects at all times (i.e., steering wheel, metal bleachers, metal cleats, umbrellas, etc.)

The Garrett County Public Schools' Exposure Control Plan contains specific procedures for universal precautions, proper use and removal of gloves, proper hand washing techniques, and directions for housekeeping and decontamination recommendations and procedures. This plan should be reviewed by all persons determined to be supervisory in duties within this "Handbook of Activities."

CONCUSSIONS

Garrett County student athletes will be evaluated through the ImPACT testing service, or other industry recognized test approved by the supervisor, in order to assist health care professionals in determining an athlete's ability to return to play after suffering a concussion. Parents will be given the CDC's *Concussion Fact Sheet for Parents* with the other participation forms in this handbook and must sign off on the MSDE form (included) indicating receipt of the concussion information. If a student suffers a concussion, they may not return to play until cleared by a licensed health care provider trained in the evaluation of concussions. Documentation of this shall be through the MSDE Medical Clearance for Gradual Return to Sports Participation Following Concussion Form (included). The school nurse should be informed, by the head coach or athletic trainer, of any diagnosed concussions of a student athlete in order to determine if any academic accommodations will be needed during the school day to assist the student athlete.

COACHES'/SPONSORS'/ADVISORS' JOB DESCRIPTION

General Statement of Duties – Head Coaches/Sponsors/Advisors

The head coach/sponsor/advisor is responsible to the athletic or activities director. The head coach/sponsor/advisor of an individual activity must realize that any activity sponsored by a school is a part of the total program offered by that school. The head coach/sponsor/advisor shall be responsible for the entire activity and shall exercise appropriate leadership techniques to ensure that the activity has a positive and productive influence on the total educational experiences of students. He/She must immediately bring to the attention of the AD/Principal any concerns regarding policy and procedure regarding their activity. The head coach/sponsor/advisor must have a thorough knowledge of the activity, adequate skill background in the activity and the ability to encourage student participation in the activity.

Examples of Duties and Responsibilities

A. Administrative Responsibilities:

1. arranges orientation programs to encourage student participation;
2. meet with parents to go over expectations for the students and parents, as well as discuss philosophy, rules, and answer any questions;
3. assists the activity director in the recommendation of assistants to be employed and on the evaluation of assistants;
4. attends meetings in the school or at the county level that deal directly with the sport/activity coached, sponsored or advised;
5. attends a rules interpretation meeting dealing with the sport/activity if appropriate;
6. assumes responsibility for implementing the procedures outlined in the Garrett County activities policies, MPSSAA Handbook, National Federation or MSADA;
7. complete and submit a pre-season and post-season inventory of equipment and uniforms to the activity director. Assess individual members the cost of any lost inventory;
8. assumes responsibility for all equipment used during practice and for contests;
9. assumes responsibility for filing with the athletic director a record of a physical examination, insurance form, emergency care release form, and a parental permission slip for each squad member as well as all other administrative forms;
10. submits a squad list to the activity director, for eligibility certification, prior to the first contest.
11. submits to the activity director and/or school secretary necessary reports (such as)
 - a. budget requests and financial reports,
 - b. replacement of supplies and/or equipment,
 - c. maintenance of equipment and facility,
 - d. roster information,
 - e. end of season report (including time/pay sheets), and

- f. other requested information for official use;
- 12. meets with vendors of supplies and fund-raising projects;
- 13. establishes written criteria for the earning of athletic letters and/or other appropriate awards;
- 14. maintains good public relations with the faculty, community, schools and universities, and news media (including supplying names for recognition such as student of the month);
- 15. reports contest results to news media immediately following contest, including CountySportsZone; and to state and regional tournament directors, as required.
- 16. serves as a consultant regarding renovation and maintenance of facilities;
- 17. assists interested participants in furthering their educational opportunities;
- 18. maintains appropriate individual and team statistics and records as appropriate;
- 19. works closely with school booster organizations;
- 20. assists the activity director in scheduling contests
- 21. cooperates with cheerleaders, school band, pompom organizations and other related groups in the planning of pep rallies, special programs, etc.; and
- 22. take responsibility for lockers used by student-athletes.

B. Responsibilities of Coaches/Sponsors/Advisors:

- 1. decides the personnel of the team/activity;
- 2. has full control of the activity in all matters pertaining to direction and discipline (A list of rules and procedures will be filed with the activity director and included with the parent's permission to participate form.);
- 3. attends each practice session and all contests of the activity (this includes supervision at all times of the working area until the area is secured before and after practices and contests);
- 4. assumes responsibility for squad members at contests when at home or on a trip;
- 5. organizes and conducts practices, scrimmages, games, and activities within the guidelines of the Garrett County Activities Policies and the MPSSAA Handbook;
- 6. determines staff assignments and responsibilities;

7. reviews safety procedures with staff and participants;
8. prepares equipment, timing instruments and the like for practices and contests;
9. repairs equipment as necessary;
10. assigns student manager and statistician responsibilities;
11. establishes procedures for the proper cleaning and storage of uniforms/equipment;
12. develops incentive/award systems as necessary;
13. assumes responsibility for one's own sportsmanlike conduct and that of the participants;
14. maintains records and becomes involved in the academic progress of all participants;
15. attends clinics related to the activity;
16. utilizes accepted methods of care and prevention of athletic injuries when applicable;
17. supervises students awaiting transportation home following practices and contests;
18. prepares handbooks and play books for participants;
19. scout opponent's contests as necessary and prepares reports; and
20. gives personal support to the entire program.
21. Contracted coaches must:
 - a. have taken 15 hours or the equivalent of a *Prevention and Care of Injuries* course and recertify either online at NFHS or in person in another class every 5 years
 - b. be certified in CPR and AED use (recertification is bi-annually)
 - c. earn certificates for successfully completing both the NFHS online concussion awareness course every two years AND the heat illness prevention online course when hired and with the Prevention and Care recertification.
 - d. emergency coaches, as defined by MPSSAA, must also become certified through NFHS before their 4th year of coaching. This requires the Prevention and Care of Injuries course and successfully completing the online concussion awareness course, heat illness prevention course, as well as fundamentals of coaching and the NFHS sport specific course at nfhslearn.com.

C. Assistants:

The assistant works in cooperation with the head coach or sponsor. The assistant shall be responsible for duties and assignments as delegated by the head coach/sponsor.

DUTIES OF THE ATHLETIC DIRECTOR

The athletic director will be responsible for:

1. assisting coaches in arranging the schedules for all athletic contests;
2. payments of athletic equipment and supplies;
3. approval of all purchases after study with each coach;
4. assisting coaches in arranging for all transportation—for players and coaching staff;
5. arranging for all officials;
6. supervision of all playing field, court, or facilities for game participation;
7. arranging for the care of athletic facilities;
8. arranging for the storage of all athletic equipment;
9. arranging for ticket sales to athletic department sponsored contests;
10. assisting coaches in arranging for programs and advertisement;
11. arrangements for publicity;
12. arranging for awards assemblies;
13. supervising the conduct of pep rallies;
14. general knowledge of the entire athletic program;
15. arranging for Emergency Medical Services at all football games;
16. assisting coaches in providing timers and scorekeepers at athletic contests;
17. accurate accounting of all funds received by the athletic department;
18. approving use of athletic facilities for athletic purposes by outside organizations;
19. inform the administration of current activities—positive and negative;
20. assisting the administration in selecting and evaluating coaching personnel;
21. representing the school on the School Activities Review/Evaluation Committee;
22. perform such duties as necessary to implement Policy #347.7 or this procedure; and
23. other duties as assigned by the principal.

CERTIFIED ATHLETIC TRAINERS

General Statement of duties:

Anyone practicing athletic training in Maryland must be licensed through the Maryland Board of Physicians and certified through the National Athletic Trainers Association. The Maryland Board of Physicians requires that for that certification, the trainer has an Evaluation and Treatment protocol with a supervising physician, which must be approved by the Maryland Board of Physicians.

Athletic trainers serve as the supervisor of treatment for all athletic injuries and conditions. They will:

- maintain all injury reports and records using the proper forms
- ensure medical kits remain fully stocked and issued to all athletic teams
- provide the prevention and care of injury course to all coaches in need
- refer athletes to physicians as appropriate
- cover all sporting practices and games with priority given to football when conflicts exist
- maintain consistent training room hours to prepare athletes for practice and treat injured athletes from any sport
- and serve as the sole arbiter in determining continued participation in a sporting contest when injury occurs

- Other Conditions:
 - a. Certified athletic trainers will be entitled to reimbursement for credits earned toward maintaining NATA certification. Reimbursement will be commensurate with the allowance provided to teachers for the cost of tuition for college courses within the context of the negotiated agreement.
 - b. Certified athletic trainers will be permitted to use two professional days per year for participation in clinics or other professional activities which contribute toward maintenance of advancement of the trainer's certificate
 - c. Certified athletic trainers will be expected to perform all duties of injury prevention and care dictated by the five major practice domains of the board of certification.

PASSES AND FREE ADMISSION

All employees of the Garrett County Board of Education shall be admitted to any school-sponsored event/activity free of charge. The Board issued ID card shall be used as the pass.

*All MPSSAA passes for employed coaches/directors will allow entire families into events and ID cards will admit only those to whom the pass has been issued

BOOSTER GROUPS

It is expressly understood by any booster group supporting any activity at either high school that, unless otherwise agreed to in writing, all purchases of any kind, including without limitation purchases of equipment, supplies, uniforms, etc., made by the organization to support GCPS extra or co-curricular activities will automatically become the property of Garrett County Public Schools to be used by the activity that the booster group was formed to support. Any written agreements to the contrary must (1) be made in advance, (2) clearly specify the excepted property and any and all issues relating to the excepted property, and (3) be approved by the administration of NHS/SHS.

SOCIAL MEDIA AND COMMUNICATION

1. Please refer to GCPS Policy GBEF which addresses social media use by all contracted employees, including coaches.

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CHEERLEADERS

Introduction

Cheerleading squads are approved school organizations recognized by the Garrett County Board of Education. They comprise an integral part of the Garrett County Extra Curricular Program. Over the past few years, the scope and activities for cheerleaders have increased as rapidly as the athletic programs. The responsibilities of advisors have increased accordingly.

The student body, community and athletic teams are all influenced by the performance of cheerleading squads. It shall be the purpose of cheerleading to promote and uphold school spirit, to develop a sense of good sportsmanship and to better the relationship between our schools and the schools with whom we compete. The tremendous exposure of cheerleaders must be carefully managed to promote constructive support and interest for our educational system.

The cheerleading program will follow all extracurricular policies and procedures. Cheerleaders may begin practice August 15 but must end with the last day of the school year. For certification of coaches and cheerleaders, teams may participate in summer camps. However, this participation will be limited to no more than a one-week period.

This handbook has been written to provide advisors with a resource of information to assist them in the administration of their responsibilities. Advisors should direct any questions they might have to the athletic director or principal of their school.

OBJECTIVES FOR CHEERLEADERS

By dictionary definition, a “cheer” is a shout of encouragement or congratulations and “to lead” means to guide, conduct, direct. Thus, we have a definition of a cheerleader: One who conducts shouts of encouragement and/or congratulations. These cheerleaders in turn need to be guided by coaches so that they can successfully fulfill this basic task and fulfill other objectives associated with cheerleading.

Cheerleader will be able to:

1. practice and encourage good sportsmanship and mature behavior at all times;
2. provide support and recognition for specified athletic teams and other groups as appropriate;
3. promote school spirit;
4. lead organized cheers and chants to the student body and other spectators;
5. acquaint students with a variety of appropriate cheers for use in different situations; and
6. control crowds through organized leadership.

RESPONSIBILITIES OF THE CHEERLEADER ADVISOR

The following responsibilities have been established through consultation with sponsors, athletic directors, the Specialist in Athletics and high school principals.

The Cheerleader Advisor will:

1. be responsible for the cheerleading squads in all their activities;
2. supervise all practices and performances;
3. work cooperatively with the local school athletic director or administrator throughout the year;
4. whenever possible, and, under the direction of the Athletic Director, arrange for transportation for away games and ride with the squad;
5. coordinate and be responsible for all fund-raising activities;
6. approve all cheers;
7. provide leadership to captains for the cheerleading squads;
8. keep emergency treatment forms for each cheerleader readily accessible at all practices and events;
9. be certified by a nationally recognized cheerleading organization to supervise and teach gymnastics routines such as stunts, builds, throws, etc. and will eliminate such performances requiring skills beyond the abilities of squad members (if an advisor is not currently certificated, no such activities will be permitted); and
10. be responsible for the planned practice tryouts and the procedure for the selection of the squad.

STANDARDS AND PROCEDURES FOR CHEERLEADERS

1. Size of squad will be limited to 15 members per squad as stipulated by the MPSSAA for cheerleader admission to state contests.
2. A school may have both varsity and junior varsity squads.
3. Cheerleading squads will provide support for specified athletic teams, with the varsity squad cheering at a minimum of 50% of each varsity sports home events. A maximum of 3 events per week will be permitted for each squad except during playoffs.
4. Cheering at junior varsity competitions will be optional unless a junior varsity cheerleading squad exists. In this case, the same guidelines of the type and number of events will still apply.
5. Specific athletic teams for cheerleading squad participation are designated as:
Fall – Football, Soccer
Winter – Wrestling, Basketball
Spring – No designated activities
6. A cheerleading squad is limited to two competitions per year. Participation in a state level competition will be considered beyond these two competitions. A competition will not be included in the per week team sport participation limits of 3 events.
7. Squads shall be under the direct supervision of the appropriate advisor or administrative designee at all practices, events, and performances. However, no gymnastic activities or stunts may occur in the absence of the advisor.
8. Advisors will coordinate performances and tryout dates with the athletic director.
9. Squad members must try out each year to qualify for a position on the squad. Additional tryouts may be held to fill open positions.
10. Prior to tryouts, each student must submit a signed parent/guardian permission form and a completed medical examination form to the sponsors. A medical evaluation from an athletic team will suffice if it is within one year.
11. Acrobatics will be taught under supervision of a currently certified advisor only. Tumbling mats and spotting techniques should be utilized while students are learning and practicing gymnastic skills.

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Rules of Conduct and Training

All schools are judged by the individuals who represent their activities and programs. **Each student who wishes to participate in extra-curricular activities must be held accountable to exemplify those standards of conduct, behavior, morality, and attitude which are expected of all students in good standing within the school as a whole.** The following guidelines are specified as minimum requirements which must be met by each student who wishes to continue to participate in GCPS extra-curricular programs:

- 1. Extra-curricular participation is a privilege and not a right.** Students chosen to participate are subject to reasonable rules of conduct and training. These rules are effective at all times during the term of the activity. *Violation of these rules can result in disciplinary actions ranging from parent conferences, to suspension of participation in the sport/activity, to outright dismissal. Violations include, but are not limited to, all suspendable offenses as defined on pages 33-40 of the Student Handbook: Rights and Responsibilities and Discipline. The principal and/or coach reserve the right to withhold student participation in sporting events, recitals, performances, or competitions if that disciplinary action is deemed appropriate by school administration for violating any school rule.*
- 2.** No participant will be allowed to go to or come home from away-from-school activities except by school arranged transportation. The only possible exception would be by a student's own parent/guardian coming personally to the coach or sponsor and asking for permission. Extenuating circumstances resulting in hardship cases may be addressed with the building principal. Most transportation will be done via school bus, but transport could be provided by rental vehicles or a coach's private vehicle when bus transport is cost prohibitive (i.e., 2 wrestlers make the state tournament or 1 golfer makes regionals). By signing this document, you are agreeing to have your student athlete transported by any of these modes of transportation. Every effort will be made to inform the parent/guardian of transportation that is not provided by school bus.
- 3.** All participants must perform at a satisfactory level in all curricular areas. If the school authorities conclude that participation in extra-curricular activities is having a detrimental effect on a student's achievement, that student may be withdrawn from the activity. Students must maintain academic eligibility as set by Board of Education policy.
- 4.** All uniforms and equipment items provided by the school are loaned to participants and remain the property of the school. Any loss or damage due to neglect or indifference becomes the financial responsibility of the student.

Suspensions

If a student is suspended or expelled from school, the student will be suspended from the activity until returning to the regular school program. A suspended/expelled student will not be allowed to practice or be affiliated with the group in any way during the period of suspension or expulsion. If a student is caught with possession of, use of, or distribution of drugs and/or alcohol (*even off school premises/hours*), a minimum automatic 1 game suspension will be applied to all sports, regardless of suspended/expelled status. At the discretion of the coach and/or principal, more games may be suspended due to particular circumstances or severity.

Punitive action will be taken only after the student has been given due process by the head coach/sponsor.



Garrett County Board of Education

40 South Second Street
Oakland, MD 21550

Rules of Conduct and Training Signature Form

I understand the **Rules of Conduct and Training** and stated policies and give permission for my child to participate in extra-curricular activities throughout this school year. I further understand that individual coaches/sponsors may send additional rules of conduct and training for my signature.

Student Printed Name: _____

Student Signature: _____

Date: _____

Parent/Guardian Signature: _____

Date: _____

Form given to family on: _____
Date

Form returned by family on: _____
Date



This form MUST be on file for each activity in which the student participates.

Garrett County Board of Education

40 South Second Street
Oakland, MD 21550

**VERIFICATION OF MEDICAL INSURANCE
FOR EXTRACURRICULAR ACTIVITY PROGRAMS**

Please check the appropriate space.

A. My child is covered by medical insurance.

Company Name: _____

Policy Name: _____

B. I have school insurance (school insurance is secondary insurance)

Indicate the type of insurance coverage:

School Day Insurance 24 Hour Insurance Football Insurance

C. I do not have insurance

I hereby give my consent and authorize the Board of Education of Garrett County and/or employees to consent on my behalf, and on behalf of my child, to emergency medical care and treatment in the event I am not available to be contacted.

I, the undersigned parent or legal guardian, understand and agree that I will be responsible for all medical bills and costs that may be incurred as a result of medical care and treatment of my child for accidents and injuries in school sponsored games and practice sessions, and during travel to and from athletic activities.

_____ **Student's Name** _____

_____ **Parent/Legal Guardian's Name** _____

_____ **Date** _____

The Garrett County Public Schools do not discriminate on the basis of gender, race, handicap, color, or national origin in providing access to programs.

This form should be placed into the athlete's medical file and should *not* be shared with schools or sports organizations. The Medical Eligibility Form is the only form that should be submitted to a school or sports organization.

Disclaimer: Athletes who have a current Preparticipation Physical Evaluation (per state and local guidance) on file should not need to complete another History Form.

■ PREPARTICIPATION PHYSICAL EVALUATION (Interim Guidance)

HISTORY FORM

Note: Complete and sign this form (with your parents if younger than 18) before your appointment.

Name: _____ Date of birth: _____

Date of examination: _____ Sport(s): _____

Sex assigned at birth (F, M, or intersex): _____ How do you identify your gender? (F, M, or other): _____

Have you had COVID-19? (check one): Y N

Have you been immunized for COVID-19? (check one): Y N If yes, have you had: One shot Two shots

List past and current medical conditions. _____

Have you ever had surgery? If yes, list all past surgical procedures.

Medicines and supplements: List all current prescriptions, over-the-counter medicines, and supplements (herbal and nutritional).

Do you have any allergies? If yes, please list all your allergies (i.e., medicines, pollens, food, stinging insects).

Patient Health Questionnaire Version 4 (PHQ-4)
Over the last 2 weeks, how often have you been bothered by any of the following problems? (Circle response.)

	Not at all	Several days	Over half the days	Nearly every day
Feeling nervous, anxious, or on edge	0	1	2	3
Not being able to stop or control worrying	0	1	2	3
Little interest or pleasure in doing things	0	1	2	3
Feeling down, depressed, or hopeless	0	1	2	3

(A sum of ≥3 is considered positive on either subscale [questions 1 and 2, or questions 3 and 4] for screening purposes.)

GENERAL QUESTIONS (Explain "Yes" answers at the end of this form. Circle questions if you don't know the answer.)		
	Yes	No
1. Do you have any concerns that you would like to discuss with your provider?		
2. Has a provider ever denied or restricted your participation in sports for any reason?		
3. Do you have any ongoing medical issues or recent illness?		
HEART HEALTH QUESTIONS ABOUT YOU		
	Yes	No
4. Have you ever passed out or nearly passed out during or after exercise?		
5. Have you ever had discomfort, pain, tightness, or pressure in your chest during exercise?		
6. Does your heart ever race, flutter in your chest, or skip beats (irregular beats) during exercise?		
7. Has a doctor ever told you that you have any heart problems?		

8. Has a doctor ever requested a test for your heart? For example, electrocardiography (ECG) or echocardiography.		
---	--	--

HEART HEALTH QUESTIONS ABOUT YOU (CONTINUED)	Yes	No
9. Do you get light-headed or feel shorter of breath than your friends during exercise?		
10. Have you ever had a seizure?		
HEART HEALTH QUESTIONS ABOUT YOUR FAMILY	Yes	No
11. Has any family member or relative died of heart problems or had an unexpected or unexplained sudden death before age 35 years (including drowning or unexplained car crash)?		
12. Does anyone in your family have a genetic heart problem such as hypertrophic cardiomyopathy (HCM), Marfan syndrome, arrhythmogenic right ventricular cardiomyopathy (ARVC), long QT syndrome (LQTS), short QT syndrome (SQTS), Brugada syndrome, or catecholaminergic polymorphic ventricular tachycardia (CPVT)?		
13. Has anyone in your family had a pacemaker or an implanted defibrillator before age 35?		

BONE AND JOINT QUESTIONS		
	Yes	No
14. Have you ever had a stress fracture or an injury to a bone, muscle, ligament, joint, or tendon that caused you to miss a practice or game?		
15. Do you have a bone, muscle, ligament, or joint injury that bothers you?		
MEDICAL QUESTIONS		
	Yes	No
16. Do you cough, wheeze, or have difficulty breathing during or after exercise?		
17. Are you missing a kidney, an eye, a testicle (males), your spleen, or any other organ?		
18. Do you have groin or testicle pain or a painful bulge or hernia in the groin area?		
19. Do you have any recurring skin rashes or rashes that come and go, including herpes or methicillin-resistant <i>Staphylococcus aureus</i> (MRSA)?		
20. Have you had a concussion or head injury that caused confusion, a prolonged headache, or memory problems?		
21. Have you ever had numbness, had tingling, had weakness in your arms or legs, or been unable to move your arms or legs after being hit or falling?		
22. Have you ever become ill while exercising in the heat?		
23. Do you or does someone in your family have sickle cell trait or disease?		
24. Have you ever had or do you have any problems with your eyes or vision?		

MEDICAL QUESTIONS (CONTINUED)		
	Yes	No
25. Do you worry about your weight?		
26. Are you trying to or has anyone recommended that you gain or lose weight?		
27. Are you on a special diet or do you avoid certain types of foods or food groups?		
28. Have you ever had an eating disorder?		
FEMALES ONLY		
	Yes	No
29. Have you ever had a menstrual period?		
30. How old were you when you had your first menstrual period?		
31. When was your most recent menstrual period?		
32. How many periods have you had in the past 12 months?		

Explain "Yes" answers here.

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

Signature of athlete: _____
 Signature of parent or guardian: _____
 Date: _____

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This form should be placed into the athlete's medical file and should *not* be shared with schools or sports organizations. The Medical Eligibility Form is the only form that should be submitted to a school or sports organization.

Disclaimer: Athletes who have a current Preparticipation Physical Evaluation (per state and local guidance) on file should not need to complete another examination.

■ PREPARTICIPATION PHYSICAL EVALUATION (Interim Guidance)

PHYSICAL EXAMINATION FORM

Name: _____ Date of birth: _____

PHYSICIAN REMINDERS

- Consider additional questions on more-sensitive issues.
 - Do you feel stressed out or under a lot of pressure?
 - Do you ever feel sad, hopeless, depressed, or anxious?
 - Do you feel safe at your home or residence?
 - Have you ever tried cigarettes, e-cigarettes, chewing tobacco, snuff, or dip?
 - During the past 30 days, did you use chewing tobacco, snuff, or dip?
 - Do you drink alcohol or use any other drugs?
- Consider reviewing questions on cardiovascular symptoms (Q4–Q13 of History Form).
 - Have you ever taken anabolic steroids or used any other performance-enhancing supplement?
 - Have you ever taken any supplements to help you gain or lose weight or improve your performance?
 - Do you wear a seat belt, use a helmet, and use condoms?

EXAMINATION		
Height:	Weight:	
BP: / (/)	Pulse:	Vision: R 20/ L 20/ Corrected: <input type="checkbox"/> Y <input type="checkbox"/> N
COVID-19 VACCINE		
Previously received COVID-19 vaccine: <input type="checkbox"/> Y <input type="checkbox"/> N		
Administered COVID-19 vaccine at this visit: <input type="checkbox"/> Y <input type="checkbox"/> N If yes: <input type="checkbox"/> First dose <input type="checkbox"/> Second dose		
MEDICAL	NORMAL	ABNORMAL FINDINGS
Appearance <ul style="list-style-type: none"> Marfan stigmata (kyphoscoliosis, high-arched palate, pectus excavatum, arachnodactyly, hyperlaxity, myopia, mitral valve prolapse [MVP], and aortic insufficiency) 		
Eyes, ears, nose, and throat <ul style="list-style-type: none"> Pupils equal Hearing 		
Lymph nodes		
Heart, <ul style="list-style-type: none"> Murmurs (auscultation standing, auscultation supine, and ± Valsalva maneuver) 		
Lungs		
Abdomen		
Skin <ul style="list-style-type: none"> Herpes simplex virus (HSV), lesions suggestive of methicillin-resistant <i>Staphylococcus aureus</i> (MRSA), or tinea corporis 		
Neurological		
MUSCULOSKELETAL	NORMAL	ABNORMAL FINDINGS
Neck		
Back		
Shoulder and arm		
Elbow and forearm		
Wrist, hand, and fingers		
Hip and thigh		
Knee		
Leg and ankle		
Foot and toes		
Functional <ul style="list-style-type: none"> Double-leg squat test, single-leg squat test, and box drop or step drop test 		

Consider electrocardiography (ECG), echocardiography, referral to a cardiologist for abnormal cardiac history or examination findings, or a combination of those.

Name of health care professional (print or type): _____ Date: _____

Address: _____ Phone: _____

Signature of health care professional: _____, MD, DO, NP, or PA

The Medical Eligibility Form is the only form that should be submitted to a school or sports organization.

■ PREPARTICIPATION PHYSICAL EVALUATION

MEDICAL ELIGIBILITY FORM

Name: _____ Date of birth: _____

- Medically eligible for all sports without restriction
- Medically eligible for all sports without restriction with recommendations for further evaluation or treatment of

- Medically eligible for certain sports

- Not medically eligible pending further evaluation

- Not medically eligible for any sports

Recommendations: _____

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

Name of health care professional (print or type): _____ Date: _____

Address: _____ Phone: _____

Signature of health care professional: _____, MD, DO, NP, or PA

SHARED EMERGENCY INFORMATION

Allergies: _____

Medications: _____

Other information: _____

Emergency contacts: _____

This form should be placed into the athlete's medical file and should *not* be shared with schools or sports organizations.

■ PREPARTICIPATION PHYSICAL EVALUATION

ATHLETES WITH DISABILITIES FORM: SUPPLEMENT TO THE ATHLETE HISTORY

Name: _____ Date of birth: _____

1. Type of disability:		
2. Date of disability:		
3. Classification (if available):		
4. Cause of disability (birth, disease, injury, or other):		
5. List the sports you are playing:		
	Yes	No
6. Do you regularly use a brace, an assistive device, or a prosthetic device for daily activities?		
7. Do you use any special brace or assistive device for sports?		
8. Do you have any rashes, pressure sores, or other skin problems?		
9. Do you have a hearing loss? Do you use a hearing aid?		
10. Do you have a visual impairment?		
11. Do you use any special devices for bowel or bladder function?		
12. Do you have burning or discomfort when urinating?		
13. Have you had autonomic dysreflexia?		
14. Have you ever been diagnosed as having a heat-related (hyperthermia) or cold-related (hypothermia) illness?		
15. Do you have muscle spasticity?		
16. Do you have frequent seizures that cannot be controlled by medication?		

Explain "Yes" answers here.

Please indicate whether you have ever had any of the following conditions:

	Yes	No
Atlantoaxial instability		
Radiographic (x-ray) evaluation for atlantoaxial instability		
Dislocated joints (more than one)		
Easy bleeding		
Enlarged spleen		
Hepatitis		
Osteopenia or osteoporosis		
Difficulty controlling bowel		
Difficulty controlling bladder		
Numbness or tingling in arms or hands		
Numbness or tingling in legs or feet		
Weakness in arms or hands		
Weakness in legs or feet		
Recent change in coordination		
Recent change in ability to walk		
Spina bifida		
Latex allergy		

Explain "Yes" answers here.

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

Signature of athlete: _____

Signature of parent or guardian: _____

Date: _____

**PRE-PARTICIPATION COVID-19
Supplemental Questions for Student's Physical**

This form should be completed by the student's physician at the time of a physical.

Student History

1. Has your child or adolescent been diagnosed with COVID-19?
Yes No

2. Was your child or adolescent hospitalized as a result for complications of COVID-19?
Yes No

3. Has your Child been diagnosed with Multi-inflammatory Syndrome in Children?
Yes No

4. Has your child or adolescent had direct known exposure to someone diagnosed with COVID-19?
Yes No

Please address any "yes" answers to the above questions here:

A Fact Sheet for HIGH SCHOOL PARENTS



This sheet has information to help protect your teens from concussion or other serious brain injury.

What Is a Concussion?

A concussion is a type of traumatic brain injury—or TBI—caused by a bump, blow, or jolt to the head or by a hit to the body that causes the head and brain to move quickly back and forth. This fast movement can cause the brain to bounce around or twist in the skull, creating chemical changes in the brain and sometimes stretching and damaging the brain cells.

How Can I Help Keep My Teens Safe?

Sports are a great way for teens to stay healthy and can help them do well in school. To help lower your teens' chances of getting a concussion or other serious brain injury, you should:

- Help create a culture of safety for the team.
 - › Work with their coach to teach ways to lower the chances of getting a concussion.
 - › Emphasize the importance of reporting concussions and taking time to recover from one.
 - › Ensure that they follow their coach's rules for safety and the rules of the sport.
 - › Tell your teens that you expect them to practice good sportsmanship at all times.
- When appropriate for the sport or activity, teach your teens that they must wear a helmet to lower the chances of the most serious types of brain or head injury. There is no "concussion-proof" helmet. Even with a helmet, it is important for teens to avoid hits to the head.

How Can I Spot a Possible Concussion?

Teens who show or report one or more of the signs and symptoms listed below—or simply say they just "don't feel right" after a bump, blow, or jolt to the head or body—may have a concussion or other serious brain injury.

Signs Observed by Parents

- Appears dazed or stunned.
- Forgets an instruction, is confused about an assignment or position, or is unsure of the game, score, or opponent.
- Moves clumsily.
- Answers questions slowly.
- Loses consciousness (*even briefly*).
- Shows mood, behavior, or personality changes.
- Can't recall events *prior to or after* a hit or fall.

Symptoms Reported by Teens

- Headache or "pressure" in head.
- Nausea or vomiting.
- Balance problems or dizziness, or double or blurry vision.
- Bothered by light or noise.
- Feeling sluggish, hazy, foggy, or groggy.
- Confusion, or concentration or memory problems.
- Just not "feeling right," or "feeling down."

Talk with your teens about concussion. Tell them to report their concussion symptoms to you and their coach right away. Some teens think concussions aren't serious or worry that if they report a concussion they will lose their position on the team or look weak. Remind them that *it's better to miss one game than the whole season.*



Centers for Disease
Control and Prevention
National Center for Injury
Prevention and Control

GOOD TEAMMATES KNOW:

IT'S BETTER TO MISS ONE GAME THAN THE WHOLE SEASON.

Concussions affect each teen differently. While most teens with a concussion feel better within a couple of weeks, some will have symptoms for months or longer. Talk with your teens' health care provider if their concussion symptoms do not go away or if they get worse after they return to their regular activities.



Plan ahead.

What do you want your teen to know about concussion?

What Are Some More Serious Danger Signs to Look Out For?

In rare cases, a dangerous collection of blood (hematoma) may form on the brain after a bump, blow, or jolt to the head or body and can squeeze the brain against the skull. Call 9-1-1 or take your teen to the emergency department right away if, after a bump, blow, or jolt to the head or body, he or she has one or more of these danger signs:

- One pupil larger than the other.
- Drowsiness or inability to wake up.
- A headache that gets worse and does not go away.
- Slurred speech, weakness, numbness, or decreased coordination.
- Repeated vomiting or nausea, convulsions or seizures (shaking or twitching).
- Unusual behavior, increased confusion, restlessness, or agitation.
- Loss of consciousness (passed out/knocked out). Even a brief loss of consciousness should be taken seriously.



You can also download the CDC HEADS UP app to get concussion information at your fingertips. Just scan the QR code pictured at left with your smartphone.

What Should I Do If My Teen Has a Possible Concussion?

As a parent, if you think your teen may have a concussion, you should:

1. Remove your teen from play.
2. Keep your teen out of play the day of the injury. Your teen should be seen by a health care provider and only return to play with permission from a health care provider who is experienced in evaluating for concussion.
3. Ask your teen's health care provider for written instructions on helping your teen return to school. You can give the instructions to your teen's school nurse and teacher(s) and return-to-play instructions to the coach and/or athletic trainer.

Do not try to judge the severity of the injury yourself. Only a health care provider should assess a teen for a possible concussion. You may not know how serious the concussion is at first, and some symptoms may not show up for hours or days. A teen's return to school and sports should be a gradual process that is carefully managed and monitored by a health care provider.

➤ **Teens who continue to play while having concussion symptoms or who return to play too soon—while the brain is still healing—have a greater chance of getting another concussion. A repeat concussion that occurs while the brain is still healing from the first injury can be very serious and can affect a teen for a lifetime. It can even be fatal.**

Revised 12/2015



Centers for Disease
Control and Prevention
National Center for Injury
Prevention and Control

To learn more, go to www.cdc.gov/HEADSUP



For official use only:
Name of Athlete _____
Sport/season _____
Date Received _____

**Concussion Awareness
Parent/Student-Athlete Acknowledgement Statement**

I _____, the parent/guardian of _____,
Parent/Guardian Name of Student-Athlete

acknowledge that I have received information on all of the following:

- The definition of a concussion
- The signs and symptoms of a concussion to observe for or that may be reported by my athlete
- How to help my athlete prevent a concussion
- What to do if I think my athlete has a concussion, specifically, to seek medical attention right away, keep my athlete out of play, tell the coach about a recent concussion, and report any concussion and/or symptoms to the school nurse.

Parent/Guardian _____ Parent/Guardian _____ Date _____
PRINT NAME SIGNATURE

Student Athlete _____ Student Athlete _____ Date _____
PRINT NAME SIGNATURE

It's better to miss one game than the whole season.

For more information visit: www.cdc.gov/Concussion.



For official use only:
Name of Athlete _____
Sport/season _____
Date Received _____

PRE-PARTICIPATION HEAD INJURY/CONCUSSION REPORTING FORM FOR EXTRACURRICULAR ACTIVITIES

This form should be completed by the student's parent(s) or legal guardian(s). It must be submitted to the Athletic Director, or official designated by the school, prior to the start of each season a student plans to participate in an extracurricular athletic activity.

Student Information

Name: _____

Grade: _____

Sport(s): _____

Home Address: _____

Has student ever experienced a traumatic head injury (a blow to the head)? Yes _____ No _____

If yes, when? Dates (month/year): _____

Has student ever received medical attention for a head injury? Yes _____ No _____

If yes, when? Dates (month/year): _____

If yes, please describe the circumstances: _____

Was student diagnosed with a concussion? Yes _____ No _____

If yes, when? Dates (month/year): _____

Duration of Symptoms (such as headache, difficulty concentrating, fatigue) for most recent concussion: _____

Parent/Guardian: Name: _____ (Please print)

Signature/Date _____

Student Athlete: Signature/Date _____



**Medical Clearance for
Student-Athlete Suspected Head Injury**

Name of Athlete	_____
Sport/season	_____
Date Received	_____

Section 1: Initial Observation to be completed by Coach, Athletic Trainer and/or First Responder

Athlete's Name _____ DOB _____ School _____ Sport _____

Following the injury, did the athlete experience:	Circle One	Symptoms	Comments
Loss of consciousness or unresponsiveness	Yes / No		
Seizure or convulsive activity	Yes / No		
Balance problems/unsteadiness	Yes / No		
Dizziness	Yes / No		
Headache	Yes / No		
Nausea/Vomiting	Yes / No		
Emotional Instability (abnormal laughing, crying, anger)	Yes / No		
Confusion/Easily distracted	Yes / No		
Sensitivity to Light/noise	Yes / No		
Vision problems?	Yes / No		
Neck Pain	Yes / No		

Describe the injury, or give additional details: _____

Injury History: Name of Person Completing Form: _____ Relationship: _____
Date of Injury: _____ Time of Injury: _____ Phone Number: _____

Section 2: To Be Filled Out By a Licensed Health Care Provider (LHCP)

Medical Provider Recommendations According to COMAR 13A.06.08.01, only licensed health care providers (LHCP) trained in the evaluation and management of concussions are permitted to authorize a student athlete to return to play
*This return to play (RTP) plan is based on today's evaluation

LHCP Diagnosis:
 No Concussion - May Return to Full Academic and Physical Activity
 Concussion

* PLEASE NOTE THESE REQUIREMENTS TO RETURN TO SPORTS PLEASE COMPLETE*	1. Athletes are not allowed to return to practice or play the same day that their head injury occurred
	2. Athletes should never return to play or practice if they still have ANY SYMPTOMS
	3. Athletes, be sure that your coach and/or athletic trainer are aware of your injury, symptoms, and has the contact information for the treating physician
SCHOOL (ACADEMICS) COMPLETED BY LHCP	<input type="checkbox"/> May return to school now <input type="checkbox"/> May return to school on ____/____/____ <input type="checkbox"/> Out of school until follow up (F/u is scheduled for ____) <input type="checkbox"/> Limitations or Accommodations (please see below or attached)
SPORTS/PHYSICAL ACTIVITIES	<input type="checkbox"/> May start return to play progression under the supervision of the health care provider for your school/team <input type="checkbox"/> Must return to medical provider for final clearance to return to competition and physical activities

Additional Comments/Instructions: _____

LHCP Name: _____
Signature: _____
Date: _____ Phone Number: _____

Office Stamp:

I certify that I am aware of the current medical guidance on concussion evaluation and management

- All Maryland public school athletes must have a Licensed Health Care Providers signature to return to play
- More than one evaluation is typically necessary for medical clearance for concussion, as symptoms may not fully present for days.

RETURN COMPLETED FORM TO SCHOOL NURSE, ATHLETIC DIRECTOR, AND ATHLETIC TRAINER



For official use only:
 Name of Athlete _____
 Sport/season _____
 Date Received _____

Graduated Return to Play Protocol

Description of Stage	Date Completed	Supervised by
<p>STAGE 1: LIGHT AEROBIC ACTIVITY <u>Begin stage 1 when:</u> Student is cleared by health care provider and has no symptoms</p> <p><u>Sample activities for stage 1:</u> 20-30 minutes jogging, stationary bike or treadmill</p>		
<p>STAGE 2: HEAVY AEROBIC AND STRENGTH ACTIVITY <u>Begin stage 2 when:</u> 24 hours have passed since student began stage 1 AND student has not experienced any return of symptoms in the previous 24 hours</p> <p><u>Sample activities for stage 2:</u> Progressive resistance training workout consisting of all of the following:</p> <ul style="list-style-type: none"> • 4 laps around field or 10 minutes on stationary bike, and • Ten 60 yard sprints, and • 5 sets of 5 reps: Front squats/push-ups/shoulder press, and • 3-5 laps or walking lunges. 		
<p>STAGE 3: FUNCTIONAL, INDIVIDUAL SPORT-SPECIFIC DRILLS WITHOUT RISK OF CONTACT <u>Begin stage 3 when:</u> 24 hours have passed since student began stage 2 AND student has not experienced any return of symptoms in the previous 24 hours</p> <p><u>Sample activities for stage 3:</u> 30-45 minutes of functional/sport specific drills coordinated by coach or athletic trainer. NOTE: no heading of soccer ball or drills involving blocking sled.</p>		
<p>STAGE 4: NON-CONTACT PRACTICE <u>Begin stage 4 when:</u> 24 hours have passed since student began stage 3 AND student has not experienced any return of symptoms in the previous 24 hours</p> <p><u>Sample activities for stage 4:</u> Full participation in team's regular strength and conditioning program. NOTE: no heading of soccer ball or drills involving blocking sled permitted.</p>		
<p>STAGE 5: FULL-CONTACT PRACTICE AND FULL PARTICIPATION IN PHYSICAL EDUCATION <u>Begin stage 5 when:</u> 24 hours have passed since student began stage 4 AND student has not experienced any return of symptoms in the previous 24 hours</p> <p><u>Sample activities for stage 5:</u> Unrestricted participation in practices and physical education</p>		
<p>STAGE 6: RETURN TO GAME <u>Begin stage 6 when:</u> 24 hours have passed since student began stage 5 AND student has not experienced any return of symptoms in the previous 24 hours</p>		



Sudden Cardiac Arrest (SCA) Information for Parents and Student Athletes

Definition: Sudden Cardiac Arrest (SCA) is a potentially fatal condition in which the heart suddenly and unexpectedly stops beating. When this happens, blood stops flowing to the brain and other vital organs.

SCA in student athletes is rare: the chance of SCA occurring to any individual student athlete is about one in 100,000. However, student athletes' risk of SCA is nearly four times that of non-athletes due to the increased demands on the heart during exercise.

Causes: SCA is caused by several structural and electrical diseases of the heart. These conditions predispose an individual to have an abnormal rhythm that can be fatal if not treated within a few minutes. Most conditions responsible for SCA in children are inherited, which means the tendency to have these conditions is passed from parents to children through the genes. Other possible causes of SCA are a sudden blunt non-penetrating blow to the chest and the use of recreational or performance-enhancing drugs and/or energy drinks.

Warning Signs of SCA	Emergency Response to SCA
<ul style="list-style-type: none"> • SCA strikes immediately. • SCA should be suspected in any athlete who has collapsed and is unresponsive. <ul style="list-style-type: none"> ○ No response to tapping on shoulders ○ Does nothing when asked if he/she is OK • No pulse 	<ul style="list-style-type: none"> • Act immediately; time is most critical to increase survival rates. • Recognize SCA. • Call 911 immediately and activate EMS. • Administer CPR. • Use Automatic External Defibrillator (AED).

Warning signs of potential heart issues: The following need to be further evaluated by your primary care provider.

- Family history of heart disease/cardiac arrest
- 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
- Exercise-induced chest pain
- Palpitations: awareness of the heart beating, especially if associated with other symptoms such as dizziness
- Extreme tiredness or shortness of breath associated with exercise
- History of high blood pressure

Risk of Inaction: Ignoring such symptoms and continuing to play could be catastrophic and result in sudden cardiac death. Taking these warning symptoms seriously and seeking timely appropriate medical care can prevent serious and possibly fatal consequences.

Information used in this document was obtained from the American Heart Association (www.heart.org), Parent Heart Watch (www.parentheartwatch.org), and the Sudden Cardiac Arrest Foundation (www.sca-aware.org). Visit these sites for more information.

Frequently Asked Questions about Sudden Cardiac Arrest (SCA)

What are the most common causes of Sudden Cardiac Arrest (SCA) in a student athlete?

SCA is caused by several **structural** and **electrical** diseases of the heart. These conditions predispose an individual to have an abnormal rhythm that can be fatal if not treated within a few minutes. Most conditions responsible for SCA in children are **inherited**, which means the tendency to have these conditions is passed from parents to children through the genes. Some of these conditions are listed below.

1. *Hypertrophic cardiomyopathy (HCM)*: HCM involves an abnormal thickening of the heart muscle and it is the most common cause of SCA in an athlete.
2. Coronary artery anomalies: The second most common cause is congenital (present at birth) abnormalities of coronary arteries, the blood vessels that supply blood to the heart.
3. Other possible causes of SCA are:
 - a. *Myocarditis*: an acute inflammation of the heart muscle (usually due to a virus).
 - b. Disorders of heart electrical activity such as:
 - i. *Long QT syndrome*.
 - ii. *Wolff-Parkinson-White (WPW) syndrome*.
 - iii. *Catecholaminergic Polymorphic Ventricular Tachycardia (CPVT)*.
 - c. *Marfan syndrome*: a condition that affects heart valves, walls of major arteries, eyes, and the skeleton.
 - d. Congenital aortic valve abnormalities.
4. *Commotio Cordis*: concussion of the heart from **sudden blunt non-penetrating blow** to the chest
5. Use of recreational, **performance-enhancing** drugs, and **energy drinks** can also bring on SCA.

How can we minimize the risk of SCA and improve outcomes?

The risk of SCA in student athletes can be minimized by providing appropriate prevention, recognition, and treatment strategies. One important strategy is the requirement for a yearly pre-participation screening evaluation, often called a sports physical, performed by the athlete's medical provider.

1. It is very important that you **carefully and accurately complete the personal history and family history section** of the "Pre-Participation Physical Evaluation Form" available at <http://www.mpssaa.org/HealthandSafety/Forms.asp>.
2. Since the majority of these conditions are inherited, **be aware of your family history**, especially if any close family member:
 - a. had sudden unexplained and unexpected death before the age of 50.
 - b. was diagnosed with any of the heart conditions listed above.
 - c. died suddenly /unexpectedly during physical activity, during a seizure, from Sudden Infant Death Syndrome (SIDS) or from drowning.
3. **Take seriously the warning signs and symptoms of SCA**. Athletes should notify their parents, coaches, or school nurses if they experience any of these warning signs or symptoms.
4. Schools in Maryland have AED policies and emergency preparedness plans to address SCA and other emergencies in schools. Be aware of your school's various preventive measures.
5. If a cardiovascular disorder is suspected or diagnosed based on the comprehensive pre-participation screening evaluation, a referral to a child heart specialist or pediatric cardiologist is crucial. Such athletes will be excluded from sports pending further evaluation and clearance by their medical providers.



For official use only: Name of Athlete _____ Sport/season _____ Date Received _____
--

Parent/Student Athlete Acknowledgement Statement

Parent/Guardian

I acknowledge that I have read and understand the following:

- Sudden Cardiac Arrest (SCA) Information Sheet
- Concussion Awareness Information Sheet

_____ Date _____
PRINT NAME PARENT/GUARDIAN SIGNATURE

Student Athlete

I acknowledge that I have read and understand the following:

- Sudden Cardiac Arrest (SCA) Information Sheet
- Concussion Awareness Information Sheet

_____ Date _____
PRINT NAME STUDENT ATHLETE SIGNATURE



Garrett County Board of Education

40 South Second Street
Oakland, MD 21550

DUAL EXTRA-CURRICULAR PARTICIPATION

The following agreement is to be read, adhered to and signed by those involved in two or more extra-curricular activities in the same season.

Extra-curricular Activities

Circle the season in which you participate in two or more extra-curricular activities.

1. _____

Spring

Fall

Winter

2. _____

Training rules and guidelines for each sport/activity must be attached. Also, attach any conflicting dates such as ACT's, SAT's, scheduled events and performances. All information must be duplicated and given to the parents, athletic director, principal, and county director of curriculum and instruction (9-12).

Parents Signature: _____

Date: _____

Parents Signature: _____

Date: _____

Sponsor/Coach's Signature: _____

Activity: _____

Activity: _____

Sponsor/Coach's Signature: _____

Activity: _____

Activity: _____

NOTE: This form MUST be signed and returned before first competition date of the season.

ARRANGING TRANSPORTATION FOR EXTRA and CO-CURRICULAR EVENTS

Except for the parent permission form (348.73) that coaches should keep on hand in cases of emergency, GCPS no longer utilizes paper forms for transportation purposes. All information should be uploaded at Info Finder

Step 1 Contact GCPS Transportation Department to obtain access to the login.

Step 2 Log on to <http://b-trans.gcps.lan/infofinderle/login>

Step 3 Log In

Username = firstname.lastname

Password = “password” – this can be changed after the initial login. Fill out the forms online.

**GARRETT COUNTY BOARD OF EDUCATION
OAKLAND, MARYLAND 21550
FIELD TRIP PERMISSION FORM AND MEDICAL TREATMENT AUTHORIZATION
EXHIBIT #348.73 PAGE 1 of 2**

FIELD TRIP INFORMATION			
School Group Participating:	Sponsor:	Date:	Cost per Student:
Destination:		Relationship to Curriculum/Activities:	
Trip Itinerary:		Adults on Trip:	
A.) Departure Time/Place:		A.)	
B.)		B.)	
C.)		C.)	
D.)		D.)	
E.)		E.)	
F.) Return:		F.)	

RESPONSIBILITIES AND EXPECTATIONS	
<u>ADULTS</u>	<u>STUDENTS</u>
<ol style="list-style-type: none"> 1. Adults participating in a school field trip do so in a supervisory capacity, directing and correcting student behavior when necessary. 2. Adults will seat themselves at various points on the bus(es) as determined by the TEACHER-IN-CHARGE. 3. Adults will remain with the group during all scheduled field trip events. 4. Adults will be aware and conscious of incidents or situations that may pose safety concerns. 5. The TEACHER-IN-CHARGE or GROUP SPONSOR will make all decisions concerning appropriate behavior and the interpretation of the school's and the Board of Education's policy and regulations. 	<ol style="list-style-type: none"> 1. Students represent Garrett County Schools and our community and are expected to act appropriately at all times. 2. Students involved in a suspendable offense, including, but not limited to, use/possession of drugs and/or alcohol, may be suspended on the next school day following an investigation, in accordance with the policies of the Garrett County Student Rights, Responsibilities, and Discipline Handbook. 3. Students are not "absent" while on a field trip and, therefore, will make arrangements with their teachers <i>IN ADVANCE</i> of missing work or due dates because of a field trip. 4. Students will be respectful of and obedient to ALL supervising adults.

PERMISSION AND AGREEMENT TO POLICIES	
<p>_____ has my permission to participate in the above activity. I understand that should he/she be involved in a suspendable offense, including, but not limited to, use/possession of drugs and/or alcohol, the principal will be notified and following an investigation the student will be suspended on the next school day in accordance with the policies of the Garrett County Student Rights, Responsibilities, and Discipline Handbook.</p>	
_____ (Signature of Parent)	_____ (Signature of Student)

*If you have concerns regarding the field trip, please contact the teacher sponsoring the field trip.
For all health and medication questions and concerns, contact the school nurse at your child's school.*

Adopted: 8/21/86
Revised: 8/09/11 - LB
Revised: 6/11/13 - BB

Please correct or add information, as needed, on page 2 of this form.

(Blue)

Annual Compensation

# per school	Position	Step 1	Step 2	Step 3
Yearlong Athletic Positions				
2	Athletic Director	2448	2564	2696
2	Band Directors	5342	5459	5588
2	Assistant Band Director	3740	3820	3909
2	Varsity Cheerleader Advisor	1649	1723	1810
2	Assistant Cheerleader Advisor	1154	1203	1267
Fall Athletic Positions				
2	Bowling Coaches	1067	1117	1170
4	Cross Country Coaches	1067	1117	1170
2	Head Football Coach	5342	5459	5588
6	Assistant Football Coach	3684	3766	3852
2	Golf Coaches	1067	1117	1170
4	Head Soccer Coaches	2108	2203	2308
4	Assistant Soccer Coaches	1386	1489	1597
2	Volleyball Coach	2108	2203	2308
2	Assistant Volleyball Coach	1386	1489	1597
Winter Athletic Positions				
4	Head Basketball Coach	2448	2564	2696
8	Assistant Basketball Coach	1758	1836	1922
2	Wrestling Coaches	2170	2274	2383
2	Indoor Track Coaches	1067	1117	1170
2	Assistant Wrestling Coaches	1386	1489	1597
Spring Athletic Positions				
2	Baseball Coaches	2021	2119	2213
2	Assistant Baseball Coach	1386	1489	1597
2	Softball Coaches	2021	2119	2213
2	Assistant Softball Coaches	1386	1489	1597
4	Head Track Coaches	2021	2119	2213
4	Assistant Track Coaches	1386	1489	1597
4	Tennis Coaches	1067	1117	1170
Non- Athletic Yearlong Positions				
2	Mock Trial Directors	1067	1117	1170
2	Drama Coaches	1894	1980	2076
2	VICA Advisors	1067	1117	1170
1	County-Wide Student Council Advisor	1067	1117	1170
2	Junior Class Advisor	1067	1117	1170
2	Senior Class Advisor	1067	1117	1170

- A. Maximum number of positions are shown. Actual number of positions shall be determined on a per season basis; however, under no condition will the total number of positions be fewer than sixty-two (62).
- B. Extra duty compensation will be paid in one payment upon completion of the activity. Each teacher involved shall be responsible for submitting the proper form.
- C. All teachers beginning an extra duty or transferring to a different assignment will be placed on the first step.

**GARRETT COUNTY BOARD OF EDUCATION
ASSIGNMENT TO EXTRA-CURRICULAR PAY POSITIONS**

To: _____ Base-School & Extra-Curricular School: _____
(Name)

You are hereby assigned as _____ at _____ for the school year _____. Your compensation for this activity outside the regular work week will be \$ _____ which is Step _____ of the Negotiated Extra Duty/Extra Pay Schedule. The term of the agreement shall extend from _____ to _____, and shall automatically terminate and expire on _____.

Position, title and compensation shall be in accordance with the Extra Duty/Extra Pay Schedule as adopted by the Board of Education of Garrett County. All assignments are tentative pending facilities, student interest, and other necessary conditions. If a school fails to sponsor an activity or sport due to any of the above reasons, or if a coach or sponsor resigns, the contract will be prorated for days actually expended.

Date: _____
Base-School Principal's Signature & Extra-Curricular School Principal's Signature

Date: _____
Director of Secondary Education (9-12)

Date: _____
Director of Human Resources

ACCEPTANCE

I voluntarily accept the position and conditions as indicated above and further agree to perform all duties required by the rules and regulations of the County Board of Education and the State Board of Education. I understand that all coaches shall have completed or be enrolled in the prevention and care of athletic injuries; possess AED/CPR Certification; and completed a current criminal background check.

_____ Signature	_____ Date	_____ Social Security or GCBOE Employee Number	_____ Telephone Number
_____ Date of Birth	_____ Address	_____ City	_____ State ZIP

(Must be signed and returned to the extra-curricular school principal on or before _____). Principals will submit this form to the Director of Secondary Education for Board of Education approval. Copies will be returned to the employee, principal, and the Finance Office.

DIST. NUMBER: [01-2030103-252-xxxx-00-0000-201302-](#)

**REQUEST FOR ASSIGNMENT TO EXTRA/DUTY PAY POSITIONS
for First (1st) Time Employee for Specific Activity**

Name _____ School _____

Assignment Desired _____

Formal Training (College Preparation) for Assignment Desired _____

Actual Experience in Assignment Desired _____

Related Experience in Assignment Desired _____

Reasons for Seeking Assignment _____

(Signature)

(Date)

First (1st) time applicant MUST complete and submit with contract to the principal.

CLARIFICATION

Submit to the principal at the end of each month during which the activity is in progress.

TRAVEL	Time spent in traveling to and from an activity when it involves the transporting of participants.
PRACTICE	Time spent in actual preparation of participants for activity.
EVENT	Time spent with participants in directing, preparation and/or supervision immediately prior to, during and immediately following a specific activity.
OTHER	<ol style="list-style-type: none"> 1. issuing materials and equipment; 2. planning time by sponsor/coach or staff; 3. scouting; 4. inventory of equipment; 5. storing equipment; 6. preparation of site; 7. attendance at clinic, workshop, or conference; and 8. etc.

**Garrett County Board of Education
40 S. Second Street
Oakland, MD 21550**

REQUEST FOR COMPENSATION

Date: _____

Request for Extra-Curricular Duty Pay in the amount of \$ _____,

per contract, as _____.

(Position)

Name of Payee: _____

Address: _____

Social Security No. _____

APPROVED FOR PAYMENT:

FINANCE USE ONLY

Principal of Extra-curricular School / Date

DIST. NUMBER: 01-2030103-252-xxxx-00-0000-201302- _____

Approval of Central Office: _____ Date: _____

GARRETT COUNTY BOARD OF EDUCATION

ASSIGNMENT TO VOLUNTEER COACHING POSITIONS

To: _____ Base-School: _____
(Name)

You are hereby assigned as a Volunteer _____ Coach * at _____ for the school year 20____. The term of the agreement shall extend from _____ to _____, and shall automatically expire on June 30, 200____. It is understood that this is a volunteer, non-compensated position and is under the direct supervision of the contracted, compensated head coach for each specific sport.

Date: _____
Base-School Principal's Signature/Extra-Curricular School Principal's Signature

Date: _____
Director of Secondary Education (9-12)

Date: _____
Director of Human Resources

ACCEPTANCE

I voluntarily accept the position and conditions as indicated above and further agree to perform all duties required by the rules and regulations of the County Board of Education and the State Board of Education. I understand that all coaches MUST be 21 years of age, shall have completed or be enrolled in the prevention and care of athletic injuries and completed a current criminal background check.

Signature Date Social Security or
GCBOE Employee Number Telephone Number

Date of Birth Address City State ZIP

(Must be signed and returned to the extra-curricular school principal on or before _____). Principals will submit this form to the Director of Secondary Education (9-12) for Board of Education approval. Copies will be returned to the employee, principal, and the Personnel Office.

**REQUEST FOR ASSIGNMENT TO VOLUNTEER COACHING POSITIONS
for First (1st) Time Employee for Specific Activity**

Name _____ School _____

Assignment Desired _____

Formal Training (College Preparation) for Assignment Desired _____

Actual Experience in Assignment Desired _____

Related Experience in Assignment Desired _____

Reasons for Seeking Assignment _____

(Signature)

(Date)

First (1st) time applicant MUST complete and submit with contract to the principal.

**GARRETT COUNTY BOARD OF EDUCATION
VOLUNTEER ASSISTANT AGREEMENT**

Dear: _____

You are hereby approved as a volunteer to assist in the _____

at

_____ program _____ school

for the school year _____ - _____ or for the period from _____ date

to _____
date

In view of the nature of your work with the Garrett County Board of Education, please be advised that you will not be entitled to pay or other benefits extended to permanent employees.

The following guidelines will define your responsibilities as a volunteer assistant:

All volunteers must have prior recommendation of the appropriate administrator and/or staff personnel who are responsible for the direction of the activity involved **and be at least 21 years of age, shall have completed or be enrolled in the prevention and care of athletic injuries, complete a current CRIMINAL BACKGROUND CHECK, and remain under the SUPERVISION of a COMPENSATED COACH/SPONSOR.**

Volunteer participation is limited to only those responsibilities assigned by the staff personnel or administrator under whom this assignment is affected. Authorization for volunteer work in one activity does not assume any other authority to participate in related or unrelated activities.

The participation of any volunteer may be discontinued at any time at the discretion of the building principal under whom the activity is being conducted.

The general goals of the volunteer program are:

- a. to assist in providing more individualization and enrichment of instruction to students;
- b. to relieve many non-professional duties and tasks;
- c. to enrich participant's experiences through the unique resources which can be contributed by volunteers; and
- d. to strengthen the school-community relations through positive participation.

The general duties of the volunteer in any area must be supportive in nature; never directive. The following types of duties may be appropriately delegated to volunteers by coaches and directors of the various activities of the school:

- A. Clerical details – handling communications for the regular staff members.
- B. Operating details – physical arrangements for the teacher, coach, or sponsor.
- C. Supervisory details – student management.
- D. Training details – conditioning and safety.

In general, Volunteers should not perform professional activities which include:

- A. diagnosing the needs of participants;
- B. prescribing instructional programs or techniques;
- C. selecting appropriate materials or activities;
- D. presenting or teaching content;
- E. counseling with students;
- F. evaluating student progress or achievement; and
- G. initiating, determining the why, the how, the where, and the when.

In volunteering to assist in this program, I understand that in conjunction with and pursuant to *Section 4-105.1 of the Education Article of the Annotated Code of Maryland* that I can only act upon the duties and responsibilities assigned directly by my immediate supervisor and those duties and responsibilities must be within the Board of Education's control and direction. In this regard, in addition to the general assignment stated above, my volunteer service is specified below:

- 1. Clerical Details
- 2. Operating Details
- 3. Supervising Details
- 4. Training Details
- 5. Enrichment Activities
- 6. Other as assigned by immediate supervisor

VOLUNTEER _____ Date _____

Date of Birth _____ Address _____ City _____ State _____ ZIP _____

IMMEDIATE SUPERVISOR _____ Date _____

PRINCIPAL _____ Date _____

SUPERVISOR _____ Date _____

PROCEDURE FOR THE EVALUATION OF COACHES/ATHLETIC DIRECTORS

Code
S - Satisfactory
NI - Needs Improvement
US - Unsatisfactory
NA - Not Applicable

1. The Coaches/Activity Directors/Sponsors/Advisors Evaluation Form is the formal assessment instrument to be used to show the effectiveness of the coach/activity director/sponsor/advisor.
2. The principal and/or his designee shall evaluate a coach/activity director/sponsor/advisor at least once per sport and/or activity.
3. The evaluator will schedule a conference with the coach/activity director/sponsor/advisor to discuss the evaluation.
4. The coach/activity director/sponsor/advisor will sign the evaluation form indicating that he/she has received a copy of an evaluation.
5. The individual being evaluated, principal, and the supervisor of activities will each receive a copy of the evaluation form after a conference is held by the evaluator.
6. Evaluation due dates are as follows:
 - a. First Semester – January 31st
 - b. Second Semester – May 31st
 - c. Year-long Activities – May 31st

Code
 S - Satisfactory
 NI - Needs Improvement
 US - Unsatisfactory
 NA - Not Applicable

**GARRETT COUNTY PUBLIC SCHOOLS
 Oakland, Maryland 21550
 COACHES/ACTIVITY DIRECTORS EVALUATION FORM**

Name _____ School _____ Assignment _____

EACH SPONSOR IS TO BE EVALUATED ONLY ON CRITERIA APPLICABLE TO HIS ASSIGNMENT

A. ADMINISTRATION

	Circle One			
1. Care of equipment (issue, inventory, cleaning, etc.)	S	NI	US	NA
2. Organization of staff	S	NI	US	NA
3. Organization of practices	S	NI	US	NA
4. Communication with coaches	S	NI	US	NA
5. Adherence to county and school philosophy and policies (eligibility reports, inventories, budgets, rosters, insurance forms, and follow-up scores reported)	S	NI	US	NA
6. Public Relations	S	NI	US	NA
7. Supervision	S	NI	US	NA
8. Preparing required reports and records	S	NI	US	NA

B. SKILLS

1. Knowledge and presentation of fundamentals	S	NI	US	NA
2. Conditioning	S	NI	US	NA
3. Game preparation	S	NI	US	NA
4. Prevention and care of injuries (follow-up with parents)	S	NI	US	NA

C. RELATIONSHIPS

1. Enthusiasm				
a. For working with students	S	NI	US	NA
b. For working with staff (support of other programs)	S	NI	US	NA
c. For the working with academic staff (other non-sport activities)	S	NI	US	NA
d. For the sport itself	S	NI	US	NA
2. Discipline				
a. Discipline of team members	S	NI	US	NA
b. Conduct and self-discipline of coach	S	NI	US	NA
3. Communication with players				
a. Individual	S	NI	US	NA
b. As a team	S	NI	US	NA

D. PERFORMANCE

1. Appearance and execution of team on the field or floor	S	NI	US	NA
2. Attitude of the team	S	NI	US	NA
3. Conduct of coach during game	S	NI	US	NA
4. Cooperation with administration	S	NI	US	NA

E. SELF-IMPROVEMENT

1. Attends in-county meetings and clinics	S	NI	US	NA
2. Attends out-of-county clinics and statewide coaching meetings	S	NI	US	NA
3. Keeps updated by reading current literature	S	NI	US	NA
4. Aspirations made evident by statement of goals	S	NI	US	NA

Observer's Comments (Required for items marked NI or US)

My signature indicates that I have received a copy of this document.

Coach: _____ Date: _____
 Evaluator: _____ Date: _____

**GARRETT COUNTY PUBLIC SCHOOLS
Oakland, Maryland 21550
SPONSORS/ADVISORS EVALUATION FORM**

Sponsor's Name _____ **School** _____ **Assignment** _____
EACH SPONSOR IS TO BE EVALUATED ONLY ON CRITERIA APPLICABLE TO HIS ASSIGNMENT

A. ADMINISTRATION

	Circle One			
1. Care of equipment (issue, inventory, cleaning, etc.)	S	NI	US	NA
2. Organization of activity	S	NI	US	NA
3. Organization of practices/meetings	S	NI	US	NA
4. Communication with staff	S	NI	US	NA
5. Adherence to county and school philosophy and policies (reports, inventories, budgets, rosters, insurance forms, and follow-up reports)	S	NI	US	NA
6. Public Relations	S	NI	US	NA
7. Supervision	S	NI	US	NA
8. Preparing required reports and records	S	NI	US	NA

B. SKILLS

1. Knowledge and presentation of information	S	NI	US	NA
2. Activity preparation	S	NI	US	NA
3. Prevention and care of injuries (follow-up with parents)	S	NI	US	NA

C. RELATIONSHIPS

1. Enthusiasm				
a. For working with students	S	NI	US	NA
b. For working with staff (support of other programs)	S	NI	US	NA
c. For the activity itself	S	NI	US	NA
2. Discipline				
a. Discipline of participants	S	NI	US	NA
b. Conduct and self-discipline of sponsor	S	NI	US	NA
3. Communication with players				
a. Individual	S	NI	US	NA
b. As a group	S	NI	US	NA

D. PERFORMANCE

1. Appearance and execution of activity/club participants	S	NI	US	NA
2. Attitude of the participants	S	NI	US	NA
3. Cooperation with administration	S	NI	US	NA

E. SELF-IMPROVEMENT

1. Attends in-county meetings and clinics	S	NI	US	NA
2. Aspirations made evident by statement of goals	S	NI	US	NA
3. Keeps updated by reading current literature	S	NI	US	NA
4. Aspirations made evident by statement of goals	S	NI	US	NA

Observer's Comments (Required for items marked NI or US)

My signature indicates that I have received a copy of this document.

Coach: _____ Date: _____
Evaluator: _____ Date: _____

**GARRETT COUNTY BOARD OF EDUCATION
Oakland, Maryland 21550**

SPONSORS/ADVISORS CHECKOUT FORM

Coach/Sponsor/Advisor _____ **Date** _____
Sport/Organization _____ **School** _____

Equipment inventoried and stored	YES	NO	NA

(Place)			
Equipment inventory filed with activity director or principal	YES	NO	NA
List of equipment needing repairs filed with athletic director or principal	YES	NO	NA
List of equipment needed next year filed with activity director or principal	YES	NO	NA
Supplies inventoried and stored	YES	NO	NA

(Place)			
Supply Inventory filed with activity director or principal	YES	NO	NA
List of supplies needed for next year filed with activity director or principal	YES	NO	NA
Uniforms cleaned and stored	YES	NO	NA

(Place)			
List of students who did not return uniforms filed with director	YES	NO	NA
Accident Reports filed with principal	YES	NO	NA
List of students with other indebtedness	YES	NO	NA
Club minutes and records filed	YES	NO	NA

(Place)			
Outstanding bills given to Financial Secretary	YES	NO	NA
List of schedule commitments, recommendations, or requests for next year given to principal or activity director	YES	NO	NA
Invoices for officials/transportation given to activity director or principal	YES	NO	NA
Other:			

Principal

Athletic Director (if applicable)

cc: Principal, Athletic Director, and Coach/Sponsor/Advisor



GARRETT COUNTY PUBLIC SCHOOLS

Extra-Curricular Activity Inventory of Operating Equipment

School _____ Activity _____ Coach/Sponsor _____

Quantity	Description	Appropriate Unit Value	Replacement Cost



GARRET COUNTY BOARD OF EDUCATION

Event/Practice Cancellation Checklist

Date: _____

**A. County Roads Department (301-334-3988)
Road Safety & Weather:**

Road Conditions:

**Weather
Forecast:**

B. Coaches Data :(Coaches must call Athletic Director and provide input about road conditions in various parts of county – one-half hour prior to discussion.)

C. Bus Driver Input:

D. Director of Transportation: 301-334-8908 (Work) 301-616-8908 (Cell)

E. State Police – 301-387-1101

or

State Highway – 301-334-1233

****DECISION: GAMES:**

PRACTICES:

NOTE: School-based decisions to cancel/conduct events after completing the checklist are to be submitted, in writing, to the Director of Secondary Education (9-12).

****Coaches may call school between – 11:45 - Noon for decision.**



Garrett County Board of Education

40 South Second Street
Oakland, MD 21550

BROADCAST AGREEMENT

Date: _____

This is an agreement between _____ and
_____ High School, granting broadcast rights for
the _____ contest(s). The broadcaster agrees to pay _____
High School \$50 for each broadcasted event at the school. Payment must be completed prior to the
broadcast of the contest. The broadcaster agrees to hold the Garrett County Board of Education
harmless for any accident claim that might arise due to the broadcast.

This agreement becomes binding when both parties agree to said conditions and have signed this
document.

Broadcaster Representative _____

_____ Title

_____ Date

School Athletic Director/Principal _____

_____ Title

_____ Date



Garrett County Board of Education

40 South Second Street
Oakland, MD 21550

Fundraising Activity Request Form

This form must be on the principal's desk for approval at least two weeks prior to the activity.

Activity: _____ Student Chairperson: _____

Organization _____ Advisor: _____

Date(s) of activity: _____ Time: _____

Place: _____

Admission: _____ Tickets: _____ Yes _____ No

The profit earned will be used for _____

Monies will be deposited in the _____ account.

(Parents if applicable)

(Staff)

- | | |
|----------|----------|
| 1. _____ | 1. _____ |
| 2. _____ | 2. _____ |
| 3. _____ | 3. _____ |

Chaperones will arrive at _____

Staff member in charge _____

We will clean up _____

_____ Day

_____ Time

Signature of Advisor

Date: _____



Garrett County Board of Education
 40 South Second Street Oakland, MD 21550

Fundraising Activity Financial Report

This form is due to the principal's office within one week of the close of the activity.

Activity: _____ Date of Activity: _____
 Organization: _____ Advisor: _____

INCOME:

Quantity of Items Sold	x	\$		each
_____		_____		
Other (please specify):		\$		
_____		_____		
Proposed Amount to be Deposited in Office Account				\$ _____

EXPENDITURES:

Purchase of Items for Fundraiser	\$			
_____		_____		
Band/D.J.	\$			
_____		_____		
Sales Tax (Complete Deposit)	\$			
_____		_____		
Funds Not Collected (losses)	\$			
_____		_____		
Other (please specify)				
_____		_____		
	\$			
_____		_____		
Total Expenditures				\$ _____
Net Profit				\$ _____
Actual Amount Deposited into Account				\$ _____
Actual Amount Deposited into Sales Tax Account				\$ _____

Signature of Advisor: _____

Date: _____

Tax Deposited on

Tax Exempt Activity

Tax Sent to Company with
Payment for Goods

**Maryland Public Secondary Schools Athletic Association
(MPSSAA)
VERIFICATION OF MINIMUM CERTIFIED WRESTLING WEIGHT**

School Name: _____ Student Name: _____ School Year: _____

Note to Licensed Health Care Providers and Parents

The National Federation of State High School Associations (NFHS) requires that each state high school association develop and utilize a weight-control program which discourages excessive weight reduction and wide variations in weight. An important component in this requirement is the establishment of a safe minimum weight class for the wrestler. NFHS regulations require that a wrestler's minimum weight corresponds to at least a 7% level of body fat (12% for females). Stated otherwise, the lowest weight class that a wrestler is allowed to compete shall be one where the wrestler retains a minimum of 7% body fat (12% for females).

Wrestlers must have their minimum weight class certified on or after November 1 and prior to their first competition. After their first competition, wrestlers may not certify to a lower weight classification. The MPSSAA Weight Certification Plan involves three steps:

- *Hydration Testing*, with a specific gravity not greater than 1.025. Hydration testing occurs immediately prior to a body fat assessment. A specific gravity of 1.025 or lower will assure that the wrestler is properly hydrated at the time of the body-fat assessment.
- *Body-fat Assessment*, using various factors including height and current weight, to predict what the wrestler would weigh in a hydrated state at a 7% level of body fat (12% for females). Wrestlers must be sufficiently hydrated before their body-fat assessment.
- *Licensed Health Care Provider (LHCP) Signature*, certifying a minimum weight class in which a wrestler may compete. The LHCP must utilize the results of the body-fat assessment to certify a minimum weight classification for the wrestler. If a wrestler's projected minimum weight at a 7% level of body-fat (12% for females) is within 2% of a lower weight classification, the medical doctor, at his or her discretion, may certify the wrestler at the lower weight class; otherwise, the minimum weight class should be the next higher weight class.

Note to LHCP

Using the results of the hydration test and body fat analysis conducted for this wrestler, please circle one of the weight classes below. That weight class will be the minimum weight class in which the wrestler may participate for the season.

Current Weight Classes Used for High School Competition:

106 113 120 126 132 138 145 152 160 170 182 195 220 285

The weight class circled above is the minimum weight class in which _____
may participate for the 2017-18 wrestling season. Name of Wrestler

LHCP Signature: _____ LHCP Stamp/Seal:

Date: _____

A Licensed Health Care Provider (LHCP) is defined as a licensed physician, certified physician assistant under the supervision of a licensed physician, or certified nurse practitioner.