Dr. Eric Williams  
Division Superintendent

Jerry Carter  
Briar Woods High School  
Athletic Director

Ryan Young  
Broad Run High School  
Athletic Director

Dwayne Peters  
Dominion High School  
Athletic Director

Brad Bauder  
Freedom High School  
Athletic Director

James Totaro  
Heritage High School  
Athletic Director

Ryan Rogers  
Independence High School  
Athletic Director

Joseph Breinig, Jr.  
John Champe High School  
Athletic Director

TBD  
Lightridge High School  
Athletic Director

Derek Farrey  
Supervisor of Athletics

Kate Cassidy  
Loudoun County High School  
Athletic Director

Kris Kelican  
Loudoun Valley High School  
Athletic Director

Jason Testerman  
Park View High School  
Athletic Director

Mike Sipe  
Potomac Falls High School  
Athletic Director

Matt Oblas  
Riverside High School  
Athletic Director

Pat McNanley  
Rock Ridge High School  
Athletic Director

Joan Windows  
Stone Bridge High School  
Athletic Director

Tony Tallent  
Tuscarora High School  
Athletic Director

Rusty Lowery  
Woodgrove High School  
Athletic Director
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I. INTRODUCTION

A. To the Parent

This publication is presented to you because your son or daughter has indicated a desire to participate in interscholastic athletics, co-curricular, and extra-circular activities and you have expressed your willingness to permit him or her to participate. By supporting policies and regulations that govern school competition, events, and the conduct and training of students participating in activities, parents, team or group members and coaches, directors, or sponsors can maintain a program with positive opportunities and experiences which foster the personal growth of all members.

High school athletic and activities are an extension of a student’s academic day. Education-based school activities provide an opportunity to learn valuable lessons that cannot be obtained in a classroom setting alone. A small percentage of high school athletes go on to play college sports. An outstanding education can help a student become successful in life. The student athlete should make attending classes every day, being prepared and earning satisfactory grades priority.

Loudoun County Public Schools believes that student activity programs help meet students’ need for self-expression, mental alertness, and physical growth. Our obligation is to maintain a sound program to further students’ emotional and physical maturity. The staff is committed to provide adequate equipment and facilities, well-trained coaches, directors, sponsors and fair contests with skilled officials or judges.

Students who enlist in one of our student activity programs and make choices and commitments to certain responsibilities: self-discipline, self-denial, prescribed training habits. To remain on the squad, all students are expected:

• to comply with the rules of training and conduct, to discipline their minds and bodies for rigorous competition, events, and practices
• to attend all meetings, practices, performances and competition
• to recognize the rights of other team or group members.
We appreciate your collaborative and cooperative efforts with members of the school staff.

Freshman and Junior Varsity athletics in Loudoun County provide the opportunity for a healthy and desirable attitude towards athletic participation. The program presents an environment in which students can begin to learn all of the positive elements that can be gained by participation in sports.

Freshman and junior varsity athletics provide the opportunity for students to prepare for participation on the varsity teams. Learning and refining skills, sportsmanship, strategy, teamwork, competition, conditioning and maturity are necessary for athletes to advance to higher levels of competition.

Although participation by students is highly desirable, there are no guarantees that all athletes will participate in all games. Playing time for athletes is the sole decision of the Head Coach and his/her staff. Coaches are encouraged to give each student the opportunity to participate in as many games as practical.

Varsity athletics in Loudoun County encourages each team and school to represent itself at the highest possible standard at every level of competition. The varsity athletic program is intended to provide those students possessing a high degree of skill and talent in sports the opportunity to perform in the sport of their choice.

The varsity athletic program provides an opportunity for all students to enjoy athletics as spectators. School spirit is generated through the athletic program.

**Loudoun County Public Schools Athletics Mission Statement and Objectives**

Mission Statement: The Student Activities within Loudoun County Public Schools dynamically supports the academic mission of the school system. Our Student Activity programs provide opportunities for lifelong lessons in the value of teamwork, hard work, common sacrifice for a goal; all within the values of respect and honor. It is the hope that participation in the student activities within LCPS will promote positive attitudes that will empower students to make meaningful contributions to the world.
Objectives:

1. To promote an atmosphere that allows for students to be challenged to develop physical, mental, emotional, and social growth.
2. To provide a student the environment to develop their individual skill and potential.
3. To teach each individual how to function as a member of a team or group, with personal goals and accomplishments being held in high regard, but subservient to that of the team or group.
4. To teach each individual to strive for excellence, but only within the confines of acceptable forthrightness and conduct.
5. To enable a community-wide sense of school spirit that is fostered by the athletic teams at each school.
6. To develop a life-long appreciation of physical fitness and wellness.

SPECIAL PERMISSION AND HIGH SCHOOL ATHLETIC ELIGIBILITY FAQS ON VIRGINIA HIGH SCHOOL LEAGUE (VHSL) TRANSFER RULE

1. If I am a currently enrolled high school student and I voluntarily choose to attend a high school under the special permission provision of School Board Policy 8-20 (School Assignment) different from my home school, will I remain eligible for VHSL athletics?

   ANSWER: No. The VHSL Transfer rule (28-6-1) prohibits a current high school student from transferring without a corresponding change in his/her parents’ residence. This period of ineligibility lasts for 365 consecutive calendar days.
2. I heard that the school system can grant a “waiver” so I can remain eligible for VHSL athletics?

ANSWER: A waiver may be considered for transfers that are required or mandated by the school system or are for the welfare of the student or school system but not for athletic/activity reasons.

3. I am a rising 9th grade student and I would like to apply for special permission to transfer to a high school other than my home high school for next year. If I file during the period for filing applications, as provided by School Board Policy 8-20, will I be eligible for VHSL athletics at the other high school?

ANSWER: Yes. A student’s eligibility for VHSL athletics/activities begins when they enter the 9th grade for the first time. A student remains eligible at the high school they enter as a 9th grader for 8 consecutive semesters as long as they remain continuously enrolled at the high school. If you did not like your transfer high school and wanted to return to your home high school the following year, then you would be ineligible for 365 consecutive days. If however, you were prevented from attending the transfer high school the following year because the high school no longer had capacity, then a waiver may be considered.

4. What happens if a student is mistakenly allowed to play in VHSL athletics even though he or she is actually ineligible due to the Transfer Rule?

ANSWER: The high school that allowed the student to play when he or she was ineligible will forfeit all of the games in which the student played. Other sanctions are possible against the school depending upon the situation.

Guidelines for Parents to Discuss Concerns with the Coach

• Call the coach to set up an appointment.
• If the coach cannot be reached, call the Athletic Director. He/she will set up the meeting for you and the coach.
• Please DO NOT attempt to confront a coach before or after a contest or practice. These can be emotional times for both the parent and the coach.

Meetings of this nature usually do not promote a positive resolution. Please use the 24 HOUR RULE.

THE NEXT STEP

What can a parent do if the meeting with the coach did not provide a satisfactory resolution?

• Call and set up an appointment with the Athletic Director to discuss the situation.
• At this meeting the appropriate next step can be determined.

Examples of concerns to discuss with the coaching staff?
• Treatment of your child.
• Ways to help your child improve.
• Concerns about your child’s behavior.

It may be difficult to accept that your child is not playing as much as you expect. Coaches are professionals. They make decisions based on what they believe to be the best for the team and for all student-athletes involved. Parents should understand that the decision on playing time, team strategy and play selection are the sole discretion of the Head Coach and his staff.
WE ARE THEIR ROLE MODELS!

The critical factor in determining whether your child has a positive experience is the quality of their adult leaders – their parent and coach.

PARENT – COACH RELATIONSHIP

It is the goal of everyone that each high school student-athlete will experience some of the most rewarding moments of their lives. It is important to understand that there may be times when things do not go the way you and your child wish. When this occurs, discussion with the coach is encouraged. It is the first and most integral step to understanding and resolution.

By establishing an understanding of each role, we are better able to accept the actions of each other and provide a greater benefit to our children. When your child becomes involved in LCPS Athletic programs, clear communication is a critical expectation from the coach of the program.

COACHES WILL COMMUNICATE THE FOLLOWING:

1. Team requirements, special equipment, strength and conditioning programs.
2. Procedure if your child is injured during participation.
3. Game/practice schedule and updates.
4. Team rules, guidelines and consequences for infractions.
5. Team selection process.

COACHES EXPECT THE FOLLOWING COMMUNICATION FROM ATHLETES AND PARENTS

1. Any concerns expressed directly to the coach.
2. Advance notification of any schedule conflicts.
3. Advanced notification of illness or injury – when possible.

B. To the Athlete

Being a member of a Loudoun County Public Schools athletic team is the fulfillment of a goal. The attainment of this goal carries with it certain traditions and responsibilities that must be maintained. A great athletic tradition is not built overnight; it takes the hard work of many people over many years. As a member of an interscholastic squad of your high school, you have inherited a wonderful tradition: a tradition to win with honor. You are challenged to uphold this tradition and to bring honor to our athletes, our school, and our community.

It will not be easy to contribute to such a great athletic tradition. When you wear the colors of your school, we agree that you understand our traditions, and are willing to accept the responsibilities that go with them.

1. RESPONSIBILITIES TO YOURSELF: These important responsibilities are to broaden yourself and to develop strength of character. You owe it to yourself to get the greatest possible good from your high school experiences. Your academic studies and your participation in other extracurricular activities, as well as in sports, prepare you for your life as an adult.
2. RESPONSIBILITIES TO YOUR SCHOOL: Another responsibility you assume as a squad member is to maintain the reputation of your school. Your high school cannot maintain its position as having an outstanding school unless you represent it well. Athletes are required to attend all practices and games except as noted on page 17, Section VI, c.

By participating in athletics to the maximum of your ability, you are contributing to the reputation of your school. You assume a leadership role when you are on the athletic squad. The student body and citizens of the community know you. You are on stage; the spotlight is on you. The student body, the community and other communities judge our school by your conduct and attitudes, both on and off the field. Because of this leadership role, you can contribute greatly to positive school spirit and community pride. Make Loudoun County Public Schools proud of you, and your community proud of your school, by representing them well through positive performance and high character.

3. RESPONSIBILITIES TO OTHERS: When you have met all the training rules, have practiced to the best of your ability every day, and have given your best effort in the game, you have your self-respect, and your family can be justly proud of you. The younger students in Loudoun County Public Schools are watching you. They will copy you in many ways. Do not do anything to let them down. Set good examples for them.
C. Additional Athletic Goals

The student athlete shall learn:

1. To work with others – In society a person must develop self-discipline, respect for authority, and the spirit of hard work and sacrifice. The team and its objectives must be placed higher than personal desires.

2. To be successful - Society is very competitive. Learning to accept defeat comes by striving to win with earnest dedication and developing a desire to excel.

3. To develop sportsmanship - Accepting defeat with grace and dignity, a person learns to treat others as he/she would like to be treated. Through participation in athletics, a student may develop desirable social traits, including emotional control, honesty, cooperation and dependability.

4. To improve - Setting a goal and working to achieve is a characteristic of good citizenship. An athlete should establish personal goals to enhance skills and works to meet them.

5. To enjoy athletics - Athletes must enjoy participation, acknowledge all of the personal rewards to be derived from athletics, and give sufficiently of themselves to preserve and improve the school's sports program.

6. To develop desirable personal health habits - To be an active, contributing citizen, it is important to obtain a high degree of physical fitness through exercise and good health habits and to develop the desire to maintain this level of physical fitness after formal competition has been completed. Physically and mentally fit individuals are better able to contribute to society.

II. GOVERNANCES

A. The Virginia High School League

All Loudoun County schools are voluntary members of the Virginia High School League and compete with member schools. As a member school district, the secondary schools of Loudoun County agree to abide by and enforce all rules and regulations promulgated by the League.

The primary role of the Virginia High School League is to maintain rules and regulations that ensure equity in competition for the student athletes and a balance with other educational programs.

B. The National Federation of State High School Associations

The National Federation consists of the fifty individual state high school athletic and/or activities associations. The purposes of the Federation are to serve, protect and enhance the interstate activity interests of the high schools belonging to state associations; to assist in those activities of the state associations which can best be operated on a nationwide scale; to sponsor meetings, publications

and activities which will permit each state association to profit by the experience of all other member associations; and to coordinate the work to minimize duplication.
C. The Athletic District/Conference

Loudoun County Schools are members of the Cedar Run, Dulles and Potomac Districts for regular season competition. Post-season tournaments are governed by the VHSL district format. The districts were established for the primary purpose of promoting selected interscholastic activities among member schools.

These districts were established to encourage member schools to improve their co-curricular program in athletics. These district memberships facilitate the arranging of schedules, equalizing competition, and conducting district meets, and determining championships. The districts provide Loudoun County Public Schools the opportunity for competition without excessive travel and with schools of similar size and athletic philosophy.

Member schools are:

DULLES DISTRICT:
Region 4C
Broad Run HS
Dominion HS
Heritage HS
Independence HS
Loudoun County HS
Loudoun Valley HS
Park View HS
Tuscarora HS

POTOMAC DISTRICT:
Region 5C
Briar Woods HS
Freedom HS
Potomac Falls HS
Riverside HS
Rock Ridge HS Stone
Bridge HS
Woodgrove HS

CEDAR RUN DISTRICT
Region 6C
John Champe HS

III. STUDENT REQUIREMENTS FOR PARTICIPATION

A. Physical Examination

A yearly physical examination is required. The VHSL physical form must be completed by the physician and submitted to the athletic department prior to participation in any VHSL athletic program or Tier 3 Activity. The physical covers all sports for the entire school year provided the examination occurred after May 1 of the preceding season. A physical is required for all in-season and out-of-season sport-specific activities. This form will be on file in the athletic office.

B. Emergency Medical Authorization Card

Each athlete’s parent or guardian shall complete an Emergency Medical Authorization Card giving permission for treatment by a physician or hospital when the parent(s) are not available. The card will be available at all practices and contests.

C. Parental Acknowledgment of Participation Rules and Guidelines

Each parent or guardian shall read the training rules form and certify that they understand the athletic eligibility rules and policies of the school district, based upon the contents within the Student activities Handbook, which is available online or on request in hard copy. The signed document must be submitted to the activity sponsor or coach prior to participating in the activity. Refusal to sign the form will result in student’s ineligibility to participate. See Appendix A for a copy of this form.
D. Insurance Bulletin

The school district does not carry insurance to cover student athletic injuries. Parents must sign an acknowledgment form stating they have purchased “Student Accident Insurance” for their athlete or possess a family insurance plan and have signed the insurance notification form.

E. LCPS Concussion Guidelines for Parents and Athletes (signature required)

An information sheet regarding concussions, their long-term and short-term effects and permission to use the Impact Test will be provided by LCPS. The student athlete and a parent/guardian shall read this material and sign the form, stating that they understand the dangers of concussions and the treatment plan that will be followed by our Athletic Trainers. See appendix G for treatment plan and signature page.

F. Risk of Participation

All students and parents must realize the risk of serious injury, which may be a result of participation in various school activities. Loudoun County Public Schools will use the following safeguards to make every effort to eliminate injury:

1. A mandatory parent/athlete meeting prior to the first contest of the season to explain fully the athletic policies and to advise, caution, and warn parents/athletes of the potential for injury
2. A continuing education program for coaches to learn the most up-to-date techniques and skills to be taught in their sport

G. Financial Obligations and Equipment

1. Uniforms - In general, uniforms are provided to all athletes. However, in some cases the athletes must purchase certain items. Such items become the personal property of the student.
2. Equipment - All athletes are responsible for the proper care and security of equipment issued to them. School-furnished equipment is to be worn only for contests and practice. Students must pay for all equipment not returned in good condition at the end of the season.

3. LCPS will furnish NOCSAE (National Operating Committee on Standards for Athletic Equipment) approved helmets for football, lacrosse, baseball and softball. All helmets are inspected for safety. You must get prior approval from the athletic department to purchase and use your own helmet. The helmet must be re-certified each year with the other school issued helmets.

4. Athletic Fee – Each student athlete will be required to pay a fee of $150 for each high school team of which he/she is a member. This fee must be paid prior to the first official contest in order for the student to participate.
   - Those students who have qualified for free or reduced lunch will be exempt from this fee.
   - Tier 3 athletes will not be assessed this fee.

**H. Eligibility of Athletes**

In order for a student to participate on a Loudoun County Public School athletic team, each athlete must have satisfied all of the scholastic eligibility requirements listed below prior to participation.

1. For the first semester, the student must be currently enrolled in not fewer than five subjects, or their equivalent, offered for credit and which may be used for graduation, and have passed five subjects, or their equivalent, offered for credit and which may be used for graduation the immediately preceding year of the immediately preceding semester for schools that certify credit on a semester basis.

2. For the second semester, the student must be currently enrolled in not fewer than five subjects, or their equivalent, offered for credit and which may be used for graduation, and have passed five subjects, or their equivalent, offered for credit and which may be used for graduation the immediately preceding semester.
3. Cannot receive money or awards for playing,
4. Cannot sign a contract to play professional sports while they still maintain high school eligibility,
5. Cannot be 19 on or before August 1st of the current year,
6. Must not have more than a total of eight consecutive semesters of eligibility after he/she enters the 9th grade for the first time,
7. Must abide by the school training rules,
8. May not repeat courses for eligibility purposes for which credit has been previously awarded
9. In order to participate in an activity or practice on any given day, a student must report to school by no later than 15 minutes after the first bell to begin the school day, and must remain in school that entire day. Exceptions may be made for doctor or dental appointments or reasons excused by the principal. (A doctor/dental note is required for this exception.)
10. Eighth grade students who become 14 years of age on or before August 1st are eligible for sub-varsity athletics (including pre-season and post-season conditioning programs) at the high school they would attend. All other 8th graders become eligible upon meeting requirements for promotion to the 9th grade.
11. Any student that is academically ineligible for the winter sports tryouts will remain ineligible for the entire winter season.
12. Any student granted special permission must meet the criteria specified on page 4 of this handbook.
I. 2019-2020 OFFICIAL START DATES FOR TRYOUTS

<table>
<thead>
<tr>
<th>Fall Sports</th>
<th>Winter Sports</th>
<th>Spring Sports</th>
</tr>
</thead>
<tbody>
<tr>
<td>Monday, August 5</td>
<td>Monday, November 11</td>
<td>Monday, February 24</td>
</tr>
<tr>
<td>Cheerleading</td>
<td>Boys Basketball/Girls Basketball</td>
<td>Baseball (Boys)</td>
</tr>
<tr>
<td>Football</td>
<td>Swimming</td>
<td>Boys Soccer/Girls Soccer</td>
</tr>
<tr>
<td>Boys and Girls Cross Country</td>
<td>Cheerleading</td>
<td>Softball (Girls)</td>
</tr>
<tr>
<td>Girls Volleyball</td>
<td>Gymnastics</td>
<td>Boys Tennis/Girls Tennis</td>
</tr>
<tr>
<td>Golf</td>
<td>Wrestling</td>
<td>Boys Track/Girls Track</td>
</tr>
<tr>
<td>Field Hockey</td>
<td>Indoor Track (Tier 2)</td>
<td>Boys Lacrosse/Girls Lacrosse</td>
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<tr>
<td></td>
<td></td>
<td>Rowing (Crew) – Tier 3</td>
</tr>
</tbody>
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IV. ATHLETIC CODES OF CONDUCT

A. General Conduct of Athletes

A firm and fair policy of enforcement is necessary to uphold the regulations and standards of the athletic department. The community, school administrators and the coaching staff feel strongly that high standards of conduct and citizenship are essential in maintaining a sound program of athletics. The welfare of the student is our major consideration and transcends any other consideration.

All athletes shall abide by a code of ethics, which will earn them the honor and respect that participation and competition in the interscholastic program affords. Any conduct that results in dishonor to the athlete, the team or the school will not be tolerated. Acts of unacceptable conduct, such as, but not limited to theft, vandalism, disrespect, immorality, violations of law, use of racial epithets or discriminatory remarks of any kind tarnish the reputation of everyone associated with the athletic programs and will not be tolerated.

B. Hazing

All athletes shall understand the definition of hazing, refrain from involvement in hazing, and report any incidents to the coach and Athletic Director immediately.

Hazing means to recklessly or intentionally endanger the health or safety of a student or to inflict bodily injury on a student in connection with or for the purpose of initiation, admission into or affiliation with, or as a condition for continued membership in a club, organization, association, fraternity, sorority or student body regardless of whether the student so endangered or injured participated voluntarily in the relevant activity. Section 18.2-56 of the Code of Virginia prohibits hazing and imposes Class 1 misdemeanor penalty for anyone found guilty of this violation.

The following are examples of conduct which constitutes hazing. This list is not meant to be exhaustive or to limit the school’s ability to discipline any conduct that it determines to be inappropriate.
1. Subtle hazing includes initiations and the like which manipulate, coerce, or in other respects seek to deny the rights of the individuals. Typically, this involves psychological pressures on an individual to agree to certain action in order to be more fully accepted, whether or not performance of this action has any bearing on actual membership status.

2. Harassment hazing involves actions that cause mental anguish or physical discomfort. Typically, this involves persistent physical or verbal actions which threaten, irritate, demean, or inflict pain.

3. Hazardous hazing includes action, which endangers life, or mental health, which have the potential of causing bodily injury or which subject a person to severe mental stress.

The following list is provided for the purposes of clarifying what actions constitute an act of hazing. Hazing includes, but is not limited to, the following:

1. Assigning pranks such as stealing, painting objects, harassing another group or club.
2. Modifying one’s appearance such as partial or total haircuts, shaving of eyebrows, tattoos, and drawing on skin with magic markers.
3. Engaging in public stunts and buffoonery.
4. Consumption of undesired foods or liquids.
5. Apparel which embarrasses or which is lewd.
6. Playing games where the loser must perform some humiliating action.
7. Agreeing to do demeaning tasks for others (servitude).

**C. Individual Coach’s or Sponsor Rules**

Coaches or sponsors may establish additional rules and regulations with the approval of the athletic director or principal for their respective sports or activities. These rules pertaining to a particular sport or activity must be given by the coach or sponsor in writing to all members and explained fully at the start of the season or event. Penalties for violation of team rules will also be in writing and shall be administered by the coach. Copies of all additional team rules by coaches or sponsors are on file by the coaches or sponsors.

**D. Disciplinary Report during the Activity Season**

Parents are required to pursue issues involving activities within the appropriate administrative channels. The first point of contact in such matters should be the coach or sponsor followed, if necessary, by the Athletic Director or Assistant Principal.

The head coach or sponsor, in each activity, must keep a notebook of disciplinary actions taken (if any) on each athlete during the course of the season. The purpose of this notebook is to provide the Athletic Director or Assistant Principal with times, dates, and the nature of problems. This data can be used as supporting documentation should it become necessary to recommend an student’s suspension or dismissal.

a. Anytime during the course of an activity season when a student’s behavior reaches a point of formal discipline short of dismissal from the team or group, the coach or sponsor must make telephone contact with the parent and notify the Athletic Director or Assistant Principal. If telephone contact cannot be made, a letter must be sent to the parent with a copy to the athletic director or Assistant Principal.

b. In the event that it becomes necessary to dismiss a student from a team or group, the following procedures are to be followed:
The coach or sponsor will communicate with the Athletic Director or Assistant Principal to give the reason for recommending the student’s dismissal from the team, with the exception of activity rule violations which will be investigated directly by the Athletic Director or his/her designee or Assistant Principal.

The Athletic Director or Assistant Principal will inform the student, explain the charges, and hear the student’s response to the charges. The Athletic Director or his/her designee or Assistant Principal may take a written statement from the student.

The Athletic Director or his/her designee or Assistant Principal will make contact with the parent.

The Athletic Director or Assistant Principal will then make a decision. If the student is to be dismissed, the student and the parents will be notified in writing.

The parent(s)/guardian or the student, if 18 years or older, may request a review, by the principal, of the decision of the Athletic Director or Assistant Principal within five (5) business days. The request for review will require the following:

1. The written request must be presented to the principal within five (5) business days of the initial ruling.
2. The principal shall render a decision in writing within five (5) business days, to the student and his/her parents or guardian and this decision is final.

In the event that the athletic director is unavailable and circumstances warrant prompt action on a recommendation for dismissal of an athlete, the Principal shall assign an Assistant Principal or the Assistant Athletic Director to be the designee for the Athletic Director. The point of authority for disciplinary actions is indicated in School Board Policy 8205. Exclusion of students from participation in activities must adhere to School Board Policy 8350.
V. BASIC ATHLETIC DEPARTMENT POLICIES

A. Participation

An athlete may participate in only one school sponsored sport per season.

B. Equipment

School equipment checked out by the student/athlete is his/her responsibility. He/she is expected to keep it clean and in good condition. Loss of any equipment is the athlete’s financial obligation.

C. Attendance/Missing Practice and/or Game

Each school will follow established Loudoun County Public Schools team rules regarding practice schedules and excused and unexcused absences from practice. Students are expected to abide by these rules established for each team and are required to attend all practices and games. In order to participate in an activity or practice on any given day, a student must report to school by no later than 15 minutes after the first bell to begin the school day, and must remain in school that entire day. Exceptions may be made for doctor or dental appointments or reasons excused by the principal. (A doctor/dental note is required for this exception.) At the time of notification, a determination will be made as to whether the absence will be considered excused or unexcused, based on the reason for the absence. Unexcused absences 1-3 may result in possible disciplinary action, as deemed appropriate by the coach or the Athletic Director. On the 4th unexcused absence, an athlete may be dismissed from the team.

D. Conflicts with Extracurricular Activities

The athletic department recognizes that each student should have the opportunity for a broad range of experiences in the area of extracurricular activities and, to this end, will attempt to schedule events in a manner that minimizes conflicts.

An individual student who attempts to participate in several extracurricular activities will, undoubtedly, be in a position of a conflict of obligations.

Students have the responsibility to reduce the likelihood of frequent conflicts by being cautious about joining too many organizations. If it becomes obvious that a student cannot fulfill the obligation of a school activity, he/she should withdraw from that activity.

When a conflict arises, the student must contact the sponsors/coaches who will attempt to work out a solution. If a solution between the sponsor/coach cannot be found, the matter will be referred to the Principal who will make the decision based on the following considerations:

1. The relative importance of each event to the school
2. The importance of each event to the student
3. The relative contribution the student can make
4. When each event was scheduled
5. Input from parents
Once the decision has been made and the student has followed that decision, he/she will not be penalized in any way by either faculty sponsor/coach.

**E. Vacation Policy**

It is the expectation of the athletic department that athletes make a commitment to a team when they tryout.

Athletes are required to attend all practices/games. vacations by athletic team members during a sport season are discouraged and each day missed may be considered an unexcused absence.

**F. DESIGNATED NON-PRACTICE AND/OR NON-PLAY DATES**

(This includes any off-season practices, conditioning or weight lifting)

**Designated non-practice/play dates for 2019-2020:**

| November 27 | December 24 | April 9 |
| November 28 | December 25 | April 10 |
| January 1   | April 11    |         |

Designated non-play dates for 2019-2020: (Practices may be held) September 30th and October 9th

Designated non-play dates after 6:00 pm for 2019-2020: (Practices may be held) October 8th

**Spring Break Special Exception Rule:**

LCPS varsity athletic teams may participate in tournaments and invitationals through the entirety of spring break week. The tournaments and invitationals must be held outside of Loudoun County. Athlete attendance Thursday, Friday, and Saturday is voluntary.

No Sunday practices will be held.

Athletes should be prepared to practice/play on all other holidays/teacher workdays. An athlete must always consult his/her coach before missing a practice or game.

**G. Travel for Activities and Competitions**

At no time will students participating in school sponsored activities be transported to or from events in private cars unless prior arrangements have been made. Students may ride home from events with their parents/guardians. The parent/guardian and student must tell the coach, director or sponsor, in person, when they are leaving. Students may ride with the parents of another student, pending approval by the school administration, along with written documentation of permission by their parent(s).

If at all possible, one coach, director, sponsor, or chaperone should be in the front of the bus and one in the rear to alleviate any problems. The coach, director, sponsor, or chaperone should have students remove all trash, etc. off the bus at the conclusion of the trip.
The bus driver has the authority to maintain proper discipline while on the bus. Additionally, the bus driver makes the final decision on route of travel, and is responsible for assuring all transportation procedures are followed.

1. Students will remain with their group and under the supervision of the coach, director, sponsor, or chaperone when attending away events.
2. Students that miss the bus will not be allowed to participate in the contest unless there are extenuating circumstances.
3. All regular school bus rules will be followed.

H. College Recruitment Policy

1. Selecting a college and making career plans are two of the most important decisions to be made by high school student-athletes and their parents. The student-athlete and his/her parents must mitigate the efforts, assert themselves, and work primarily on their own behalf.
2. In the event a college recruiter should contact an athlete personally, he/she has an obligation to work through his/her coach and the athletic department. The coach should be informed of such a contact as soon as possible. College recruitment information is available in the athletic office. NCAA standards are available in the athletic director’s office.
3. Since 1994-95, students must go through the NCAA Eligibility Center. Applications for this process are located in the guidance office or may be processed online at www.ncaaclearinghouse.net.
4. NCAA eligibility requirements have changed for the graduating class of 2016 (9th graders entering the 2012-2013 school year). For the most recent eligibility information, go to www.2point3.org.

I. Release from Class

Students must see their teacher the day before the classes they will miss because of participation in a school sponsored activity. All work shall be made up at the convenience of the teacher.

J. Grooming and Dress Policy

A member of a school sponsored activity is expected to be well groomed. Appearance, expression and actions always influence people’s opinions of students, the group, and the school. Once a member of a group, the student has made a choice to uphold certain standards expected as a member of the activity in this community.

K. Squad Selection and Cutting Policies

Choosing the members of athletic squads is the sole responsibility of the coaches of those squads.

Prior to trying out, the coach shall provide the following information to all candidates for the team: dates of try-out period, criteria used to select the team, practice commitment for the team members, and game commitments. When a squad cut becomes necessary, all coaches must conduct a minimum of three (3) days of tryouts, beginning no earlier than the first allowable tryout date stated in the Virginia High School League Handbook. It is the responsibility of each candidate to attend each of these tryout days. All students trying out for the team will be informed by a letter if he/she did or did not make the squad. No cut list will be posted.
Coaches will discuss alternative possibilities for participation in the sport or other areas in the activities program.

If a student is cut from a team and it is less than 10 days from the first day of that season’s tryouts, he or she may join another sports program as long as cuts were not made in that program.

**L. Promotion to Varsity Squad**

Athletes on a sub-varsity squad may be moved up to the varsity squad for regular-season and post-season varsity games, pending approval by the Athletic Director.

**M. Reporting an Injury**

1. Students who suffer an injury should report that injury to their parent/guardian, coach, director, sponsor, chaperone, school nurse, and/or Athletic Trainer to be properly evaluated.

2. The Athletic Trainer will evaluate the injury and determine the appropriate treatment plan. Treatments may include: ice, heat, whirlpool, rehabilitation exercises, taping/bracing or rest.

3. Appropriate use of tape for injury care will be determined by the professional opinion of the Athletic Trainer. Tape will often be used as a supplemental treatment but it is not a quick fix. It may be recommended that the student-athlete purchase a brace for ongoing injury management and prevention.

4. If deemed necessary, the Athletic Trainer will contact the parent/guardian to express concern, answer any questions, or to recommend referral to a physician.

5. An attending physician, Athletic Trainer or parent/guardian may withhold a student-athlete from participation if it is considered to be in the best interest of the student-athlete’s health.

6. Student that are evaluated by a physician must have written clearance (Dr’s note) on file in the Athletic Training Office and/or School Nurse’s Office before they can return to participation. A copy of this note must be given to the Athletic Trainer or school nurse if it also applies to PE.

7. Injured student-athletes are expected to report daily to the Athletic Trainer to update their signs and symptoms and/or to be re-evaluated. The Athletic Trainer will determine the student-athlete’s playing status and if necessary, relay that information to the coaching staff.

8. Injured student-athletes are expected to continue prescribed rehabilitation exercises from the medical staff (ie. Physician, Physical Therapist or Athletic Trainer) to speed recovery or reduce the chance for re-injury.

**N. Skin Infections**

1. Student-athletes with a diagnosed skin infection must present written clearance to return to participation and infected area must be covered during practices and competition for 14 days.

2. Fungal infections, such as ringworm on the skin, requires a minimum of 72 hours for oral or topical treatment before return to participation is considered. Ringworm on the scalp requires a minimum of 14 days before returning to participation.

3. Bacterial infections, such as impetigo, requires oral antibiotics for a minimum of 72 hours without the development of new bacterial lesions. If new lesions continue to develop or drain after 72 hours Methicillin Resistant Staphylococcus Aureus (MRSA) should be considered.
4. Viral infections, such as herpes gladiatorum, will require oral antiviral treatments for a minimum of 10 days for a primary infection before return to participation is considered.

5. The culturing of lesions is recommended to differentiate between fungal, bacterial and viral causes.

O. Energy Drinks/Supplements

1. Students are prohibited from consuming energy drinks during participation in VHSL practices and competitions.

2. Energy drinks, such as Red Bull, Monster, or RockStar should not be consumed by student-athletes who are attempting to rehydrate.

3. Side effects of energy drinks include: elevated blood pressure and heart rate, shakiness, diarrhea, cramping, and dehydration.

4. The main concern of nutritional supplementation use is safety. Just because anyone can purchase them over-the-counter at places like GNC, and the labels read “All natural” does not mean they are safe.

5. Nutritional supplements are not considered drugs and therefore are not regulated by the Federal Drug Administration (FDA). There has been very little research on the potential side effects and interactions with other medications or supplements.

6. Although research suggests that some supplements may enhance physical performance such supplementation should only compliment a well-balanced healthy diet, not substitute for one. Buyers beware!
P. Emergency Medications

1. Students are responsible for having their emergency medications, such as asthma inhalers, epi-pens, and diabetic supplies within their reach at all times. Must submit form for authorization for medication administration. It is recommended that the student-athletes have duplicate medications exclusively for athletic use.

Q. Oxygen Use in Emergency Situations

The LCPS Athletic Trainers are licensed and authorized to possess and use supplemental oxygen in the case of emergency medical situations with the following conditions:

1. Must have a written standing order signed by a physician.
2. Must have a written protocol included in their Emergency Action Plan.
3. May only be used on student athletes.
4. Must notify parents that oxygen may be utilized and allow them to opt out.
5. If oxygen is going to be used:
   a. Notify school nurse if during normal school hours, or
   b. Notify EMS if outside school hours or a school nurse cannot be contacted
6. Activate EMS if a Student-Athlete’s injury or illness suggests the possibility of hypoxia or respiratory distress. (ie. shortness of breath, cyanosis, anxiousness, confusion, combativeness, drowsiness, excessive perspiration and inability to lie down or speak in full sentences).
7. The LCPS Athletic Trainer should initiate pulse oximetry and if the Student-Athlete’s blood oxygen saturation (SpO2) level is below 94%, supplemental oxygen therapy should be initiated.
8. High flow oxygen therapy should be administered at 15 liters per minute with a non-rebreather face mask.
9. Utilize continuous SpO2 monitoring with pulse oximetry. Oxygen flow should be moderated to achieve a target SpO2 level of 94-99%.
10. Monitor the Student-Athlete with AED present, and metabolic complications such as Exertional Sickling and Rhabdomyolysis.
11. When not in use, the oxygen cylinder tank should be stored in a high impact case or padded duffle back and locked in a secure cabinet that is properly marked with Hazardous Material and No Smoking signs for fire department safety.

Oxygen therapy should not be given to Student-Athletes with lung damage such as emphysema and pulmonary fibrosis, those suffering from Paraquat poisoning, or those with any other contraindication to oxygen use. Oxygen should also not be administered to infants.

R. Use of Electrical Modalities

1. The LCPS Athletic Trainers, under a written, standing order signed by a physician, are licensed and authorized to possess and use the following electrical modalities: Transcutaneous Electrical Nerve Stimulation (TENS), Electrical Stimulation (E-Stim), Therapeutic Ultrasound (US), and Compression Unit, for treatment and rehabilitation of sport related musculoskeletal injuries for LCPS student-athletes. The LCPS Athletic Trainers must also have a written and signed Parental Consent Form on file.
S. Lightning Guidelines

1. All students, coaches, directors, officials, sponsors and spectators will be asked to seek immediate shelter based on the presence of lightning or thunder. This will be monitored by the Athletic Trainer, coaches, directors, and/or by School Administration. Practice and games may resume with permission from the Athletic Trainer or School Administration when 30 minutes have passed since the last detected lightning strike or sound of thunder.

T. Concussion Guidelines

1. See Appendix G.

U. Weather Guidelines for Extreme Heat or Cold

1. See Appendix H and I.

V. Locker Room Regulations

1. Roughhousing and throwing towels or other objects are not allowed in the locker room. Hazing of other players is not allowed.

2. All showers must be turned off. The last person to leave the shower room is expected to check all showers.
3. No one except coaches and assigned players are allowed in the locker room.
4. No glass containers are permitted in locker rooms.
5. All spiked or cleated shoes must be put on and taken off outside of the locker room in extreme or muddy weather conditions. No metal or hard plastic spikes or cleats are allowed in any other part of the school building.
6. Athletes are required to secure their own personal items. Incidents of theft should be reported to the Athletic Director and the school will conduct an investigation.

W. Weight Room Regulations

1. Shirts and shoes are required at all times. Tank tops are acceptable.
2. No student is to be alone in the weight room.
3. All students must be under the supervision of the instructor or coach
4. Lifters must work with a partner.
5. All weights must be replaced on racks immediately following use.
6. All students must work with the instructor to determine personal limits.
7. Lifts must be done correctly. It is better to use lighter weights for correct lifting than heavier weights and run the risk of injury.
8. Proper stretching exercises are used for warm-up.
9. No student may chew gum or eat candy while lifting.
10. No food or drinks are allowed inside weight room.
11. Horseplay and profanity are prohibited.
12. Equipment must not be abused. Any equipment that is broken must be reported to the Athletic Director immediately.
13. Eighth graders are allowed to participate in the high school pre-season or post-season program activities, provided they meet the LCPS age requirement. All other 8th graders become eligible upon meeting requirements for promotion to the 9th grade.

VI. ATHLETIC AWARDS POLICY

Requirements for earning a letter have been established. Athletes are to be informed of these requirements prior to the season. These requirements will add more meaning and significance to earning a letter and prevent many problems that arise after the awards program.

Special athletic awards may be given to those teams who win their district championship, regional championship, and/or state championship. The coach and the athletic director will determine the type of award.

A. Varsity Letter Requirements

The varsity award shall be presented to an athlete who satisfies the participation requirements, completes all team obligations and receives the recommendation of the coach.
B. Lettering Criteria That Pertain to All Sports

1. An athlete who moves from one level of competition to another will letter at the level of the highest competition, provided the athlete has met lettering requirements.

2. A coach will have the prerogative to award a letter to a senior who has not met the seasonal requirements.

3. Any athlete who was a starter or played regularly and was thereafter injured may be awarded a letter, if in the coach’s judgment, he/she would have met the lettering requirements.

4. The athlete must complete the season in good standing with the school and coach.

5. Athletes are required to attend all practices unless there is an excused absence approved by the coach. The athlete must finish the season as a team member in good standing.

6. Athletes should realize that they are representing their school and community and shall conduct themselves in such a manner that they are an asset to the school and community.

7. Adherence to all training rules is required.

C. Specific Criteria in Meeting the Requirements for a Letter

1. Football – Play in ½ of all Varsity regular season contests and must finish the season as a team member in good standing.

2. Basketball – Play in ½ of all Varsity regular season contests and must finish the season as a team member in good standing.

3. Volleyball – Play in ½ of all Varsity regular season contests and must finish the season as a team member in good standing.

4. Soccer – Play in ½ of all Varsity regular season contests and must finish the season as a team member in good standing.

5. Baseball – Play in ½ of all Varsity regular season contests or 1/3 of all Varsity regular season contests if a pitcher only and must finish the season as a team member in good standing.

6. Softball – Play in ½ of all Varsity regular season contests or 1/3 of all Varsity regular season contests if a pitcher only and must finish the season as a team member in good standing.

7. Lacrosse – Play in ½ of all Varsity regular season contests and must finish the season as a team member in good standing.

8. Cheerleading – Make the Varsity Squad and finish the season as a team member in good standing.

9. Field Hockey – Play in ½ of all Varsity regular season contests and must finish the season as a team member in good standing.

D. Team/Individual Sports:

1. Cross Country – Finish in the top 10 for your school in ½ of all Varsity regular season meets or qualify for the Conference Tournament and must finish the season as a member in good standing.

2. Wrestling – Compete in ½ of all regular Varsity matches or qualify for the Conference Tournament and must finish the season as a member in good standing.

3. Track – Score team point(s) in ½ of all Regular season Varsity meets or qualify for the Conference Tournament and must finish the season as a member in good standing.
4. Golf – Compete in ½ of all Varsity regular season matches as a member of the top 6 or qualify for the Conference Tournament and must finish the season as a member in good standing.

5. Tennis – Compete in ½ of all Varsity regular season matches as a member of the top 6 singles or the top 3 doubles or qualify for the Conference Tournament and must finish the season as a member in good standing.

6. Gymnastics – Compete in ½ of all Varsity regular season meets or qualify for the Conference Tournament and must finish the season as a member in good standing.

7. Swim – Compete in ½ of all Varsity regular season meets and finish in the top 2 for your school or qualify for the Conference Tournament and must finish the season as a member in good standing.

E. Special Situations

1. Manager--Be present at all practices and games and must fulfill the duties assigned by the coach.

2. Two Years in Same Sport--Any athlete, who has participated in the same sport during his 11th and 12th grades and did not meet the specific requirements for a letter, may be recommended for a letter by his coach.

3. At times, cases will arise which must be decided on the basis of extenuating circumstances. In such cases, the coach may recommend that a letter may be awarded.

4. The student athlete must be a member in good standing with the team through the end of the last official contest.

VII. STUDENT PARTICIPATION RULES AND GUIDELINES

A. General Information

1. Rules and guidelines are available in the main office ,student activity handbook, and on the LCPS athletic webpage.

2. Rules and guidelines apply to any students participating in school interscholastic, co-curricular, and extra-curricular activities.

3. Loudoun County Public Schools are eager to have parents of students know the regulations governing their son’s or daughter’s participation of these activities. All interscholastic athletic teams will be required to have parents’ night programs for the following purposes:

   a. Introduction of the coaches or sponsors.

   b. Explanation of policies, regulations, and guidelines for a given activity by head coach or sponsor
APPENDIX A

LOUDOUN COUNTY PUBLIC SCHOOLS RULES AND REGULATIONS FOR STUDENTS PARTICIPATING IN STUDENT ACTIVITIES

1. All rules become effective for each activity season on the first day of participation through the last scheduled event for that season.

2. Decisions concerning a student’s eligibility to participate in student activities will be made by the local school administration subject to the governing rules and regulations of the organization overseeing the activity such as the Virginia High School League Rules and Regulations, Virginia Music Educators Association, DECCA, Fellowship of Christian Athletes, etc.

3. All students are to abide by all school rules for student conduct; they are to conduct themselves at all times in a manner that brings credit to themselves as students and as representatives of Loudoun County Public Schools.

4. The student and/or parents/guardians MUST REPORT all injuries to the coach, director, sponsor or Athletic Trainer immediately upon occurrence.

5. Students must travel to and from contests with their team/group, unless prior approval is given by the coach, director, sponsor or local school administration.

6. All students are expected to abide by the rules established by Loudoun County Public Schools regarding practice schedules or related activities and excused and unexcused absences from practice or related activities.

7. Any student who is participating in a co-curricular or extra-curricular activity and who becomes involved in a situation, which is detrimental to the team, band, ensemble, cast, club and/or school, can expect disciplinary action, in accordance with school rules for behavior of student, deemed appropriate by the coach, director or sponsor and/or local school administration.

8. In order to participate in an activity or practice on any given day, student must report to school by no later than 15 minutes after the first bell to begin the school day. and must remain in school that entire day. Exceptions may be made for doctor or dental appointments or reasons excused by the principal. (A doctor/dental note is required for this exception.)

9. Any student serving suspension or in-school restriction for violation of school rules will be ineligible to participate in a scheduled event on the day or days he/she is serving the punishment, including Saturdays and Sundays.

10. Any student who uses or possesses tobacco, electronic cigarettes, vapes, drugs, or alcohol while participating in interscholastic and/or co-curricular activities during the season will be ineligible to participate for 30 calendar days in competitions on the first violation. During the 30-days suspension from competitions, the student may attend practices and events (not in uniform at competitions) unless the student is suspended from school or otherwise declared ineligible to participate. A second violation would result in a 45-calendar day removal of the student from all activities or until the end of the season, whichever is longer. If the 45-calendar day suspension extends into the next season, the student may still have the opportunity to tryout and/or participate for the next season and will have to serve the remainder of the 45-calendar day suspension after the conclusion of the tryouts. A third violation would result in a 365-day suspension from all interscholastic, and co-curricular activities. Each incident is cumulative over the student’s career and is not rescinded at the end of each school year.
11. Any student may resign from an activity anytime before the final team, ensemble, cast, club or group is selected without sacrificing his or her availability to participate in any other activity during that designated season if the other activity has not made its final selections.

12. When a student resigns or is dismissed from a team, ensemble, cast, club or group after the first performance, game, match or meet, he or she will be ineligible to participate in other specific instructional team, ensemble, cast, club or group activities until the cast, team, or group from which he or she resigned or was dismissed has concluded all regular season activities. Students may attend weight-lifting sessions and conditioning open to the general school population.

13. A student may not participate in more than one sport per season.

Students and parents must sign and return this form to the coach, director or sponsor and should keep a copy for their records.

I have reviewed the Loudoun County Public School’s Student Activities Handbook online. I have read, understand and agree to abide by the Loudoun County Public School’s rules and regulations for students participating in high school activities. As the parent/guardian, I agree to cooperate with school officials in managing my child’s conduct while participating in all activities.

Student (Please print)

Student (Signature) Date Signed

Parent (Please print)

Parent (Signature) Date Signed

Revised: 5/1/18
Protective equipment distributed by LCPS should fit the participant and be free from cracks, tears or other defects. To ensure compliance, the following procedures are recommended:

1. All equipment should be inspected prior to distribution.
2. Athletic Directors/Coaches or others who distribute protective equipment should be given specific instructions from the manufacturer/distributor on the safe and proper method of fitting equipment.
3. When equipment is distributed your staff should document in writing the identification number of the piece of equipment issued to the student and that it is in good condition. Proper documentation includes the identification number, the student’s name, date issued and signature of the staff member who distributed the equipment.
4. Students should be notified not to modify any equipment. This warning can be read to the student when the equipment is issued and documented by noting in a log when warnings were read and who read them. NOTE: If a student modifies equipment and an injury occurs, the school can effectively demonstrate that it complied with its responsibilities.
5. Headgears for sports such as football, baseball, softball and lacrosse should be inspected to ensure that National Operating Committee on Standards for Athletic Equipment (NOCSAE) WARNINGS are visible and proper.
6. Ensure that the re-conditioner of headgears and other protective equipment is NOCSAE approved.
7. Follow the manufacturer’s suggested guidelines for proper installation, maintenance, inspections and repair.
8. Equipment should be checked occasionally during its use by the student to be sure it continues to be safe and useable.
9. Equipment may be issued to student athletic team candidates for use in attending specialized sports camps. Please utilize the following Athletic Equipment Loan Acknowledgement form.
ATHLETIC EQUIPMENT LOAN ACKNOWLEDGEMENT

Dear Parent or Guardian:

Your child has expressed a desire to participate in an extracurricular independent sports camp outside the auspices and supervision of Loudoun County Public Schools. Your child has further expressed the need to utilize school owned protective equipment in order to participate in the independent sports camp.

There are inherent risks of injury in sports activities including death, serious neck and spinal injuries (i.e. paralysis or brain damage) and serious injury or impairment to other aspects of the student’s body, general health, or well-being. Loudoun County Public Schools will not be responsible for any liability or injury to the student as a result of the use of school owned sports protective equipment.

Furthermore, school owned equipment issued to your child for participation is his or her responsibility. The equipment must not be altered or modified and must be returned promptly upon request. Reimbursement from the student will be expected for loss or destruction of equipment beyond ordinary wear and tear.

Please sign below acknowledging your understanding of the risks involved with participation and the athletic equipment loan agreement. We hope your child will have a safe, successful and rewarding athletic experience.

<table>
<thead>
<tr>
<th>Student’s Name &amp; Address:</th>
<th>Date of Loan:</th>
<th>Expected Date of Return:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Type of Equipment:</td>
<td>Brand &amp; Identification #:</td>
<td></td>
</tr>
<tr>
<td>Equipment Condition:</td>
<td>❑ New ❑ Excellent ❑ Good</td>
<td></td>
</tr>
<tr>
<td>Was equipment inspected and fit properly for student?</td>
<td>❑ Yes</td>
<td>Initial here:</td>
</tr>
<tr>
<td>Warning Labels Visible on Equipment?</td>
<td>❑ Yes ❑ No</td>
<td></td>
</tr>
</tbody>
</table>

AGREEMENT TO UTILIZE LOUDOUN COUNTY PUBLIC SCHOOLS’ PROPERTY:

Athletic Equipment Loan Acknowledgement

I, ________________________________ (participant’s printed name) understand that there may be serious risks of injury involved in participation in various sports camps and agree to save and keep harmless Loudoun County Public Schools and all of its employees from and against any and all liability arising out of, or injury in any way connected with, the use of school owned sports equipment. I also agree to be responsible for any modification, damage, loss, or destruction to the loaned sports equipment.

Participant’s Signature Date Signed

Parent or Guardian Signature, if Minor Participant Date Signed
APPENDIX D

National Federation of State High School Associations (NFHS)
Sports Medicine Advisory Committee (SMAC)

POSITION STATEMENT ON ANABOLIC STEROIDS

EXISTING POLICIES/STANDS
The NFHS strongly opposes the use of anabolic, androgenic steroids (AAS) and other performance-enhancing substances by high school athletes. Such use violates legal, ethical and competitive equity standards, and imposes unacceptable long-term health risks. The NFHS supports prohibitions by educational institutions, amateur and professional organizations and governmental regulators on the use of anabolic steroids and other controlled substances, except as specifically prescribed by physicians for therapeutic purposes. Anabolic, androgenic steroids are prohibited by all sports governing organizations.

BACKGROUND
Anabolic, androgenic steroids are synthetic derivatives of the male hormone testosterone. Natural testosterone regulates, promotes and maintains physical and sexual development, primarily in boys and men, but with effects in girls and women as well. Like testosterone, AAS have both an anabolic effect (increase in muscle tissue) and an androgenic effect (masculinizing effects that boys experience during puberty). No AAS is purely anabolic. As a result, the use of AAS won’t lead to muscle growth without also leading to other unintended, undesirable side effects.

Androstenedione, nor androstenedione and other similar prohormones were available over the counter as dietary supplements just a few years ago. The regulation of these prohormones has changed and they are now defined as controlled anabolic steroids.

According to national surveys, the use of AAS among high school students has been decreasing since about 2001. There are no national studies that measure the extent of AAS use by high school students, although some states publish statewide prevalence data.

Nearly one-third of high-school age AAS users do not participate in organized athletics and are taking AAS primarily to modify their physical appearance. Athletes who use AAS do so for two main reasons: 1) to gain strength and 2) to recover more quickly from injury. AAS are controlled substances and are illegal to use or possess without a prescription from a physician to address a legitimate medical diagnosis. Medical uses of AAS include assisting weight gain in diseases such as HIV-infection and muscular dystrophy, absent gonadal function in men, and metastatic breast cancer in women. AAS should not be confused with corticosteroids which doctors prescribe for medical conditions such as asthma and inflammation.

POTENTIAL NEGATIVE SIDE EFFECTS FROM THE USE OF ANABOLIC, ANDROGENIC STEROIDS
- Decreased potential height, if used before growth plates have fused in pre-pubertal youngsters
- Secondary sex characteristic changes
- Increased acne
- Growth of body/facial hair in girls
- Loss of hair in boys
- Permanent voice-lowering in girls
- Violent, combative behavior
- Sexual dysfunction and impotence
- Mood swings, loss of sleep, paranoia
- Depression upon stopping use
- Organ damage and death from heavy use

**PREVENTING YOUNG ATHLETES FROM TAKING ANABOLIC, ANDROGENIC STEROIDS**
- School personnel, coaches and parents can reduce AAS abuse by speaking out against such use.
- Talk with your athletes about their concerns and frustrations related to how they look or how they are performing in their sport. Help your athletes establish and reinforce healthy and realistic expectations of their bodies and athletic performance.
- Have your athletes focus on proper nutrition and hydration. If possible, have your athletes work with a registered dietician to develop a plan for appropriate weight gain and/or weight loss.
- Emphasize to your athletes that they should not trust Internet marketing messages about quick fixes and enticing gains in athletic appearance or performance.
- Discourage your athletes’ access to environments where AAS use might occur and to people who are involved with AAS.
- Discourage your athletes from subscribing to or reading publications such as muscle magazines that depict unrealistic pictures of men and women.
- Help your athletes understand that using AAS not only is illegal but also is cheating.
- Consider initiating a formal performance-enhancing, drug-education program to educate your athletes and deter AAS use.

**References/Resources:**


Revised and Approved April 2012

**DISCLAIMER – NFHS Position Statements and Guidelines**
The NFHS regularly distributes position statements and guidelines to promote public awareness of certain health and safety-related issues. Such information is neither exhaustive nor necessarily applicable to all circumstances or individuals, and is no substitute for consultation with appropriate health-care professionals. Statutes, codes or environmental conditions may be relevant. NFHS position statements or guidelines should be considered in conjunction with other pertinent materials when taking action or planning care. The NFHS reserves the right to rescind or modify any such document at any time.
APPENDIX E

National Federation of State High School Associations (NFHS)
Sports Medicine Advisory Committee (SMAC)

POSITION STATEMENT AND RECOMMENDATIONS
FOR THE USE OF ENERGY DRINKS BY YOUNG ATHLETES

Background: Energy drinks have become increasingly popular among adolescents and young adults in recent years. In 2006, nearly 500 new brands were introduced to the market place, and over 7 million adolescents reported that they had consumed an energy drink. Estimated sales of energy drinks for 2011 are expected to exceed $9 billion. These beverages are particularly popular among young athletes who see the consumption of energy drinks as a quick and easy way to maximize athletic and academic performance.

The NFHS SMAC strongly recommends that:

1. Water and appropriate sports drinks should be used for rehydration as outlined in “NFHS Position Statement and Recommendations for Hydration to Minimize the Risk for Dehydration and Heat Illness.”
2. Energy drinks should not be used for hydration prior to, during, or after physical activity.
3. Information about the absence of benefit and the presence of potential risk associated with energy drinks should be widely shared among all individuals who interact with young athletes.
4. Athletes taking over the counter or prescription medications should not consume energy drinks without the approval of their primary care provider.

WARNING: The exact content and purity of energy drinks cannot be insured, as there are no regulatory controls over these products. Thus, there is the risk for adverse side-effects, potentially harmful interactions with prescription medications (particularly stimulant medications used to treat ADHD), or positive drug tests.

Frequently Asked Questions

What is an energy drink?

An energy drink is a beverage marketed to both athletes and the general public as a quick and easy means of relieving fatigue and improving performance. In addition to water, nearly all energy drinks contain carbohydrates and caffeine as their main ingredients. The carbohydrates provide nutrient energy while the caffeine acts as a stimulant to the central nervous system.

What are the differences between an energy drink and a sports drink?

Sports drinks are designed to provide re-hydration during or after athletic activity. While contents vary, most sports drinks contain a 6 to 8% carbohydrate solution and a mixture of electrolytes. The carbohydrate and electrolyte concentrations are formulated to allow maximal absorption of the fluid by the gastrointestinal tract.

Energy drinks often contain a higher concentration of carbohydrate (usually 8 to 11%), and thus a larger number of calories than sports drinks. They also contain high amounts of caffeine and, in some cases, other nutritional supplements. Energy drinks are not appropriate for re-hydrating athletes during physical activity and should not be used in such circumstances.
What ingredients are found in energy drinks?

**Carbohydrates**—Most energy drinks have from 18g to 25g of carbohydrate per 8 ounces. The high carbohydrate concentration can delay gastric emptying and impede absorption of fluid in the gastrointestinal tract.

**Caffeine**—Nearly all energy drinks contain some quantity of “natural” or synthetic caffeine. The caffeine concentration may range from the equivalent to an 8 ounce cup of coffee (85mg) to more than three times that amount.

**Herbs**—Many energy drinks include herbal forms of caffeine such as guarana seeds, kola nuts, and Yerba mate leaves, in addition to synthetic caffeine. The “performance enhancing” effects, safety, and health benefits of other herbs like Astragalus, Echinacea, Ginko biloba, ginseng, and countless others have not been well established by scientific studies.

**Vitamins**—Athletes with even reasonably good diets should be assured that they are at low risk for vitamin deficiency and typically do not need supplementation. There is no evidence to suggest that vitamin supplementation improves athletic performance. Female athletes may benefit from iron and calcium supplements; but, those are more easily and inexpensively obtained in pill form rather than from energy drinks.

**Proteins and amino acids**—Only a small amount of protein is used as fuel for exercise. Carbohydrates are utilized as the primary fuel source. To date, there is no definitive evidence that amino acid supplementation enhances athletic performance.

**Other ingredients**—With the hundreds of energy drink brands that are available, the potential ingredients which they may contain are virtually unlimited. Possible additions include pyruvate, creatine, carnitine, medium-chain triglycerides, taurine and even oxygen.

What are the possible negative effects of using energy drinks?

**Central nervous system**—Caffeine often has the effect of making a person feel “energized.” Studies have shown some performance-enhancing benefits from caffeine at doses of 6mg/kg of body weight. However, these and higher doses of caffeine may produce light headedness, tremors, impaired sleep, difficulty with fine motor control, and may exceed drug testing caffeine thresholds.

**Gastrointestinal system**—The high concentrations of carbohydrates often found in energy drinks may delay gastric emptying, resulting in a feeling of being bloated. Abdominal cramping may also occur. Both carbohydrates and caffeine in the high concentrations found in most energy drinks may cause diarrhea.

**Dehydration**—Energy drinks should not be used for pre- or re-hydration. The high carbohydrate concentration can delay gastric emptying and slow absorption from the gastrointestinal tract and may cause diarrhea. Caffeine can act as a diuretic and, therefore, may result in increased fluid loss.

**Positive drug tests**—Like all nutritional supplements, there is little or no regulatory oversight of energy drinks. The purity of the products cannot be assured and it is possible that they may contain substances banned by some sports organizations.
Consumption of energy drinks by adolescents and young adults has been linked to heart arrhythmia and liver problems.

Sales of certain energy drinks have been banned in Denmark, Turkey, Uruguay, Germany, and Austria. Some states in the U.S. have introduced legislation to restrict sales of energy drinks to adolescents and children. In September 2010, the Virginia High School League banned the use of energy drinks.

Recently, healthcare providers have voiced increasing concerns about the consumption of energy drinks in association with alcohol because of the interaction of the stimulant effects of energy drinks and the depressant effects of alcohol.

References:

Revised and Approved October 2011

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National Federation of State High School Associations (NFHS)
Sports Medicine Advisory Committee (SMAC)

SUPPLEMENTS POSITION STATEMENT

The NFHS Sports Medicine Advisory Committee (SMAC) strongly opposes the use of dietary supplements for the purpose of obtaining a competitive advantage. Research shows that there continues to be widespread use of dietary supplements by adolescent and high school athletes, despite considerable safety concerns. Dietary supplements are marketed as an easy way to enhance athletic performance, increase energy levels, lose weight, and feel better. Adolescents are more susceptible to peer pressure and these advertising messages, which may increase the incidence of dietary supplement usage and reinforce a culture more concerned about short-term performance rather than overall long-term athletic development and good health.

The Dietary Supplement Health and Education Act (DSHEA) of 1994 removes dietary supplements from pre-market regulation by the Food and Drug Administration (FDA). Under DSHEA, a manufacturing firm is responsible for determining that the dietary supplements it manufactures or distributes are safe and that any representations or claims made about them are substantiated by adequate evidence to show that they are not false or misleading. This essentially classifies dietary supplements as a food and not a drug, and as such, they are not subject to the same strict tests and regulations as prescription and “over-the-counter” medications by the FDA. Only the companies that produce dietary supplements are responsible for ensuring that their products are pure, safe and effective for their intended use. As the FDA has limited resources to analyze the composition of dietary supplements, there is often no guarantee concerning the true amount, concentration or purity of the ingredients as listed on the label. In fact, the FDA cannot remove a dietary supplement from the marketplace unless the supplement has been shown to be “unsafe.”

The NFHS SMAC strongly opposes the use of supplements by high school athletes for performance enhancement, due to the lack of published, reproducible scientific research documenting the benefits of their use and confirming no potential long-term adverse health effects with their use, particularly in the adolescent age group. Dietary supplements should be used only upon the advice of one’s health care provider for health-related reasons – not for the purpose of gaining a possible competitive advantage. School personnel and coaches should never recommend, endorse or encourage the use of any dietary supplement, drug, or medication for performance enhancement.

We recommend that coaches, athletic directors, and other school personnel develop strategies that address the prevalence and growing concerns of using dietary supplements. Such strategies may include conversations with athletes and their parents about the potential dangers of dietary supplement use. Athletes should be encouraged to pursue their athletic goals through hard work, appropriate rest and good nutrition, not unsubstantiated dietary shortcuts.

In order to discourage dietary supplement use for athletic performance:

- School personnel, coaches, and parents should allow for open discussion about dietary supplement use, and strongly encourage obtaining optimal nutrition through a well-balanced diet.
- Remind athletes that no supplement is harmless or free from consequences and that there are no short cuts to improve athletic performance.
- Because they are not strictly regulated, dietary supplements may contain impurities and banned substances not listed on the label.
References/Resources:


Revised and Approved April 2012

DISCLAIMER – NFHS Position Statements and Guidelines

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Loudoun County Public Schools
Division of Athletics

Concussions in High School Sports—LCPS Guidelines for Parents, Athletes, & Staff
IMPORTANT INFORMATION—READ CAREFULLY

Loudoun County Public Schools – Student Athlete Concussion Guidelines:
The Code of Virginia was amended to include Sections 22.1-271.5 and 22.1-271.6 directing Virginia school divisions to develop and distribute guidelines for policies dealing with concussions in student-athletes, and requiring LCPS to obtain written acknowledgment from students and parents of information regarding the identification and LCPS handling of suspected concussions in student athletes. This Guideline details the “Return To Play” and the “Return To Learn” protocols to be followed.

1. Concussion Facts:
   • A concussion is a brain injury caused by a bump, blow, or jolt to the head, face, neck, or body which results in a temporary disruption of normal brain function. A concussion occurs when the brain is violently rocked back and forth or twisted inside the skull. A student-athlete does not have to lose consciousness to suffer a concussion.
   • Concussions can occur in all sports, not just contact sports. All athletes are at risk. An athlete does not have to sustain a blow to the head to suffer a concussion.
   • A concussion may have multiple symptoms. Many symptoms appear immediately after the injury, while others may develop over the next several days or weeks.
   • Concussion symptoms may last from a few days to several months.
   • A concussion can affect a student-athlete’s ability to do schoolwork and other activities.
   • A student-athlete may return to light physical and cognitive while still having symptoms if supervised by an approved medical professional.
   • Concussions are treatable injuries. Most student-athletes who experience a concussion can recover completely as long as they do not return to play prematurely. The effects of repeated concussions can be cumulative, and after a concussion, there is a period in which the brain is particularly vulnerable to further injury. If a student-athlete sustains a second concussion during this period, the risk of permanent brain injury increases significantly and the consequences of a seemingly mild second concussion can be very severe, and even result in death (i.e., “Second Impact Syndrome”).

1. Concussion Signs and Symptoms:

<table>
<thead>
<tr>
<th>Headache</th>
<th>Visual Problems</th>
<th>Feeling mentally foggy</th>
<th>Irritability</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nausea</td>
<td>Fatigue/Feeling tired</td>
<td>Feeling slowed down</td>
<td>Sadness</td>
</tr>
<tr>
<td>Dizziness</td>
<td>Sensitivity to light/noise</td>
<td>Difficulty remembering</td>
<td>More emotional</td>
</tr>
<tr>
<td>Balance Problems</td>
<td>Numbness/Tingling</td>
<td>Difficulty concentrating</td>
<td>Nervousness</td>
</tr>
<tr>
<td>Disorientation</td>
<td>Dazed or confused</td>
<td>Personality changes</td>
<td>Memory issues</td>
</tr>
<tr>
<td>----------------------</td>
<td>-------------------</td>
<td>---------------------</td>
<td>--------------</td>
</tr>
<tr>
<td>Drowsiness</td>
<td>Sleeping less than usual</td>
<td>Sleeping more than usual</td>
<td>Trouble sleeping</td>
</tr>
</tbody>
</table>

2. Actions if a Student-Athlete Suffers a Suspected Concussion Event:

- Student-athlete shall be immediately removed from play, be it a game or practice and may not return to play or practice on that same day. Continuing to participate in physical activity after a concussion that same day can lead to worsening concussion symptoms, increased risk for further injury, and even a risk of death. **WHEN IN DOUBT, SIT THEM OUT.**
- Student-athlete or parent/guardian must contact the school Athletic Trainer within 24 hours and have a follow-up evaluation performed by an approved healthcare professional within 48 hours if possible.
- Student-athlete must be evaluated by an Approved Healthcare Professional and be cleared before returning to play or practice. The healthcare professional’s written diagnosis indicating the student-athlete’s status shall be provided to the Athletic Trainer for further clearance. Approved Healthcare Professionals include Certified Athletic Trainer (ATC) Medical Doctor (MD), Doctor of Osteopathic Medicine (DO), Physician Assistant (PA), Certified Nurse Practitioner (CNP), and/or Neuropsychologist.
- The student-athletes will be place in the appropriate RTL and RTP phase by the Athletic Trainer. They may gradually progress through some or all of the following phases in a step-wise fashion to allow the brain to re-adjust to cognitive and physical exertion. Referral to a concussion specialist may be recommended to a student-athlete when athletic trainer feels it is appropriate.

3. Post-Concussion Assessment and Neurocognitive Testing

- In an effort to provide for the safety of our student-athletes, LCPS offers the Immediate Post-Concussion Assessment and Cognitive Testing (ImPACT) program as a tool to assist in the evaluation and management of concussions. ImPACT is widely used and the most scientifically validated computerized concussion evaluation tool. Given the inherent difficulties in concussion management, it is important to manage concussions on an individualized basis and to perform baseline testing and/or post injury testing. This type of concussion assessment can help to objectively evaluate the concussed student-athlete’s post-injury condition and track recovery for appropriate return to learn and safe return to play, thus preventing the cumulative effects of concussion. The decision and timing for proper post-injury testing will be determined by the supervising athletic trainer. A “baseline” ImPACT evaluation is conducted by the LCPS athletic trainer with assistance from the coaches trained to administer baseline testing.
- The athletic trainer may also use tools such as a vestibular-ocular motor screening (VOMS), sideline evaluation (SACVNI, SCAT3, etc), thorough history and input from necessary stakeholders to get a better idea of extent of injury and course of action.

4. Behavioral Management Strategies- After the initial 24 hours following a concussion, the student-athlete should maintain a regulated schedule:

- **Diet:** Eat breakfast, lunch and dinner each day.
- **Hydration:** Stay well hydrated
- **Sleep:** Stick to a strict sleep schedule with a regular bedtime and wake-up time. It is generally recommended that student-athletes obtain 7-9 hours, with limited to no naps of no longer than 30 minutes.
- **Physical Activity:** It is recommended that the student-athlete take walks or ride a stationary bike following the injury.
5. What Must Be Done By Student Athletes, Parents, and Coaches?

- All parties must learn to recognize the “Signs and Symptoms” of concussion as listed above.

<table>
<thead>
<tr>
<th>RETURN TO LEARN</th>
<th>RETURN TO PLAY</th>
</tr>
</thead>
<tbody>
<tr>
<td>A student recovering from a brain injury shall gradually increase cognitive activities progressing through some or all of the following phases based on evaluation and input by parent/guardian, teachers, and school staff.</td>
<td>If symptoms occur during any of the following steps, the athlete must cease activity and be re-evaluated and cleared by his/her health care provider.</td>
</tr>
</tbody>
</table>

**Red: Home/Rest**
- No school
- Rest quietly, nap as needed, but stick to a regular sleep schedule
- Limit reading, computer use, texting, video games, etc. as tolerated
- Homework as tolerated
- Drink plenty of fluids and eat light protein snacks every 2-3 hours
- Light physical activity, like going outside for a short distance walk
- No strenuous activity

**Yellow: School full-time as tolerated with academic modifications and rest breaks as needed**
- Reduced workload/ work with teachers to modify or prioritize assignments
- Homework as tolerated
- Built-in breaks as needed if symptoms worsen during class
- Modified or limited classroom testing
- Consider alternative testing methods (oral/open book/take home test)
- Exclusion from standardized testing
- May need to avoid loud places (music, gym, shop class, and cafeteria)
- No or modified PE as instructed

**Green: School full-time with no academic modifications.**
- Attends all classes; maintains full academic load/homework; requires no instructional modifications.

<table>
<thead>
<tr>
<th>Stage 1</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Light aerobic conditioning in quiet area (Athletic Training Clinic)</td>
<td></td>
</tr>
<tr>
<td>No impact activities</td>
<td></td>
</tr>
<tr>
<td>Balance activities</td>
<td></td>
</tr>
<tr>
<td>Exercises that limit head movements</td>
<td></td>
</tr>
<tr>
<td>Core exercises without head movements</td>
<td></td>
</tr>
<tr>
<td>Limit concentration activities</td>
<td></td>
</tr>
</tbody>
</table>

**Stage 2**
- Light to moderate aerobic conditioning in gym or field areas
- Balance activities with head movements
- Resistance exercises with head movements (machines and free-weights)
- Low intensity sport specific activities with head movements
- Core exercises with head movements
- Low level concentration activities

**Stage 3**
- Moderately aggressive aerobic exercise (intervals, stair running)
- All forms of resistance exercises
- Dynamic warm-ups
- Impact activities (running, plyometrics)
- Challenge positional changes (burpees, mountain climbers)
- More aggressive sport-specific activities
- Incorporate concentration challenges (visual games)

**Stage 4**
- Maximum exertion sport specific activities but avoiding contact
- Have athlete participate in non-contact practice
- If after Stage 4, there are no increase in symptoms, the student-athlete will be given a second post-injury ImPact test before progressing to Stage 5. If the student-athlete does not clear the ImPact test, the athletic trainer will proceed as they feel necessary.

**Stage 5**
- Full participation with contact in practice and Physical Education classes

**Stage 6**
- Resume full participation in competition
- Game-play with release from Approved Healthcare Professional (Certified Athletic Trainer, Medical Doctor, Doctor of Osteopathic Medicine, Physician Assistant, Certified Nurse Practitioner or Neuropsychologist).

- Lifestyle- The current recommendation for concussion recovery is to maintain a normal lifestyle as much as possible and reduce the amount of normal routine modifications.
- Stress: Try to reduce stress in the student-athlete to help avoid nervousness and increased anxiety.
• Student-athletes should immediately inform the athletic trainer and/or coach if they or a teammate is experiencing or showing signs/symptoms of a concussion.
• Work with school nurse, counselor and teachers on school day modifications and classwork.
• Report concussions to the athletic trainer and coaches to help monitor injured student-athletes as they move to the next sports season.

The student-athlete must remain asymptomatic for 24 hours to progress to the next stage. If symptoms return during any of the stages, the student-athlete must return to the previous stage.

**Indicate your agreement by signing below and returning the signed form to your student’s school. Keep a copy for your records.**

I have received and read the Loudoun County Public Schools Student Athlete-Concussion Guidelines and grant my consent and permission for the student-athlete to participate in the Immediate Post-Concussion Assessment and Cognitive Testing (ImPACT) program including baseline and testing for suspected concussions. Furthermore, I acknowledge, understand, and certify by my signature below that I agree to the protocols of the LCPS concussion program for the student-athlete’s best welfare and safe participation in sports for Loudoun County Public Schools.

________________________
Student-Athlete Name (print):

________________________
Student-Athlete Signature: Date

________________________
Parent/Guardian Name (print):

________________________
Parent/Guardian Signature: Date
APPENDIX H

LCPS GUIDELINES FOR EXTRACURRICULAR ACTIVITY DURING EXTREME COLD WEATHER

<table>
<thead>
<tr>
<th>Level</th>
<th>Temperature or Wind Chill Reading</th>
<th>Activity Modifications</th>
<th>Attire Requirements</th>
</tr>
</thead>
<tbody>
<tr>
<td>Green</td>
<td>Above 32°</td>
<td>Normal activities</td>
<td>Recommendation that athletes should have ears and head covered and light gloves if permitted by officials. All athletes must wear underlayers of clothing (covering arm and legs) that meet uniform guidelines for games. Athletes must wear long sleeve shirt/ sweatshirts and pants for practices. Athletes that are not properly dressed must leave the field and may only return when properly dressed.</td>
</tr>
<tr>
<td>Yellow</td>
<td>21° - 32° F</td>
<td>Provide opportunities and facilities for rewarming. Consideration given to game start times and length of halftime. Notify administrators, coaches and student-athletes about the potential for cold injuries.</td>
<td>Recommendation that athletes should have ears and head covered and light gloves if permitted by officials. All athletes must wear underlayers of clothing (covering arm and legs) that meet uniform guidelines for games. Athletes must wear long sleeve shirt/ sweatshirts and pants for practices. Athletes that are not properly dressed must leave the field and may only return when properly dressed.</td>
</tr>
<tr>
<td>Red</td>
<td>11° - 20° F</td>
<td>Outdoor activities are limited to one hour. If the game is in progress prior to the temperature dropping below 20° F, the game may continue to completion. No games may start if the temperature is 20° F or below prior to the start. Notify administrators, coaches and student-athletes about the potential for cold injuries.</td>
<td>Recommendation that athletes should have ears and head covered and light gloves if permitted by officials. All athletes must wear underlayers of clothing (covering arm and legs) that meet uniform guidelines for games. Athletes must wear long sleeve shirt/ sweatshirts and pants for practices. Recommend all athletes wear three layers of clothing if possible. Layer closest to the skin should be a cold weather garment. The second layer should be wool or fleece for warmth. The third layer should be a wind and rain-proof jacket. Athletes that are not properly dressed must leave the field and may only return when properly dressed.</td>
</tr>
<tr>
<td>Black</td>
<td>10° F or below</td>
<td>No outdoor activities</td>
<td>Recommendation that athletes should have ears and head covered and light gloves if permitted by officials. All athletes must wear underlayers of clothing (covering arm and legs) that meet uniform guidelines for games. Athletes must wear long sleeve shirt/ sweatshirts and pants for practices. Athletes that are not properly dressed must leave the field and may only return when properly dressed.</td>
</tr>
</tbody>
</table>

REMININDERS

- Have a communication plan between administration and health care team before situations arise
- Use on-site weather tracking device for most accurate measurement; otherwise, use cellular applications such as Weather Channel or WeatherBug
- When precipitating, advance modifications to next “Level”
- For wind chill temperatures under 32o F officials, administration and medical staff can discuss game modifications (shortened time, rewarming, etc.)
- Remove wet clothing and replace with dry clothing when possible
- Encourage proper hydration and nutrition
- Be alert for signs and symptoms of cold injury
- When rewarming, gradually apply heat to affected area with warm (not hot) water or ambient temperature. For extreme cold injuries, do not rub affected area
## GUIDELINES FOR EXTRACURRICULAR ACTIVITY DURING EXTREME HOT AND HUMID WEATHER
(Source: NATA and Virginia High School League)

<table>
<thead>
<tr>
<th>Level</th>
<th>WBGT</th>
<th>Heat Index</th>
<th>Duration</th>
<th>Attire</th>
<th>Fluid Consumption</th>
<th>Recommendations</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Under 80.0-82.4</td>
<td>Under 94</td>
<td>3 hour maximum per session. 5 hour maximum per day.</td>
<td>Full Gear</td>
<td>Insist that 4 oz. of water be ingested every 20 minutes.</td>
<td>Provide minimum of 3 water breaks per hour. Minimum duration of 3 minutes per break.</td>
</tr>
<tr>
<td>2</td>
<td>82.5-84.9</td>
<td>95-99</td>
<td>2.5 hours maximum.</td>
<td>15 minutes of rest each hour. Helmet and shoulder pads</td>
<td>Insist that 6–8 oz. of water be ingested every 20 minutes with helmet removal.</td>
<td>Provide minimum of 4 water breaks per hour. Minimum duration of 4 minutes per break. Cross Country on campus.</td>
</tr>
<tr>
<td>3</td>
<td>85.0-87.4</td>
<td>100-102</td>
<td>2 hours maximum. 15 minutes of rest each hour. Minimum of 2 hours of rest between practices.</td>
<td>Helmet only</td>
<td>Insist that 8–10 oz. of water be ingested every 15 minutes with helmet removal.</td>
<td>Provide minimum of 4 water breaks per hour. Minimum duration of 4 minutes per break. Cross Country on campus.</td>
</tr>
<tr>
<td>4</td>
<td>87.5-89.9</td>
<td>103-104</td>
<td>1 hour maximum. 20 minutes of rest during that hour.</td>
<td>No protective equipment. Shirts and shorts only.</td>
<td>Insist that 8-10 oz. of water be ingested every 15 minutes.</td>
<td>Reduce intensity of activity. No conditioning activities. Cross Country on campus.</td>
</tr>
<tr>
<td>5</td>
<td>Over 90.0</td>
<td>105</td>
<td>NO PRACTICE OUTDOOR</td>
<td>The Heat Policy also applies to indoor practices.</td>
<td>Re-hydrate 24 oz. for every pound of body weight lost per day.</td>
<td>Follow the Heat Policy for practices conducted indoors.</td>
</tr>
</tbody>
</table>

### RECOMMENDATIONS:
- Replace fluids at a rate of 24 fluid ounces for every pound of body weight lost after exercise.
- Encourage athletes to wear light colored, loose clothing during activity in hot weather.
- Encourage athletes to wear sunscreen on exposed skin during hot, sunny conditions.
- Make readily available an adequate fluid supply to athletes at all times during activity in hot weather.
- The following athletes are at increased risk for heat related illness/injury and should be monitored closely or placed on a modified participation schedule.
  - Individuals poorly acclimatized or poorly conditioned
  - Athletes having a pre-existing dehydrated state (recent fever or gastro-intestinal illness) or pre-existing heat injury
  - Athletes taking certain medications including diuretics, antihistamines, beta blockers and anticholinergics
  - Overweight athletes
- Discourage athletes from taking caffeine, energy, ergogenic, and/or dietary supplements such as Creatine and Ephedra products, as these products may cause an increase in dehydration and heat related illness and/or injury.

Coaches should use the weather state at their school to monitor heat index when the Kestrel Heat Stress Device is not available. They should have a tub full of ice for immersion if necessary.
The Loudoun County Public Schools Athletic Trainers are licensed and authorized to possess and use the following electrical modalities: Transcutaneous Electrical Nerve Stimulation (TENS), Electrical Stimulation (E-Stim), Therapeutic Ultrasound (US), and Compression Unit, for treatment and rehabilitation of sport related musculoskeletal injuries for LCPS student-athletes. When not in use, the electrical modalities shall be stored in a locked area to prevent unsupervised tampering. The specific electrical modality protocols available are as follows:

- **TENS**—This modality will be used in an effort to decrease pain and muscle spasm of musculoskeletal injuries.
  - **Treatment Length:** Not to exceed 20 minutes per session or 3 sessions per day
  - **Treatment Duration:** Not to exceed 2 weeks without referral from physician
  - **Contraindications:** Possible nerve damage or loss of sensation, Over areas of skin irritation or infection, Patients with extreme or severe pain, Any area of the face or head above the cervical spine, Patients with known heart conditions, Evidence of worsening conditions

- **Electrical Stimulation**—This modality will be used in an effort to decrease pain and muscle spasm of musculoskeletal injuries.
  - **Treatment Length:** Not to exceed 20 minutes per session or 3 sessions per day
  - **Treatment Duration:** Not to exceed 2 weeks without referral from physician
  - **Contraindications:** Possible nerve damage or loss of sensation, Over areas of skin irritation or infection, Patients with extreme or severe pain, Any area of the face or head above the cervical spine, Patients with known heart conditions, Evidence of worsening conditions

- **Ultrasound**—This modality will be used to produce an increase in tissue temperature, which may help to stimulate tissue healing, increase tissue elasticity, decrease tissue adhesions and reduce muscle spasm.
  - **Parameters:**
    - 1 MHz frequency to be used when treating tissue depths of 3-5cm
    - 3 MHz frequency to be used when treating tissue depths of 1-2cm
    - Intensity not to exceed 2.5 Watts per centimeter squared
    - Must be used in conjunction with a coupling gel
  - **Treatment Length:** Not to exceed 10 minutes per session or 2 sessions per day
  - **Treatment Duration:** Not to exceed 2 weeks without referral from physician
  - **Contraindications:** Possible nerve damage or loss of sensation, Over areas of skin irritation or infection, Patients with extreme or severe pain, Any area of the face or head above the cervical spine, Patients with known heart conditions, Patients that display signs of acute inflammation
Directly over the spine
Over open epiphyseal areas
Over the site of a possible fracture
Over areas of impaired circulation
Over ischemic areas
Near the heart
Evidence of worsening conditions
On patients that display any signs of cancer

**Compression Unit**—This modality will be used to produce a movement of swelling from the interstitial space of the injured extremity by increasing external pressure with the use of an inflatable boot or sleeve. This modality helps the movement of fluids to return to the venous and lymphatic channels in order to reduce swelling and encourage healing. Some compression units are designed to create a simultaneous cold and compression treatment. This will have an added benefit in reducing acute swelling and inflammation, muscle spasm and pain.

**Parameters:**
- Upper Extremity: do not exceed the diastolic blood pressure of 40-60mm Hg
- Lower Extremity: do not exceed the diastolic blood pressure of 40-70mm Hg
- Cryocompression unit temperature range: 32-60 degrees Fahrenheit

**Treatment Length:** Not to exceed 30 minutes per session or 4 sessions per day

**Treatment Duration:** Not to exceed 2 weeks without referral from physician

**Contraindications:**
- Acute pulmonary edema
- Congestive heart failure
- Possible nerve damage or loss of sensation
- Over areas of skin irritation or infection
- Any area of the face or head above the cervical spine
- Over the site of a possible fracture
- Over areas of impaired circulation or peripheral vascular disease
- Raynaud’s disease
- Over ischemic areas
- Evidence of worsening conditions

The LCPS Athletic Trainers, under a written, standing order signed by a physician, are licensed and authorized to possess and use the following electrical modalities: Transcutaneous Electrical Nerve Stimulation (TENS), Electrical Stimulation (E-Stim), Therapeutic Ultrasound (US), and Compression Unit, for treatment and rehabilitation of sport related musculoskeletal injuries for LCPS student-athletes. The LCPS Athletic Trainers must also have a written and signed Parental Consent Form on file for each specific case.

Parental Consent: I have carefully read this information about Electrical Modalities, acknowledge that there may be risks involved, and understand that implementation of treatment is voluntary and not required. I acknowledge, understand and certify by my signature below that I have received a copy of the LCPS Electrical Modalities Protocol and that I give my consent and permission to the LCPS Athletic Trainer at the school in which my child is enrolled to use electrical modalities on my son/daughter for the purpose of treating and rehabilitating sport related musculoskeletal injuries.

---

Parental Consent Form

Print Student Name  
Signature & Date

Print Student Name  
Signature & Date
On April 3, 2014, the General Assembly of Virginia, amended and reenacted 54.1-3408 of the Code of Virginia, relating to Athletic Trainers; possession and administration of oxygen. HB 190, as it’s known, states “Pursuant to an oral or written order or standing protocol issued by the prescriber within the course of his professional practice, such prescriber may authorize licensed Athletic Trainers to possess and administer topical corticosteroids, topical lidocaine, or other Schedule VI topical drugs, oxygen for use in emergency situations and epinephrine for use in emergency cases of anaphylactic shock.” HB 190 was signed by the Governor and starting on July 1, 2014, Athletic Trainers were able to administer oxygen under protocol.

The LCPS Athletic Trainers are licensed and authorized to possess and use supplemental oxygen in the case of emergency medical situations with the following conditions:

1. Must have a written standing order signed by a physician.
2. Must have a written protocol included in their Emergency Action Plan.
3. May only be used on student athletes.
4. Must notify parents that oxygen may be utilized and allow them to opt out.
5. If oxygen is going to be used:
   a. Notify school nurse if during normal school hours, or
   b. Notify EMS if outside school hours or a school nurse cannot be contacted
6. Activate EMS if a Student-Athlete’s injury or illness suggests the possibility of hypoxia or respiratory distress. (ie. shortness of breath, cyanosis, anxiousness, confusion, combativeness, drowsiness, excessive perspiration and inability to lie down or speak in full sentences).
7. The LCPS Athletic Trainer should initiate pulse oximetry and if the Student-Athlete’s blood oxygen saturation (SpO2) level is below 94%, supplemental oxygen therapy should be initiated.
8. High flow oxygen therapy should be administered at 15 liters per minute with a non-rebreather face mask.
9. Utilize continuous SpO2 monitoring with pulse oximetry. Oxygen flow should be moderated to achieve a target SpO2 level of 94-99%.
10. Monitor the Student-Athlete with AED present.
11. When not in use, the oxygen cylinder tank should be stored in a high impact case or padded duffle back and locked in a secure cabinet that is properly marked with Hazardous Material and No Smoking signs for fire department safety.

Oxygen therapy should not be given to Student-Athletes with lung damage such as emphysema and pulmonary fibrosis, those suffering from Paraquat poisoning, or those with any other contraindication to oxygen use. Oxygen should also not be administered to infants.

Parental Consent: I have carefully read this information about Supplemental Oxygen Use Protocol. I acknowledge, understand and certify by my signature below that I have received a copy of the LCPS Supplemental Oxygen Use Protocol and that I give my consent and permission to the LCPS Athletic Trainer at the school in which my child is enrolled to use Supplemental Oxygen on my son/daughter in an emergency situation.

Print Student Name	Signature & Date

Print Student Name	Signature & Date
APPENDIX L

LCPS EXERTIONAL HEAT ILLNESS PROTOCOL

Introduction

Exercise-Associated Muscle Cramps are sudden or sometimes progressively and noticeably evolving, involuntary, painful contractions of skeletal muscle during or after exercise. Signs and symptoms include tics, twinges, stiffness, tremors or contractures.

Heat Syncope, or orthostatic dizziness, often occurs in unfit or heat-unacclimatized persons who stand for a long periods of time in the heat or during sudden changes in posture in the heat, especially when wearing a uniform or insulated clothing that encourages and eventually leads to maximal skin vasodilation. It is often attributed to dehydration, venous pooling of blood, reduced cardiac filling, or low blood pressure with resultant cerebral ischemia.

Exertional Heat Exhaustion (EHE) is defined as an elevated core body temperature lower 103.9o F with the inability to effectively exercise in the heat, secondary to a combination of factors including cardiovascular insufficiency, hypotension, energy depletion and central fatigue. This condition is often associated with high rate of volume of skin blood flow, heavy sweating and dehydration and most often affects heat-unacclimatized or dehydrated individuals.

Exertional Heat Stroke (EHS) is an elevated core body temperature above 104° F. This is typically a product of excessive heat production, inhibited heat loss or both. EHS is associated with central nervous system (CNS) dysfunction (see symptoms below). EHS can progress to a systematic inflammatory response and multi-organ system failure unless promptly and correctly recognized and treated.

Prevention

1. Because the effects of heat are cumulative, athletes should be encouraged to sleep at least 7 hours per night in a cool environment; eat a balanced diet; and properly hydrate before, during, and after exercise. Individuals should also be advised to rest in a cool environment during periods of inactivity to maximize recovery.

2. Individuals who may be particularly susceptible to EHI must be identified. They should be closely monitored during stressful environmental conditions, and preventive steps should be taken. In addition, emergency supplies and equipment (tubs for CWI, TACO supplies, rectal thermistor, etc) should be onsite, easily accessible, and in good working order to allow for immediate intervention and treatment if needed.

3. Rest breaks should be planned and the work-to-rest ratio modified to match the environmental conditions and the intensity of the activity. Breaks should be in the shade or in a predetermined cooling zone and should allow enough time for all athletes to consume fluids. Additionally, players should be permitted to remove equipment (ex. helmets) during rest periods.

Evaluation/Recognition

It is important that other potentially serious medical conditions (exertional sickling, exertional rhabdomyolysis, head trauma, shock, drug reactions, diabetic, cardiac and respiratory episodes, etc.) should be ruled out because of the complex overlap of signs and symptoms between those illnesses and exertional heat illness.
Signs and Symptoms

- **Exercise-Associated Muscle Cramps**

<table>
<thead>
<tr>
<th>Visible cramping</th>
<th>Localized pain</th>
<th>Dehydration</th>
</tr>
</thead>
<tbody>
<tr>
<td>Thirst</td>
<td>Sweating</td>
<td>Fatigue</td>
</tr>
</tbody>
</table>

- **Heat Syncope**

<table>
<thead>
<tr>
<th>Dizziness</th>
<th>Tunnel vision</th>
<th>Pale/sweaty skin</th>
</tr>
</thead>
<tbody>
<tr>
<td>Decreased pulse rate</td>
<td>After vigorous activity</td>
<td></td>
</tr>
</tbody>
</table>

- **Exertional Heat Exhaustion**

<table>
<thead>
<tr>
<th>Headache</th>
<th>Confusion</th>
<th>Dizziness</th>
<th>Weakness</th>
<th>Vomiting</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nausea</td>
<td>Lightheadedness</td>
<td>Low blood pressure</td>
<td>Impaired muscle function</td>
<td></td>
</tr>
</tbody>
</table>

- **Exertional Heat Stroke**

<table>
<thead>
<tr>
<th>Disorientation</th>
<th>Confusion</th>
<th>Dizziness</th>
<th>Loss of balance</th>
<th>Low blood pressure</th>
</tr>
</thead>
<tbody>
<tr>
<td>Irritability</td>
<td>Hyperventilation</td>
<td>Apathy</td>
<td>Aggressiveness</td>
<td>Loss of consciousness</td>
</tr>
<tr>
<td>Delirium</td>
<td>Collapse</td>
<td>Coma</td>
<td>Staggering</td>
<td>Irrational/unnusual behavior</td>
</tr>
<tr>
<td>Hot/wet skin</td>
<td>Dehydration</td>
<td>Hysteria</td>
<td>Core body temp over 104° F</td>
<td></td>
</tr>
</tbody>
</table>

The assessment of rectal temperature is the clinical gold standard for obtaining core body temperature of patients with EHS and the medical standard of practice and accepted protocol. No other field-expedient methods of obtaining core body temperature (ex. oral, axillary, tympanic, forehead sticker, temporal) are valid or reliable after intense exercise in the heat, and they may lead to inadequate or inappropriate treatment, thereby endangering a patient’s health. Parents, administrators, coaches, and student-athletes should be educated ahead of time that this procedure will be used for heat-illness emergencies, especially in patients suspected of having EHE or EHS. Under all circumstances in which EHS is possible, a rectal temperature assessment should be able to be obtained.

**Rectal Temperature Procedures**

When more serious suspected heat illness (EHS & EHI) is suspected, based on CNS dysfunction, rectal temperature should be taken to determine course of action. Instructions:

1. Drape athlete appropriately with towels or sheets for privacy.
2. Position athlete on their side with top knee and hip flexed.
3. Pull down patient’s pants enough to properly insert rectal probe or cut a hole in patient’s pants around anal sphincter.
4. Before using: put on new probe disposable liner (if applicable) and lubricate, attach probe to thermistor.
5. Turn on thermistor.
6. Insert probe 6 inches (or as directed by device) past the anal sphincter (if you feel resistance, remove probe and try again).
7. Cooling the student-athlete will be initiated immediately after insertion of rectal thermistor.
8. Probe should remain in entire time during cooling process.

Emergency treatment should be activated when body temperatures reaches 104° F. In the event of serious heat illness, Emergency Medical Services must be contacted. Follow your site-specific Emergency Action Plan which should include immediate, rapid, whole body cooling and monitor student-athlete. Vital signs (blood pressure, oxygen saturation, body temperature, respiratory rate, heart rate, etc.) should be taken and recorded at regular intervals (every 5-10 minutes). During treatment parents/guardians should be contacted. Retrieve emergency care card and other pertinent medical records for EMS.

**Treatment**

- **Exercise-Associated Muscle Cramps**—rest, stretching, ice, massage, ingestion of sodium-containing fluids/foods
- **Heat Syncope**
  1. Move to a shaded area
  2. Elevate legs above level of heart, cool the skin, rehydrate
  3. Monitor vital signs
- **Exertional Heat Exhaustion**
  1. Patient should be moved to a cool or shaded area.
  2. Further cooling can be performed using ice towels or fans.
  3. Patient should be supine with legs elevated above heart.
  4. Monitor vital signs and core temperature at regular interval (5-10 minutes)
  5. If recovery is not rapid (within 30 minutes of treatment initiation) fluid replacement should begin and patient care should be transferred to a physician. If the condition worsens during or after treatment, EMS should be activated and rectal temperature should be obtained and treated for EHS, if appropriate.
- **Exertional Heat Stroke**
  1. Place student-athlete in CWI up to the neck in a pool or tub at 35°-59° F. Help may be needed to assist with entry and exit from pool/tub.
    a. Tarp-Assisted Cooling (TACO) can also be used when a tub is not available.
    b. Other appropriate methods of cooling include cold shower or rotating ice/wet towels over the entire body.
  2. Ice should cover the surface of the water at all times. Water should be stirred continuously to maximize cooling.
  3. Wrap a towel across the chest and beneath both arms to support head and neck.
  4. Remove excessive equipment and clothing before CWI/TACO if possible but CWI/TACO should begin immediately and removal is secondary and can be done while providing cooling treatment.
  5. Provide seclusion using towels, tarps or human shields to ensure privacy.
  6. Continue monitoring vital signs and core temperature at regular interval (5-10 minutes).
  7. Patient should be removed from CWI/TACO when body temperature reaches 102° F.
  8. If mental status does not improve or declines assess for other causes.
  9. Transport patient to nearest appropriate medical facility via EMS.
Follow Up

• Following EHS, the student-athlete must refrain from exercise for at least 7 days following the acute event.
• Student-athlete must then have written clearance by a licensed physician to begin a gradual increase in exercise and heat tolerance under the direction of the athletic trainer.
• If return to exercise is difficult, consider a laboratory exercise-heat tolerance test before resuming exercise. This test monitors body core temperature and heart rate during mild exercise to see if student-athlete has fully recovered.

Reminders

• Have a venue-specific heat illness treatment plan, including a communication strategy for off-campus conditioning such as cross country or off-season conditioning.
• Practice EHI situations with “heat illness team” and include in Emergency Action Plan.
• Ice water tub should be prepared for EHS before practices or competitions in hot and humid conditions (WGBT above 82° F), especially during the first two weeks of preseason, when student-athlete may be unacclimated to environment or unconditioned.
• Discard rectal probe liner and clean rectal probe thoroughly with sterilization solution after each use.

Disclaimer

Individual responses to physiologic stimuli and environmental conditions vary widely. Therefore, these recommendations do not guarantee full protection from exertional heat-related illnesses but could mitigate the risks associated with athletic participation and physical activity. These recommendations and prevention strategies should be carefully considered and implemented by certified athletic trainers and the health care team as part of an overall strategy for the prevention and treatment of EHIs.

References

## WARNING AND ACKNOWLEDGMENT OF RISK

READ CAREFULLY BEFORE SIGNING

<table>
<thead>
<tr>
<th>School Name:</th>
<th>Activity Dates:</th>
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### Activity Supervision Provided By

*(Name & Title):*

<table>
<thead>
<tr>
<th>Student Participant Information</th>
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<tbody>
<tr>
<td>Student Participant’s Name:</td>
</tr>
<tr>
<td>Student Participant’s Address:</td>
</tr>
<tr>
<td>Home Phone:</td>
</tr>
<tr>
<td>Parent/Guardian Name:</td>
</tr>
<tr>
<td>Business Phone:</td>
</tr>
<tr>
<td>Parent/Guardian Name:</td>
</tr>
<tr>
<td>Business Phone:</td>
</tr>
<tr>
<td>Emergency Contact name in case parents cannot be reached:</td>
</tr>
<tr>
<td>Home Phone:</td>
</tr>
</tbody>
</table>

### Student Participant Medical & Insurance Information

This information is necessary when we are unable to reach you in the event of illness or injury involving your child.

<table>
<thead>
<tr>
<th>Family Doctor Name:</th>
<th>Phone #:</th>
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</tbody>
</table>

List any allergies, health conditions, regular medications taken, or activity restrictions we need to be aware of:

<table>
<thead>
<tr>
<th>Medical/Accident Insurance?</th>
<th>Yes</th>
<th>No</th>
<th>Name of Insurance Co.</th>
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</tbody>
</table>

### Media Release—Parental Permission for Recording, Publishing, or Broadcasting Photographs/Videos/Audio of Music Students

I ___DO ___ DO NOT grant permission for myself or my child (named above) to be photographed, taped, recorded or featured in any video, audio, or televised recording, live broadcast, webcast, or printed publication that may be produced by and available to the public from LCPS (to the extent that access is within LCPS’ control during school hours). I ___DO ___ DO NOT grant permission for photographs to be posted on school websites or appear in newspapers, brochures, event programs, vendor advertisements, web-sites, etc.

### Warning and Acknowledgment of Risk for Participation

I, [print student name] understand that participation in the LCPS Marching Band and Guard Program is voluntary, that it is not required, and that it can involve strenuous physical activity, exposure to extreme heat, humidity, and cold temperatures, and includes RISKS OF INJURY, ILLNESS, AND PROPERTY DAMAGE. Because of the possible risks of participating in the Marching Band and Guard Program, I recognize the importance of following the Music Director’s or designee’s instructions regarding the relevant program techniques, training, rules of participation, etc., and I agree to obey such instructions, act responsibly, maintain good conduct and appearance, safeguard personal and school property, and understand that school rules will apply at all times. In consideration of Loudoun County Public Schools permitting me to participate in the Marching Band and Guard Program and to fully engage in all activities related to the program including, but not limited to, extended travel off school premises, I hereby acknowledge the risks and responsibilities associated with participation.

**Student Signature:** 
**Date:**

### Parental Permission, Authorization, and Acknowledgment of Risk

I, [print adult name] am the parent/legal guardian of [print student name] I have read the above Warning and Acknowledgment of Risk for Participation statement and understand that the LCPS Marching Band and Guard Program is voluntary, that it is not required, and that it can involve serious RISKS OF INJURY, ILLNESS, AND PROPERTY DAMAGE. In consideration of this understanding, I hereby consent and grant permission for the above named student to participate and fully engage in all activities related to the program including extended travel off school premises. I understand that LCPS will not be responsible for any personal property that may become lost or damaged in the course of this activity. I further understand that LCPS does not provide medical or accident insurance for student illness or injury and that the purchase of participant medical or accident insurance coverage is recommended. I understand that in the case of an accident, injury, or serious illness during participation in the LCPS Marching Band and Guard Program, an effort will be made to contact me as soon as possible at the numbers listed above. In any event, I give authorization to LCPS for my child to receive first aid, emergency medical treatment, 911 transport, and all other medical care deemed reasonably necessary to my child’s health and well-being. I understand that I will be responsible for any medical expenses or other financial obligations incurred.

**Parent/Legal Guardian Signature:** 
**Date:**

Return this original signed form to your student’s school and keep a copy for your records.
IMPORTANT INSURANCE NOTICE—READ CAREFULLY

Loudoun County Public Schools does not provide medical or accident insurance for students injured while participating in school activities.

Dear Parents and Students:

LCPS receives reports daily of students who are accidentally injured while participating in school activities, including some serious injuries that require costly medical attention. We routinely receive calls from parents whose children are accidentally injured while participating in school activities and they either have no insurance coverage or have bills over-and-above what their insurance will pay.

LCPS does not provide medical or accident insurance for students injured while participating in school activities. Please note the following information regarding the opportunity to decide to voluntarily purchase student accident insurance through K&K Insurance.

The insurance provided by K&K Insurance offers optional plans of coverage provided on an “excess basis” for accidental injuries that may occur during school activities or even around the clock, depending on the benefit option you choose.

If you already have insurance coverage through another policy, the K&K Student Accident Plans pay benefits for those eligible expenses not paid by your primary insurance. If there is no other insurance available to you, the plans will provide coverage on a primary basis. Investing a minimal amount of money now in one of these plans may save you much more later if there is a serious accidental injury that requires medical attention.

Your voluntary enrollment in one of these plans should be carefully considered. For further details and to enroll in the K&K Student Accident Insurance coverage please go online to this link: www.studentinsurance-kk.com or call 1-855-742-3135.
Protect your child with student accident insurance. If you don’t have other insurance, this student accident insurance is vital. If you have other insurance, student accident insurance can help with deductibles and copays.

K-12 Accident Plans available through your school:
- At-School Accident Only
- 24-Hour Accident Only
- Extended Dental
- Football

How to Enroll Online
Enrolling online is easy and should take only a few minutes.
Go to www.studentinsurance-kk.com and click the “Enroll Now” button.

1. Start by telling us the name of the school district and state where your child attends school.
2. We’ll request each student’s name and grade level.
3. You’ll see the available plans and their rates. Select your coverage and continue to the next step.
4. We’ll request information about you, like your name and email address.
5. Next, you’ll enter information about the child or children to be covered.
6. Enter your credit card or eCheck payment information.
7. Finally, print out a copy of the confirmation for your records.

For further details of the coverage including costs, benefits, exclusions, any reductions or limitations and the terms under which the policy may be continued in force, please refer to www.studentinsurance-kk.com. Student is able to purchase the coverage only if his/her school district is a policyholder with the insurance company.

Proteja a su hijo con el seguro de accidentes para estudiantes. Si usted no tiene otro seguro, este seguro de accidentes para estudiantes es fundamental. Si tiene otro seguro, el seguro de accidentes para estudiantes puede ayudarle a pagar los deducibles y copagos.

Planes de accidentes para K-12 disponibles a través de su escuela:
- Sólo accidentes en la escuela
- Sólo accidentes, 24 horas
- Dental extendido
- Fútbol

Cómo inscribirse en línea
Inscribirse en línea es fácil y sólo le tomará unos pocos minutos.

1. Comience por decírnos el nombre del distrito escolar y el estado en el que su hijo(a) va a la escuela.
2. Solicitaremos el nombre y el grado de cada uno de los estudiantes.
3. Verá los planes disponibles y sus tarifas. Seleccione su cobertura y continúe con el siguiente paso.
4. Le solicitaremos información sobre usted, como su nombre y dirección de correo electrónico.
5. Después, ingresará la información acerca del niño o niños que recibirá(n) cobertura.
6. Ingrese la información de pago de su tarjeta de crédito o eCheck.
7. Finalmente, imprima una copia de la confirmación para sus registros.

Para obtener más detalles, incluso costos, beneficios, exclusiones, y reducciones o limitaciones y los términos en virtud de los cuales esta póliza podría continuar en vigencia, consulte www.studentinsurance-kk.com. Los estudiantes pueden comprar la cobertura únicamente si su distrito escolar es titular de una póliza con la compañía de seguros.
### ACCIDENT ONLY COVERAGE:
The Policy provides benefits for loss due to a covered injury up to the Maximum Benefit of $25,000 for each injury. Provided that treatment by a qualified, licensed Physician begins within 60 days from the date of injury, benefits will be paid for Covered Medical Expenses incurred within 52 weeks from the date of Injury up to the Maximum Benefit per service as shown below.

### SCHEDULE OF BENEFITS:
*Maximum Benefits Paid As Specified Below. Medically Necessary and Reasonable Charges are based on the 75th percentile.*

<table>
<thead>
<tr>
<th></th>
<th>Low Option Accident Only</th>
<th>High Option Accident Only</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Compare and Choose</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Maximum Benefit:</td>
<td>$25,000 (For Each Injury)</td>
<td>$25,000 (For Each Injury)</td>
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<tr>
<td>Deductible:</td>
<td>$0</td>
<td>$0</td>
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<tr>
<td><strong>Inpatient</strong></td>
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<td></td>
</tr>
<tr>
<td>Room &amp; Board:</td>
<td>Up to $150 per day/</td>
<td>80% of Reasonable Charges/</td>
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<tr>
<td></td>
<td>Semi-private room rate</td>
<td>Semi-private room rate</td>
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<tr>
<td>Hospital Miscellaneous:</td>
<td>$600 maximum per day</td>
<td>$1,200 maximum per day</td>
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<tr>
<td>Registered Nurse:</td>
<td>75% of Reasonable Charges</td>
<td>100% of Reasonable Charges</td>
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<tr>
<td>Physician’s Visits:</td>
<td>$40 first day/$25 each subsequent day</td>
<td>$60 first day/$40 each subsequent day</td>
</tr>
<tr>
<td><em>(Benefits are limited to one visit per day and do not apply when related to surgery)</em></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Outpatient</strong></td>
<td></td>
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<tr>
<td>Day Surgery Miscellaneous:</td>
<td>$1,000 maximum</td>
<td>$1,200 maximum</td>
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<tr>
<td>Physician’s Visits:</td>
<td>$40 first day/</td>
<td>$60 first day/</td>
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<tr>
<td><em>(Benefits are limited to one visit per day and do not apply when related to surgery or physiotherapy)</em></td>
<td>$25 each subsequent day</td>
<td>$40 each subsequent day</td>
</tr>
<tr>
<td>Outpatient Physical Therapy:</td>
<td>$30 first day/$20 each subsequent day/</td>
<td>$60 first day/$40 each subsequent day/</td>
</tr>
<tr>
<td><em>(Benefits are limited to one visit per day)</em></td>
<td>5 days maximum</td>
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<tr>
<td>Emergency Room Services:</td>
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<td>$300 maximum</td>
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<tr>
<td><em>(Treatment must be rendered within 72 hours from the time of the injury)</em></td>
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<td>X-Rays:</td>
<td>$200 maximum</td>
<td>$600 maximum</td>
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<tr>
<td>Diagnostic Imaging Services:</td>
<td>$300 maximum</td>
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<td>Laboratory:</td>
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<td>Prescription Drugs:</td>
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<td>$200 maximum</td>
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<td>Injections:</td>
<td>No Benefits</td>
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<tr>
<td>Orthopedic Braces &amp; Appliances:</td>
<td>$75 maximum</td>
<td>$140 maximum</td>
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<tr>
<td><strong>Inpatient and/or Outpatient</strong></td>
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<tr>
<td>Surgeon’s Fees:</td>
<td>$1,000 maximum</td>
<td>$1,200 maximum</td>
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<tr>
<td><em>(Limited to primary procedure per injury)</em></td>
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<tr>
<td>Anesthetist:</td>
<td>20% of Surgery Allowance</td>
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<tr>
<td>Assistant Surgeon:</td>
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<td>Ambulance:</td>
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<td>Consultant:</td>
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<td>$400 maximum</td>
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<td>Dental Treatment due to Injury to Teeth:</td>
<td>$10,000 maximum per policy term if extended dental option is purchased, $200 per tooth if extended dental option is not purchased.</td>
<td>$10,000 maximum per policy term if extended dental option is purchased, $500 per tooth if extended dental option is not purchased.</td>
</tr>
<tr>
<td><em>(For Injury to sound, natural teeth only)</em></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Replacement of Eye Glasses, Contact Lenses or Hearing Aids that are broken as a result of a Covered Injury:</td>
<td>100% of Reasonable Charges</td>
<td>100% of Reasonable Charges</td>
</tr>
<tr>
<td>Durable Medical Equipment:</td>
<td>No Benefits</td>
<td>No Benefits</td>
</tr>
<tr>
<td>Maternity:</td>
<td>No Benefits</td>
<td>No Benefits</td>
</tr>
<tr>
<td>Complication of Pregnancy:</td>
<td>No Benefits</td>
<td>No Benefits</td>
</tr>
</tbody>
</table>

*Expenses for the following are not covered:* Prosthetic Devices, Mental and Nervous Disorders, Home Health Care, Injections.

---

This policy contains an excess provision. Benefits will not be paid under the Basic Accident Medical Expense for Covered Expenses to the extent that they are collectible under another Health Care Plan.

Details of these benefits may be found in the Master Policy on file at the School District. **NOTE:** This is a brief summary of the benefits and not a contract. A Master Policy has been provided to your school district that contains all of the provisions, limitations and exclusions and qualifications of the insurance benefits. The Master policy is the contract and will govern and control the payment of benefits.
Choose Your Coverage Plan:  One-Time Payment For Accident Coverage

PLEASE NOTE - FOR COVERAGE PLANS LISTED BELOW

Coverage Effective Date: A person’s coverage takes effect at the later of the date his or her completed application and premium is received by the company or the effective date of the policy issued to his or her school or school district.

Coverage Termination Date: Coverage ends on the earlier of the date his or her coverage has been in force for twelve months or the first day of the next school year. All coverage ceases if the policyholder cancels the policy or when the person ceases to be eligible. Termination of coverage for any reason will not affect a claim which occurs before coverage ends.

<table>
<thead>
<tr>
<th>Coverage Plan</th>
<th>With Extended Dental</th>
<th>Without Extended Dental</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>24-Hour Accident</strong> (Students &amp; Employees)</td>
<td>Low Option $86.00</td>
<td>Low Option $77.00</td>
</tr>
<tr>
<td><strong>24-Hour Accident</strong> (Summer Only Coverage, Students Only)</td>
<td>Low Option $29.00</td>
<td>Low Option $20.00</td>
</tr>
<tr>
<td><strong>At-School Accident</strong> (Students &amp; Employees)</td>
<td>Low Option $28.00</td>
<td>Low Option $19.00</td>
</tr>
<tr>
<td><strong>Extended Dental</strong> (Accident Only)</td>
<td>Low Option $141.00</td>
<td>Low Option $132.00</td>
</tr>
<tr>
<td><strong>High School Football</strong></td>
<td>Low Option $141.00</td>
<td>Low Option $132.00</td>
</tr>
<tr>
<td><strong>High School Football (Spring Only)</strong></td>
<td>Low Option $62.00</td>
<td>Low Option $53.00</td>
</tr>
<tr>
<td><strong>High School Football and At-School Accident (Covers all athletics)</strong></td>
<td>Low Option $169.00</td>
<td>Low Option $151.00</td>
</tr>
<tr>
<td><strong>High School Football and 24-Hour Accident (Covers all athletics)</strong></td>
<td>Low Option $227.00</td>
<td>Low Option $209.00</td>
</tr>
</tbody>
</table>

Facts about the Policy

1. WHO IS ELIGIBLE: students of the policyholder who make the required premium contribution for the policy selected are eligible. Student status continues after graduation and between school years unless the person enrolls at a different school district.
2. The Master Policy on file with the school district is a non-renewable policy.
3. This is a limited benefit policy.
4. COVERAGE EFFECTIVE DATE: A person’s coverage takes effect at the later of the date his or her completed application and premium is received by the company or the effective date of the policy issued to his or her school or school district.
5. COVERAGE TERMINATION DATE: Coverage ends on the earlier of the date his or her coverage has been in force for twelve months or the first day of the next school year. All coverage ceases if the policyholder cancels the policy or when the person ceases to be eligible. Termination of coverage for any reason will not affect a claim which occurs before coverage ends.
6. LATE ENROLLMENT: Coverage may be purchased at any time during the school year. There is no premium reduction for any individual who enrolls late in the year.
7. CANCELLATION: Coverage under the Policy will not be cancelled, and accordingly, premiums may not be refunded after acceptance by the Company. However, a pro-rata refund of premium shall be made in the event a Covered Person enters the Military Service.
8. STUDENT TRANSFER: The policy continues to be in force anywhere in the world if the Covered Person should relocate prior to the expiration of coverage.

Enroll online at: www.Studentinsurance-kk.com
or by mail using attached enrollment form.
1. Complete and detach the enrollment form.
2. Make check or money order payable to Nationwide Life Insurance Company. Do not send cash. The Company is not responsible for cash payments.
3. Write your child’s name on your check or money order.
4. Mail completed enrollment form with payment back to:
   K&K Insurance Group, P.O. Box 2338
   Fort Wayne, IN 46801-2338
5. Your cancelled check, credit card billing, or money order stub will be your receipt and confirmation of payment.
6. Keep this brochure for future reference. Individual policies will not be sent to you.

Privacy Policy
We know that your privacy is important to you and we strive to protect the confidentiality of your nonpublic personal information. We do not disclose any nonpublic personal information about our customers or former customers to anyone, except as permitted or required by law. We believe we maintain appropriate physical, electronic and procedural safeguards to ensure the security of your nonpublic personal information.

Administered by:
K&K Insurance Group, P.O. Box 2338,
Fort Wayne, IN 46801-2338

Underwritten by: Nationwide Life Insurance Company
Claims Questions: K&K Insurance Group, Inc.
1712 Magnavox Way • Fort Wayne, IN 46801 • 800-237-2917
Policy Exclusions and Limitations for Accident Only Coverages

The following exclusions apply to any and all Benefits and any applicable Riders, unless otherwise specifically referenced. **We will not pay Benefits for:**

1. An Injury or Loss that is:
   a. caused by war or any act of war, declared or undeclared, whether civil or international, or any substantial armed conflict between organized forces of military nature (which does not include acts of terrorism);
   b. caused while the Insured is serving full-time active duty (more than 31 days) in any Armed Forces;
   c. caused by participating in a riot or violent disorder;
   d. the result of an Insured’s taking part in committing or attempting to commit a felony, or engaging in any unlawful act or illegal occupation, or committing or provoking an unlawful act;
   e. the result of the Insured being under the influence of any drug, narcotic, intoxicant or chemical (unless prescribed by a Physician and taken according to the Physician’s instructions) as defined by the law of the jurisdiction in which the Accidental Injury occurred. Conviction is not necessary for determination of being “under the influence.”;
   f. intentionally self-inflicted, including suicide or attempt thereof, while sane or insane.

2. An Injury or Loss that is the result of travel or flight (including getting in or out, on or off) in any aircraft except solely as a fare-paying passenger in a commercial aircraft, or as a passenger in a Policyleholder chartered aircraft, provided such aircraft has a valid and current airworthiness certificate and is operated by a duly licensed or certified pilot, and while such aircraft is being used for the sole purpose of transportation and such travel is listed as a Covered Activity in the Schedule of Benefits.

3. Any Accident where the Insured is the operator and does not possess a current and valid motor vehicle operator’s license (except in a Driver’s Education Program).

4. An Accident that occurs while:
   a. participating in any hazardous activities, including the sports of snowmobiling, ATV (all terrain or similar type wheeled vehicle), personal watercraft, sky diving, scuba diving, skin diving, hang gliding, cave exploration, bungee jumping, parachute jumping or mountain climbing;
   b. riding, driving, or testing a motorized vehicle used in a race or speed contest, sport, exhibition work or test driving. Motorized Vehicle for purposes of this provision means any self-propelled vehicle or conveyance, including but not limited to automobiles, trucks, motorcycles, ATV’s, snow mobility, tractors, golf carts, motorized scooters, lawn mowers, heavy equipment used for excavating, boats, and personal watercraft. Motorized Vehicle does not include a Medically Necessary motorized wheelchair, unless such activity is specifically listed as a Covered Activity in the Schedule of Benefits.

5. Medical or surgical treatment, diagnostic or preventative care of any Sick ness, except for treatment of pyogenic infection that results from an Accidental Injury or a bacterial infection that results from the Accidental ingestion of contaminated substances.

6. Any Heart or Circulatory Malfunction, whether or not known or diagnosed, except as may be otherwise covered under the Policy or unless the immediate cause of such malfunction is external trauma.

Additional exclusions for the Accident Medical Expense Benefit and any applicable Riders: **We will not pay Benefits for:**

1. Expenses incurred for services or treatment rendered by a Physician, Nurse or any other Provider who is:
   a. employed or retained by the Policyholder, or its subsidiaries or affiliates;
   b. the Insured, or the Insured’s Family Member.

2. Expenses incurred for charges which the Insured would not have to pay if he/she did not have insurance or for which no charge is made.

3. Expenses incurred for charges which are in excess of Reasonable Charges.

4. That part of medical expenses payable by any automobile insurance Policy without regard to fault.

5. Expenses incurred for any treatment that is considered to be experimental by the American Medical Association (AMA) or the American Dental Association (ADA).

6. Expenses incurred for the examination, prescription, purchase, or fitting of eyeglasses, contact lenses, or hearing aids, unless injury has caused impairment of sight or hearing or unless repair or replacement of existing eye glasses, contact lenses or hearing aids is necessary as a result of a covered Injury.

7. Expenses incurred for new, or repair or replacement of, dentures, bridges, dental implants, dental bands or braces or other dental appliances, crowns, caps, inlays or onlays, fillings or any other treatment of the teeth or gums, except as a result of Injury up to the Dental Maximum shown in the Schedule of Benefits, if applicable.

8. Expenses incurred for personal comfort or convenience items including, but not limited to, Hospital telephone charges, television rentals, or guest meals.

9. Expenses incurred for or in connection with Custodial Care, unless otherwise specified in the Schedule of Benefits.

Accident Only Definitions:

**Injury** A bodily injury which is:

1. directly and independently caused by specific Accidental contact with another body or object;
2. a source of loss that is sustained while the Insured Person is covered under this Policy and while he or she is taking part in a Covered Activity.

For all Benefits, Injury includes Heart and Circulatory Malfunction, subject to the following conditions:

1. Malfunction must occur before age 65 while the Insured is taking part in a Covered Activity; and
2. The symptom(s) of such malfunction(s) is (are) first medically treated while the Policy is in force with respect to the Insured and within 48 hours of having taken part in a Covered Activity; and
3. Such Insured has not, within one year prior to the date of participation in the Covered Activity, been medically diagnosed with, or received any medication for, any myocardial infarction, angina pectoris, coronary thrombosis, hypertension, heart attack, or a cerebral vascular incident.

For the Accident Medical Expense Benefit, Injury also includes repetitive motion injuries resulting from participation in a Covered Activity. Repetitive motion injuries are injuries such as, but not limited to, strains, sprains, hernias, tennis elbow, tendinitis, bursitis, and muscle tears. The repetitive motion injury must be diagnosed by a Physician and occur within 30 days of participation in a Covered Activity.

All Injuries sustained in one Accident, including all related conditions and recurrent symptoms of these Injuries will be considered as one Injury.

**Accidental Death & Specific Loss Benefits:**

The Aggregate Limit is $500,000 and is the maximum amount payable for claims incurred for all Insureds under the Policy which are caused by any one Incident that occurs when the Policy is in force. If this limit is not sufficient to pay the total of all such Claims, then the Benefit payable to any one Insured will be determined in proportion to our total aggregate limit of liability. This Aggregate Limit of Liability applies only to Accidental Death and Specific Loss Benefits.

<table>
<thead>
<tr>
<th>Injury Description</th>
<th>Benefit Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Life</td>
<td>$10,000</td>
</tr>
<tr>
<td>Both arms or both legs</td>
<td>$10,000</td>
</tr>
<tr>
<td>Both hands and both feet</td>
<td>$10,000</td>
</tr>
<tr>
<td>One arm and one leg</td>
<td>$10,000</td>
</tr>
<tr>
<td>One hand and one foot</td>
<td>$10,000</td>
</tr>
<tr>
<td>Either both hands or both feet</td>
<td>$10,000</td>
</tr>
<tr>
<td>Speech and hearing in both ears</td>
<td>$10,000</td>
</tr>
<tr>
<td>The sight of both eyes</td>
<td>$10,000</td>
</tr>
<tr>
<td>The sight of one eye or either hand or one foot</td>
<td>$10,000</td>
</tr>
<tr>
<td>Either one arm or one leg</td>
<td>$7,500</td>
</tr>
<tr>
<td>Either one hand or one foot</td>
<td>$5,000</td>
</tr>
<tr>
<td>Speech or hearing in both ears</td>
<td>$5,000</td>
</tr>
<tr>
<td>Sight of one eye</td>
<td>$5,000</td>
</tr>
<tr>
<td>Hearing in one ear</td>
<td>$2,500</td>
</tr>
<tr>
<td>Both the thumb and index finger of one hand</td>
<td>$2,500</td>
</tr>
</tbody>
</table>
Enroll online for quicker service at www.StudentInsurance-kk.com or complete and mail this form

Enrollment Form (School Year 2019-2020)

Student’s Last Name: ________________________________
Student’s First Name: ________________________________
Student’s Middle Name: ____________________________ Date of Birth: ____________________________
Street Address: ____________________________________
City: _______________________ State: ___________ Zip: ______________________
Name of School District (required): ______________________________
Name of School: ___________________________________________
Grade Level: [ ] Pre-K/Headstart [ ] Kindergarten/Elementary [ ] Middle School [ ] High School/Above
Signature of Parent or Guardian: ________________________________
Date: ___________ Email Address: ___________________________ Phone Number: ______________________

Student Insurance Plan Options — Check Your Selection:

<table>
<thead>
<tr>
<th>Accident Only Coverage Plans</th>
<th>Low Option</th>
<th>High Option</th>
</tr>
</thead>
<tbody>
<tr>
<td>24-HOUR, with Extended Dental</td>
<td>$86.00</td>
<td>$127.00</td>
</tr>
<tr>
<td>24-HOUR, without Extended Dental</td>
<td>$77.00</td>
<td>$118.00</td>
</tr>
<tr>
<td>24-HOUR, Summer Only, with Extended Dental</td>
<td>$29.00</td>
<td>$41.00</td>
</tr>
<tr>
<td>24-HOUR, Summer Only, without Extended Dental</td>
<td>$20.00</td>
<td>$32.00</td>
</tr>
<tr>
<td>AT-SCHOOL, with Extended Dental</td>
<td>$28.00</td>
<td>$36.00</td>
</tr>
<tr>
<td>AT-SCHOOL, without Extended Dental</td>
<td>$19.00</td>
<td>$27.00</td>
</tr>
<tr>
<td>HIGH SCHOOL FOOTBALL, Full Year, with Extended Dental</td>
<td>$141.00</td>
<td>$215.00</td>
</tr>
<tr>
<td>HIGH SCHOOL FOOTBALL, Full Year, without Extended Dental</td>
<td>$132.00</td>
<td>$206.00</td>
</tr>
<tr>
<td>HIGH SCHOOL FOOTBALL, Spring Only, with Extended Dental (For New Players)</td>
<td>$62.00</td>
<td>$91.00</td>
</tr>
<tr>
<td>HIGH SCHOOL FOOTBALL, Spring Only, without Extended Dental (For New Players)</td>
<td>$53.00</td>
<td>$82.00</td>
</tr>
<tr>
<td>HIGH SCHOOL FOOTBALL and AT SCHOOL, with Extended Dental (Covers all athletics)</td>
<td>$169.00</td>
<td>$251.00</td>
</tr>
<tr>
<td>HIGH SCHOOL FOOTBALL and AT SCHOOL, without Extended Dental (Covers all athletics)</td>
<td>$151.00</td>
<td>$233.00</td>
</tr>
<tr>
<td>HIGH SCHOOL FOOTBALL and 24-HOUR, with Extended Dental (Covers all athletics)</td>
<td>$227.00</td>
<td>$342.00</td>
</tr>
<tr>
<td>HIGH SCHOOL FOOTBALL and 24-HOUR, without Extended Dental (Covers all athletics)</td>
<td>$209.00</td>
<td>$324.00</td>
</tr>
</tbody>
</table>

Enclose check for total payment payable to: Nationwide Life Insurance Company. Checks, money orders, or credit cards accepted.
DO NOT SEND CASH
TOTAL ENCLOSED: $ __________________________

Mail this completed form with payment back to: K&K Insurance Group, P.O. Box 2338, Fort Wayne, IN 46801-2338

Complete this section only if you wish to pay with a Credit Card

Full name as it appears on card
First Name: ___________________________ Mi: _______ Last Name: ___________________________
Billing Address (if different than above)
Street # ___________________________ Address ___________________________ Apt # ___________________________
City: ___________________________ State: ___________________________ Zip: ___________________________
Card Number: ___________________________ Expiration Date: Month: _______ Year: _______
Cardholder signature: ___________________________

Company does not issue refunds nor accept responsibility for cash payments. (Rejection of check or credit card by bank for any reason, will invalidate insurance.)
**COBERTURA SOLO PARA ACCIDENTES:** La Póliza ofrece beneficios por pérdida debido a una Lesión cubierta hasta un Beneficio máximo de $25,000 por cada Lesión. Siempre que el tratamiento a cargo de un Médico calificado y matriculado comience en el término de 60 días a partir de la fecha de la Lesión, se pagarán beneficios por los Gastos médicos cubiertos incurridos dentro de las 52 semanas a partir de la fecha de la Lesión, hasta el Beneficio máximo por servicio según se muestra a continuación.

**PROGRAMA DE BENEFICIOS:** Los Beneficios máximos se pagan según lo especificado a continuación. Los Cargos razonables y necesarios por razones médicas están basados en el percentil 75.

<table>
<thead>
<tr>
<th>Compare y elija</th>
<th>Opción baja de Solo accidentes</th>
<th>Opción alta de Solo accidentes</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Beneficio máximo:</strong></td>
<td>$25,000 (por cada lesión)</td>
<td>$25,000 (por cada lesión)</td>
</tr>
<tr>
<td><strong>Deducible:</strong></td>
<td>$0</td>
<td>$0</td>
</tr>
</tbody>
</table>

**Paciente hospitalizado**

| Habitación y comidas:                  | Hasta $150 por día/             | 80% de los cargos razonables/   |
|                                        | tarifa de habitación semiprivada| tarifa de habitación semiprivada|
| Varios del hospital:                   | $600 como máximo por día        | $1,200 como máximo por día      |
| Personal de enfermería registrado:     | 75% de los cargos razonables    | 100% de los cargos razonables   |
| Consultas médicas: (Los beneficios se limitan a una consulta por día y no aplican cuando la consulta se relaciona con una cirugía) | $40 primer día/$25 cada día subsiguiente | $60 primer día/$40 cada día subsiguiente |

**Paciente ambulatorio**

| Procedimientos quirúrgicos ambulatorios varios: | $1,000 como máximo | $1,200 como máximo |
| Consultas médicas: (Los beneficios se limitan a una consulta por día y no aplican cuando la consulta se relaciona con una cirugía o fisioterapia) | $40 primer día/$25 cada día subsiguiente | $60 primer día/$40 cada día subsiguiente |
| Fisioterapia para pacientes ambulatorios: (Los beneficios se limitan a una consulta por día) | $30 primer día/$20 cada día subsiguiente/ máximo de 5 días | $60 primer día/$40 cada día subsiguiente/ máximo de 5 días |
| Servicios en la sala de emergencias: (El tratamiento se debe realizar en el término de 72 horas desde que se produce la lesión) | $150 como máximo | $300 como máximo |
| Radiografías: | $200 como máximo | $600 como máximo |
| Servicios de diagnóstico por imágenes: | $300 como máximo | $600 como máximo |
| Laboratorio: | $50 como máximo | $300 como máximo |
| Medicamentos recetados: | $75 como máximo | $200 como máximo |
| Inyecciones: | No hay beneficios | No hay beneficios |
| Aparatos y dispositivos ortopédicos: | $75 como máximo | $140 como máximo |

**Paciente hospitalizado y/o paciente ambulatorio**

| Honorarios del cirujano: (Limitado al procedimiento primario por herida) | $1,000 como máximo | $1,200 como máximo |
| Anestesista: 20% de la prestación por cirugía | 25% de la prestación por cirugía |
| Auxiliar quirúrgico: 20% de la prestación por cirugía | 25% de la prestación por cirugía |
| Ambulancia: | $300 como máximo | $800 como máximo |
| Asesor: | $200 como máximo | $400 como máximo |
| Tratamientos dentales debido a Lesiones en los dientes: (Para Lesiones en dientes naturales y en buen estado) | Máximo de $10,000 por periodo de póliza si se adquiere la opción de ampliación de la cobertura odontológica | Máximo de $10,000 por periodo de póliza si se adquiere la opción de ampliación de la cobertura odontológica |
| Reemplazo de anteojos, lentes de contacto o audífonos que se rompen como consecuencia de una Lesión cubierta: 100% de los cargos razonables | 100% de los cargos razonables |
| Equipos médicos duraderos: | No hay beneficios | No hay beneficios |
| Maternidad: No hay beneficios | No hay beneficios |
| Complicación del embarazo: No hay beneficios | No hay beneficios |

**Nota:** Este es un breve resumen de beneficios y no es un contrato. Se le ha entregado al distrito escolar una Póliza maestra que contiene todas las disposiciones, limitaciones, exclusiones y calificaciones de los beneficios del seguro. La Póliza maestra es el contrato que regirá y controlará el pago de los beneficios.
Eligio su plan de cobertura:  
**Fecha de vencimiento de la cobertura:** La cobertura finaliza cuando se cumplen doce meses de vigencia de la póliza o el primer día del año escolar siguiente, la fecha que sea anterior. Se extinguirá toda la cobertura si el titular de la póliza cancela la póliza o cuando la persona deja de reunir los requisitos necesarios. La extinción de la cobertura por cualquier motivo no afectará a ninguna reclamación que tenga lugar antes de la finalización de la cobertura.

<table>
<thead>
<tr>
<th>Accidente las 24 horas (alumnos y empleados)</th>
<th>Con ampliación de la cobertura odontológica</th>
<th>Sin ampliación de la cobertura odontológica</th>
</tr>
</thead>
<tbody>
<tr>
<td>A toda hora/en cualquier parte del mundo. Antes, durante y después del horario escolar. Los fines de semana, vacaciones y todo el verano, incluidos los cursos de verano. Deportes patrocinados por la escuela y extracurriculares, queda excluido el fútbol americano de preparatoria.</td>
<td>Opción baja $86.00</td>
<td>Opción baja $77.00</td>
</tr>
<tr>
<td></td>
<td>Opción alta $127.00</td>
<td>Opción alta $118.00</td>
</tr>
</tbody>
</table>

| Accidente las 24 horas (cobertura solo durante el verano, solo estudiantes) | Opción baja $29.00 | Opción baja $20.00 |
| El verano comienza el primer día después de que termina el año escolar. El verano termina el primer día del año escolar siguiente. | Opción alta $41.00 | Opción alta $32.00 |

| Accidente en la escuela (alumnos y empleados) | Opción baja $28.00 | Opción baja $19.00 |
| Durante el período lectivo regular, en las instalaciones de la escuela durante las horas de clase. Traslado directo e ininterrumpido desde y hacia el hogar y las clases programadas. Actividades y deportes patrocinados y supervisados por la escuela; queda excluido el fútbol americano de preparatoria, Traslados desde y hacia actividades y deportes patrocinados y supervisados por la escuela en un vehículo proporcionado e aprobado por la escuela. | Opción alta $36.00 | Opción alta $27.00 |

| Ampliación de la cobertura odontológica (solo accidentes) | Opción baja $118.00 | Opción baja $119.00 |
| Cobertura complementaria ampliada para alumnos con Cobertura en la escuela, las 24 horas o de fútbol americano – Limitada a las fechas de vigencia de la póliza y la opción de cobertura de solo accidentes seleccionada de la persona cubierta. Reemplaza la cobertura odontológica estándar con una cobertura del 80% de los Cargos razonables hasta un límite máximo de $10,000 por lesión. | Opción alta $227.00 | Opción alta $229.00 |

| Preparatoria Fútbol americano | Opción baja $141.00 | Opción baja $132.00 |
| Juego, práctica o partidos de fútbol americano regulares programados. Consulte con el Departamento de Deportes a fin de obtener las instrucciones para la inscripción. | Opción alta $215.00 | Opción alta $206.00 |

| Preparatoria Fútbol americano (solo primavera) | Opción baja $62.00 | Opción baja $53.00 |
| Para los jugadores nuevos que participan en el entrenamiento de primavera y todavía no están asegurados en virtud de la Cobertura de fútbol americano. La asociación de atletismo de las preparatorias de su estado define las temporadas de deportes. | Opción alta $91.00 | Opción alta $82.00 |

| Preparatoria Fútbol americano y Accidentes en la escuela (Cubre todas las disciplinas atléticas) | Opción baja $169.00 | Opción baja $151.00 |
| Cobertura en la escuela, las 24 horas o de fútbol americano – Limitada a las fechas de vigencia de la póliza y la opción de cobertura de solo accidentes seleccionada de la Persona cubierta. Reemplaza la cobertura odontológica estándar con una cobertura del 80% de los Cargos razonables hasta un límite máximo de $10,000 por lesión. | Opción alta $251.00 | Opción alta $233.00 |

| Preparatoria Fútbol americano y Accidentes las 24 horas (Cubre todas las disciplinas atléticas) | Opción baja $227.00 | Opción baja $209.00 |
| Cobertura en la escuela, las 24 horas o de fútbol americano – Limitada a las fechas de vigencia de la póliza y la opción de cobertura de solo accidentes seleccionada de la Persona cubierta. Reemplaza la cobertura odontológica estándar con una cobertura del 80% de los Cargos razonables hasta un límite máximo de $10,000 por lesión. | Opción alta $342.00 | Opción alta $324.00 |

**Datos sobre la Póliza**

1. **¿QUIÉNES REÚNEN LOS REQUISITOS?** Son elegibles los alumnos del titular de la póliza que efectúen el aporte requerido en concepto de prima para la cobertura seleccionada. La condición de alumno se mantiene después de la graduación y entre los años escolares, a menos que la persona se inscriba en otro distrito escolar.
2. La Póliza maestra archivada en el distrito escolar es una póliza no renovable.
3. Esta es una póliza de beneficios limitados.
4. **FECHA DE ENTRADA EN VIGENCIA DE LA COBERTURA:** La cobertura de una persona entra en vigencia cuando la compañía recibe la solicitud completada y la prima, o en la fecha de entrada en vigencia de la póliza emitida a su escuela o distrito escolar, la fecha que sea posterior.
5. **FECHA DE VENCIMIENTO DE LA COBERTURA:** La cobertura finaliza cuando se cumplen doce meses de vigencia de la póliza o el primer día del año escolar siguiente, la fecha que sea anterior. Se extinguirá toda la cobertura si el titular de la póliza cancela la póliza o cuando la persona deja de reunir los requisitos necesarios. La extinción de la cobertura por cualquier motivo no afectará a ninguna reclamación que tenga lugar antes de la finalización de la cobertura.
6. **INSCRIPCIÓN TARDÍA:** La cobertura se puede comprar en cualquier momento durante el año escolar. No habrá ninguna reducción de prima para ninguna persona que se inscriba más avanzado el año.
7. **CANCELACIÓN:** La Cobertura en virtud de la Póliza no se cancelará y, por consiguiente, las primas no se podrán reembolsar después de la aceptación por parte de la Compañía. Sin embargo, se reembolsarán en forma prorrateada las primas en caso de que una Persona cubierta ingrese en el Servicio Militar.
8. **TRASLADO DEL ALUMNO:** La póliza continúa vigente en cualquier parte del mundo si la Persona cubierta se muda antes del vencimiento de la cobertura.

**Inscríbase por Internet en:**


o por correo mediante el formulario de inscripción adjunto.

- 1. Complete y recorte el formulario de inscripción.
- 2. Emita el cheque o el giro postal pagadero a Nationwide Life Insurance Company. No envíe dinero en efectivo. La Compañía no se hace responsable de los pagos en efectivo.
- 3. Escriba el nombre de su hijo en el cheque o giro postal.
- 4. Envíe por correo el formulario completado con el pago a:

**K&K Insurance Group, P.O. Box 2338**  
Fort Wayne, IN 46801-2338

**Preguntas sobre las reclamaciones:** K&K Insurance Group, Inc.

1712 Magnavox Way • Fort Wayne, IN  46801 • 800-237-2917

**Política de privacidad**
Sabemos que su privacidad es importante para usted y nos esforzamos por proteger la confidencialidad de su información personal no pública. No revelamos ninguna información personal no pública sobre nuestros clientes o excelsentes a nadie, excepto según lo permita o exija la ley. Consideramos que mantenemos las salvaguardias físicas, electrónicas y procedimentales apropiadas para garantizar la seguridad de su información personal no pública.

**Administrador por:**  
K&K Insurance Group, P.O. Box 2338, Fort Wayne, IN 46801-2338
Exclusiones y limitaciones de la póliza para Coberturas de solo accidentes

Las siguientes exclusiones aplican a todos los Beneficios y todas las Cláusulas adicionales pertinentes, a menos que se mencione explícitamente lo contrario. **No pagaremos Beneficios por:**

1. Una Lesión o Pérdida que:
   a. sea causada por una guerra o cualquier acto de guerra, declarada o no declarada, sea civil o internacional, o cualquier conflicto armado importante entre fuerzas organizadas de naturaleza militar (lo que no incluye actos de terrorismo);
   b. sea causada mientras la Persona asegurada presta servicio activo a tiempo completo (más de 31 días) en cualquier rama de las Fuerzas Armadas;
   c. sea causada por la participación en una revuelta o disturbio violento;
   d. sea el resultado de la participación de la Persona asegurada en la penetración o intento de perpetuación de un delito grave, la intervención en cualquier acto ilícito u ocupación ilegal o la perpetuación o provocación de cualquier acto ilícito;
   e. se produzca porque la Persona asegurada está bajo la influencia de drogas ilegales, narcótico, psicotrópico o sustancia química (a menos que sea recetado por un Médico y si lo se utilice de acuerdo con las indicaciones del Médico) según lo definen la ley de la jurisdicción en la que se produjo la Lesión accidental. No es necesario una condena para determinar si se está “bajo la influencia de…”;
   f. se autoinfluya intencionalmente, lo que incluye suicidio o intento de suicidio, en estado de sano juicio o no.

2. Una Lesión o Pérdida que sea resultado de un viaje y vuelo (que incluye entrar, salir, subir o bajar) en cualquier aeronave aérea y, salvo lo que se especifique, cualquier aeronave contratada por el Titular de la póliza, siempre que dicha aeronave tenga un certificado de aeronavegabilidad válido y vigente y sea operada por un piloto autorizado o con la debida licencia, y mientras dicha aeronave sea utilizada exclusivamente con fines de transporte y dicho viaje se consigne como una Actividad cubierta en el Programa de beneficios.

3. Todo Accidente donde la Persona asegurada sea el operador y no posea una licencia de operador de vehículo a motor válida y vigente (excepto en un Programa de formación de conductores).

4. Un Accidente que se produzca durante:
   a. la participación en cualquier actividad peligrosa, incluidos los deportes de vehículos de nieve, vehículos todo terreno (vehículos todo terreno o vehículos con ruedas similares), embarcaciones personales, paracaidismo acrobático, buceo, submarinismo, vuelo en ala delta, exploración de cuevas, salto elástico (bungee), lanzamiento en paracaidas o alpinismo;
   b. el viaje en, la conducción de o la prueba de un vehículo a motor utilizado en una carrera o competencia de velocidad, deporte, trabajo de exhibición o prueba de manejo. Para los fines de esta disposición, Vehículo a motor significa todo medio de transporte o vehículo autopropulsado, que incluye, entre otros, automóviles, camiones, motocicletas, vehículos todo terreno, motos de nieve, tractores, carros de golf, mototipines, cortadoras de césped, equipos pesados utilizados para excavar, barcos y embarcaciones personales. El concepto Vehículo a motor no incluye una silla de ruedas motorizada necesaria por razones médicas, a menos que dicha actividad esté explícitamente consignada como una Actividad cubierta en el Programa de beneficios.

5. Tratamiento médico o quirúrgico, atención de diagnóstico o preventiva de cualquier Enfermedad, excepto el tratamiento de una infección pélvica que sea consecuencia de una Lesión accidental o una infección bacteriana resultado de la ingestión accidental de sustancias contaminadas.

6. Toda Insuficiencia cardíaca o circulatoria, sea conocida o no o esté diagnosticada o no, excepto según se cubra de otro modo en virtud de la Póliza o a menos que la causa inmediata de dicha insuficiencia sea un traumatismo externo.

**Otras exclusiones para el Beneficio de gastos médicos por accidente y toda Cláusula adicional pertinente:** **No pagaremos Beneficios por:**

1. Los Gastos por servicios o tratamientos prestados por un Médico, Enfermero o cualquier Proveedor que:
   a. sea empleado de o esté contratado por el Titular de la póliza o sus subsidiarias o filiales;
   b. sea la Persona asegurada o un Integrante de la familia de la Persona asegurada.

2. Los Gastos incurridos por cargos que la Persona asegurada no pagaría si no tuviera el seguro o servicios por los que no se cobra ningún cargo.

3. Los Gastos incurridos por cargos que superan los Cargos razonables.

4. La parte de los gastos médicos pagaderos por cualquier Póliza de seguro automotor sin tener en cuenta la culpa.

5. Los Gastos incurridos por cualquier tratamiento que la American Medical Association (AMA) o la American Dental Association (ADA) consideren experimental.

6. Los Gastos incurridos por la inspección, indicación, compra o ajuste de anteojos, lentes de contacto o audífonos, a menos que la Lesión haya causado el deterioro de la vista o la audición, o a menos que sea necesario reparar o reemplazar los anteojos, lentes de contacto o audífonos en uso como consecuencia de una Lesión cubierta.

7. Los Gastos incurridos por dentaduras postizas, puentes, implantes dentales, bandas o frenos u otros aparatos dentales, coronas, fundas, incrustaciones inlay y onlay y empastes nuevos, su reparación o reemplazo, o cualquier otro tratamiento de los dientes o las encías, excepto como resultado de una Lesión y hasta el Máximo de cobertura odontológica que figura en el Programa de beneficios, si corresponde.

8. Los Gastos incurridos por artículos para la comodidad o el confort personal, que incluyen, entre otros, cargos por llamadas telefónicas en el Hospital, alquiler de televisores o comidas para las personas de visita.

9. Los Gastos incurridos por o a propósito de Atención personal no médica, a menos que se especifique lo contrario en el Programa de beneficios.

10. Los Gastos incurridos por la supervisión de un anestesiasta.

11. Los Gastos incurridos por el alquiler de Equipos médicos duraderos que superen el precio de compra.

12. Los Gastos incurridos por la posterior reparación y reemplazo de dispositivos protésicos.

13. Los Gastos incurridos por cualquier afección cubierta por alguna Ley de Compensación de los Trabajadores, Ley de Enfermedades Ocupacionales o ley similar.

**Definiciones de Solo accidentes:**

**Lesión** Una lesión física que:
1. está directa o independientemente causada por un contacto accidental con otro cuerpo u objeto;
2. es una fuente de pérdida sufrida mientras la Persona asegurada está cubierta en virtud de la Póliza y mientras esa persona participa en una Actividad cubierta.

Para todos los Beneficios, Lesión incluye Insuficiencia cardíaca y circulatoria, con sujeción a las siguientes condiciones:
1. La Insuficiencia se debe presentar antes de los 65 años de edad mientras la Persona asegurada participa en una Actividad cubierta; y
2. Un Médico trata el o los síntomas de dicha insuficiencia en primera instancia mientras la Póliza está vigente con respecto a la Persona asegurada y en el término de 48 horas de haber participado en una Actividad cubierta; y
3. A dicha Persona asegurada, en el término de un año antes de la fecha de la participación en la Actividad cubierta, un médico no le ha diagnosticado, ni ha recibido medicamentos para, infarto de miocardio, angina de pecho, trombosis coronaria, hipertensión, ataque cardíaco o incidente cerebrovascular.

Para el Beneficio de gastos médicos por accidente, Lesión también incluye lesiones por movimientos repetitivos como consecuencia de la participación en una Actividad cubierta. Las lesiones por movimientos repetitivos incluyen, entre otras, esguinces, torceduras, hernias, codo de tenista, tendinitis, bursitis y dolores musculares. La lesión por movimientos repetitivos debe ser diagnosticada por un Médico y se debe producir dentro de los 30 días de participar en una Actividad cubierta.

**Beneficios por Muerte accidental y pérdida específica:**

<table>
<thead>
<tr>
<th>Vida</th>
<th>$10,000</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ambos brazos o ambas piernas</td>
<td>$10,000</td>
</tr>
<tr>
<td>Ambos manos y ambos pies</td>
<td>$10,000</td>
</tr>
<tr>
<td>Un brazo o una pierna</td>
<td>$10,000</td>
</tr>
<tr>
<td>Una mano y un pie</td>
<td>$10,000</td>
</tr>
<tr>
<td>Ambos brazos o ambas piernas</td>
<td>$10,000</td>
</tr>
<tr>
<td>El habla y la audición en ambos oídos</td>
<td>$10,000</td>
</tr>
<tr>
<td>La visión de ambos ojos</td>
<td>$10,000</td>
</tr>
<tr>
<td>La visión de un ojo y una mano o un pie</td>
<td>$10,000</td>
</tr>
<tr>
<td>Un brazo o una pierna</td>
<td>$7,500</td>
</tr>
<tr>
<td>Una mano o un pie</td>
<td>$5,000</td>
</tr>
<tr>
<td>El habla o la audición en ambos oídos</td>
<td>$5,000</td>
</tr>
<tr>
<td>La visión de un ojo</td>
<td>$5,000</td>
</tr>
<tr>
<td>La audición de un oído</td>
<td>$2,500</td>
</tr>
<tr>
<td>El dedo pulgar y el índice de una mano</td>
<td>$2,500</td>
</tr>
</tbody>
</table>
## Opciones del Plan de seguro para estudiantes — Marque su elección:

<table>
<thead>
<tr>
<th>Planes de cobertura solo para accidentes</th>
<th>Opción baja</th>
<th>Opción alta</th>
</tr>
</thead>
<tbody>
<tr>
<td>24 HORAS, con ampliación de la cobertura odontológica</td>
<td>$86.00</td>
<td>$127.00</td>
</tr>
<tr>
<td>24 HORAS, sin ampliación de la cobertura odontológica</td>
<td>$77.00</td>
<td>$118.00</td>
</tr>
<tr>
<td>24 HORAS, Solo durante el verano, con ampliación de la cobertura odontológica</td>
<td>$29.00</td>
<td>$41.00</td>
</tr>
<tr>
<td>24 HORAS, Solo durante el verano, sin ampliación de la cobertura odontológica</td>
<td>$20.00</td>
<td>$32.00</td>
</tr>
<tr>
<td>EN LA ESCUELA, con ampliación de la cobertura odontológica</td>
<td>$28.00</td>
<td>$36.00</td>
</tr>
<tr>
<td>EN LA ESCUELA, sin ampliación de la cobertura odontológica</td>
<td>$19.00</td>
<td>$27.00</td>
</tr>
<tr>
<td>Preparatoria FÚTBOL AMERICANO, Todo el año, con ampliación de la cobertura odontológica</td>
<td>$141.00</td>
<td>$215.00</td>
</tr>
<tr>
<td>Preparatoria FÚTBOL AMERICANO, Todo el año, sin ampliación de la cobertura odontológica</td>
<td>$132.00</td>
<td>$206.00</td>
</tr>
<tr>
<td>Preparatoria FÚTBOL AMERICANO, Solo durante la primavera, con ampliación de la cobertura odontológica</td>
<td>$62.00</td>
<td>$91.00</td>
</tr>
<tr>
<td>Preparatoria FÚTBOL AMERICANO, Solo durante la primavera, sin ampliación de la cobertura odontológica</td>
<td>$53.00</td>
<td>$82.00</td>
</tr>
<tr>
<td>Preparatoria FÚTBOL AMERICANO y EN LA ESCUELA, con ampliación de la cobertura odontológica</td>
<td>$169.00</td>
<td>$251.00</td>
</tr>
<tr>
<td>Preparatoria FÚTBOL AMERICANO y EN LA ESCUELA, sin ampliación de la cobertura odontológica</td>
<td>$151.00</td>
<td>$233.00</td>
</tr>
<tr>
<td>Preparatoria FÚTBOL AMERICANO y 24 HORAS, con ampliación de la cobertura odontológica</td>
<td>$227.00</td>
<td>$342.00</td>
</tr>
<tr>
<td>Preparatoria FÚTBOL AMERICANO y 24 HORAS, sin ampliación de la cobertura odontológica</td>
<td>$209.00</td>
<td>$324.00</td>
</tr>
</tbody>
</table>

Adjuntar el cheque por el pago total pagadero a: Nationwide Life Insurance Company. Se aceptan cheques, giros postales o tarjetas de crédito. NO ENVÍE DINERO EN EFECTIVO
TOTAL ADJUNTO: $__________

Adjuntar el cheque por el pago total pagadero a: K&K Insurance Group, P.O. Box 2338, Fort Wayne, IN 46801-2338

## Complete esta sección únicamente si desea pagar con tarjeta de crédito

Nombre completo según figura en la tarjeta
Nombre: ____________________________ Inicial del segundo nombre: ____________________________ Apellido: ____________________________

Dirección de facturación (si es distinta de la anterior)
N.° de calle: ____________________________ Dirección: ____________________________ N.° de apto: ____________________________

Ciudad: ____________________________ Estado: ____________________________ Código postal: ____________________________

Número de la tarjeta: ____________________________ Fecha de vencimiento: Mes: __________ Año: __________

Firma del titular de la tarjeta:

La compañía no emite reembolsos ni acepta responsabilidad por los pagos en efectivo. (Si el banco por cualquier motivo rechaza un cheque o una tarjeta de crédito, el seguro quedará invalidado.)
### Section I – To be completed by Trip Organizer:

<table>
<thead>
<tr>
<th>FIELD TRIP INFORMATION – SEE ATTACHED DESCRIPTION AND ITINERARY</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>School Name:</strong></td>
</tr>
<tr>
<td><strong>Class/Grade/Club(s) Participating:</strong></td>
</tr>
<tr>
<td><strong>Purpose of Trip:</strong></td>
</tr>
<tr>
<td><strong>Date, Time, and Place of Departure:</strong></td>
</tr>
</tbody>
</table>

### RISKS INVOLVED WHILE ON THIS TRIP

<table>
<thead>
<tr>
<th>Activities (Check all that apply):</th>
</tr>
</thead>
<tbody>
<tr>
<td>Amusement/Theme Parks</td>
</tr>
<tr>
<td>Athletic/Sporting Event Participation</td>
</tr>
<tr>
<td>Home Stay with Foreign Family</td>
</tr>
<tr>
<td>Outdoor Activities/Walking/Hiking</td>
</tr>
<tr>
<td>Swimming, Boating, Water Activities</td>
</tr>
<tr>
<td>Other (Specify):</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Transportation (Check all that apply):</th>
</tr>
</thead>
<tbody>
<tr>
<td>Commercial Plane Flight</td>
</tr>
<tr>
<td>Charter Bus</td>
</tr>
<tr>
<td>Charter Cruise Boat</td>
</tr>
<tr>
<td>Public Bus/Taxi/Rail Transportation</td>
</tr>
<tr>
<td>Private or Leased Vehicle</td>
</tr>
<tr>
<td>Other (Specify):</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Trip Organizer Name and Job Position:</th>
<th><strong>Email Address:</strong></th>
<th><strong>Phone #:</strong></th>
</tr>
</thead>
</table>

### Section II – To be completed by Parent/Guardian of Student Participant:

<table>
<thead>
<tr>
<th>PARTICIPANT AND EMERGENCY INFORMATION</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Student Full Name:</strong></td>
</tr>
<tr>
<td><strong>Home Address (Number, Street, City, State, Zip):</strong></td>
</tr>
<tr>
<td><strong>Home Phone:</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Emergency Contact Name #1:</th>
<th><strong>Relationship:</strong></th>
<th><strong>Phone Number(s):</strong></th>
<th><strong>Email Address:</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Emergency Contact Name #2:</td>
<td><strong>Relationship:</strong></td>
<td><strong>Phone Number(s):</strong></td>
<td><strong>Email Address:</strong></td>
</tr>
</tbody>
</table>

### HEALTH INSURANCE INFORMATION

<table>
<thead>
<tr>
<th>Name of Student’s Primary Care Physician:</th>
<th><strong>Physician’s Phone Number:</strong></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Health Insurance Company:</td>
<td><strong>Policy Number:</strong></td>
<td></td>
</tr>
<tr>
<td>Insurance Company Phone Number:</td>
<td><strong>Member Number:</strong></td>
<td></td>
</tr>
</tbody>
</table>

### MEDICAL ACKNOWLEDGEMENT & PARENT PERMISSION - READ CAREFULLY!

**READ CAREFULLY:**

1. On overnight and foreign field trips, physician’s orders and written parental permission will be required for all prescription medication that is to be carried by the student or given by the medication trained school staff members.
2. Over-the-counter medications may be carried and self-administered by the student or administered by the medication trained school staff member with written parental permission (LCPS Medication Administration form) and according to the guidelines for overnight and foreign trips of Loudoun County Public Schools.
3. All paperwork for both over-the-counter and prescription medications must be submitted to the school nurse for verification of completeness no later than two weeks prior to the departure date of the field trip.
4. Parents must supply both the over-the-counter and the prescription medication for the overnight or foreign field trip. Medication will not be provided from the clinic.
5. The over-the-counter medication must be stored in the original manufacturer’s container with no more medication than is required for the duration of the field trip.
6. The prescription medication must be stored in the pharmacy-dispensed and labeled prescription container with no more medication than what is required for the duration of the field trip.
MEDICAL ACKNOWLEDGEMENT AND PARENT PERMISSION (cont.) - READ CAREFULLY!

Describe any medical condition/s or special needs of the above named student:

Medication/s required during the field trip (attach additional page if more space is needed):

<table>
<thead>
<tr>
<th>Name of Medication</th>
<th>(Check One)</th>
<th>Dosage</th>
<th>Frequency/ Time to Administer</th>
<th>Quantity Provided</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Over-the-Counter</td>
<td>Prescription</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

READ CAREFULLY:

1. I hereby DO ☐ DO NOT ☐ (check one) consent to allowing my child to carry and self-administer the medications listed above. By consenting hereto, I agree to hold LCPS harmless from any liability regarding my child’s medication.

2. If I am signing permission authorizing my child to carry and self-administer either over-the-counter or prescription medication, then I accept complete responsibility for this decision and my child’s actions while on this overnight or foreign trip.

3. If I am signing permission authorizing my child to carry and self-administer either over-the-counter or prescription medication, I state my child understands how to appropriately carry, self-administer, and secure the over-the-counter and/or prescription medication listed on this paperwork.

4. I understand that the school nurse will check this paperwork for completeness. I understand that I must complete the LCPS Medication Administration form for over-the-counter medication. Written approval from the prescribing physician is required for prescription medication.

5. All over-the-counter medication must be stored in the original manufacturer’s container. Prescription medication must be stored in the pharmacy-dispensed and labeled prescription container. I agree that I will provide only the amount of medication required for the duration of the field trip. No medication will be provided by the school clinic.

6. I consent to notifying the chaperone who is not an LCPS staff member or the host family of my child’s medical conditions (i.e., diabetes, severe allergy, asthma, or seizure) if it is so determined to be in my child’s best interests by the LCPS Principal or Trip Sponsor, in their sole discretion.

RISK ACKNOWLEDGEMENT AND PARENT PERMISSION - READ CAREFULLY!

1. I understand that my child’s participation in the field trip is voluntary, that it is not required, and that there will be exposure to activities involving risks of illness, serious injury, or even death. I have read and understand the description of the travel itinerary, activities and events involved in the field trip, and I give my permission for my child to fully participate in all aspects of the trip.

2. I understand that there will be extended times during the trip when my child will not be under the direct supervision of the trip sponsor or an adult LCPS chaperone and that it will be necessary for my child to use his/her independent judgment about unexpected situations and excursions beyond LCPS’ knowledge and control (for example, home stays with foreign host families).

3. I understand that Loudoun County Public Schools (LCPS) will not be responsible for any personal property that may become lost or damaged during this field trip, including baggage, money, credit cards, electronic devices, musical instruments, etc.

4. I understand that LCPS does not provide medical or accident insurance for student injuries which may occur while on this trip. I authorize and give permission for my child to receive first aid, emergency medical care and transport, medical treatment, and all other care deemed reasonably necessary for my child’s health and well-being in case of accident, injury, or serious illness during the field trip. I understand that I will be responsible for any related medical bills, fees, or costs incurred.

5. I understand that all LCPS school rules, regulations and policies apply during this field trip and further understand that parents/guardians may be responsible for transportation to and/or from the airport on the dates provided above or from the field trip destination if necessary.

6. I understand that non-refundable tickets purchased by parents and/or students will NOT be reimbursed if the trip is canceled due to inclement weather, hazardous conditions, and/or if national conditions or those in our immediate area make it inadvisable to have students on a field trip. LCPS will provide as much advance notice as possible of any cancellations.

7. I further understand that LCPS recommends the purchase of travel accident insurance/trip cancellation coverage and that LCPS will not be responsible for payment or reimbursement of travel fees for any reason.

STUDENT AGREEMENT

Student Agreement: While participating in the above stated field trip I will act responsibly, follow directions, maintain good conduct and appearance, and I will safeguard personal property. I further understand that all school rules and policies will apply at all times during this field trip.

Printed Name of Student:

Student’s Signature: ____________________________ Date: ____________

PARENT AGREEMENT AND PERMISSION

Parent Agreement: I have read and understand the description of the field trip to ____________________________ (Destination being visited) which departs on ______________ (M/D/Y) and returns on ______________ (M/D/Y). I further give permission for my child to fully participate and I acknowledge and agree to all the conditions and statements throughout this participation form.

Printed Name of Parent/Guardian:

Parent/Guardian’s Signature: ____________________________ Date: ____________

**SIGNATURES INDICATE AGREEMENT WITH ALL CONDITIONS LISTED HEREIN**
WEBSITE REGISTRATION CHECKLIST

Take your first step to becoming an NCAA student-athlete at eligibilitycenter.org.

Choose from our two account types to get started:

1. Certification Account: You need to be certified by the NCAA Eligibility Center to compete at an NCAA Division I or II school. You also need to be registered with a Certification Account before you can make official visits or sign a National Letter of Intent in Division I or II.

2. Profile Page: If you plan to compete at a Division III school or are currently unsure in which division you want to compete, create a Profile Page. If at any time you wish to pursue a Division I or II path, you will be able to transition to a Certification Account.

For Certification Accounts, please allow between 30 to 45 minutes to register completely. If you need to exit and come back at a later time, you can save and exit once your account or profile is created.

Reference the Help section located in the top task bar at any time to answer your questions as you work through registration.

Below is a list of items we recommend you have before beginning your registration with the NCAA Eligibility Center:

**Valid Student Email**
You need a valid email address that you check regularly to register. This is important for updating prospective student-athletes about their account. For more information about accepted emails, please reference our FAQ.

**Basic Student Personal Information**
This includes information such as your name, gender, date of birth, primary and secondary contact information, and address.

**Basic Student Education History**
Please include details about all high schools or secondary schools you have attended in the United States or internationally, and additional programs you have attended. Check if your school has a list of NCAA-approved courses.

**Student Sports Participation History**
For Certification Accounts, this includes details for any expenses or awards you received, any teams you have practiced or played with or certain events in which you participated, including your high school team. It also includes information about any individuals who have advised you or marketed your skills in a particular sport. This information helps the Eligibility Center certify your amateur status when it is requested by an NCAA school.

**Payment**
For Certification Accounts, nonrefundable registration fee for U.S., U.S. Territories* and Canadian students: $90

*U.S. Territories include American Samoa, Guam, Northern Mariana Islands, Puerto Rico and U.S. Virgin Islands.

Nonrefundable registration fee for international students: $150

The NCAA Eligibility Center accepts Visa, MasterCard, Discover and American Express. For payment questions, look here. Some individuals may qualify to apply for a fee waiver.

**Next Steps**
Stay on track in high school and understand these quick tips to help in your eligibility process.

For more information, please visit: www.NCAA.org/playcollegesports.

NCAA is a trademark of the National Collegiate Athletic Association.