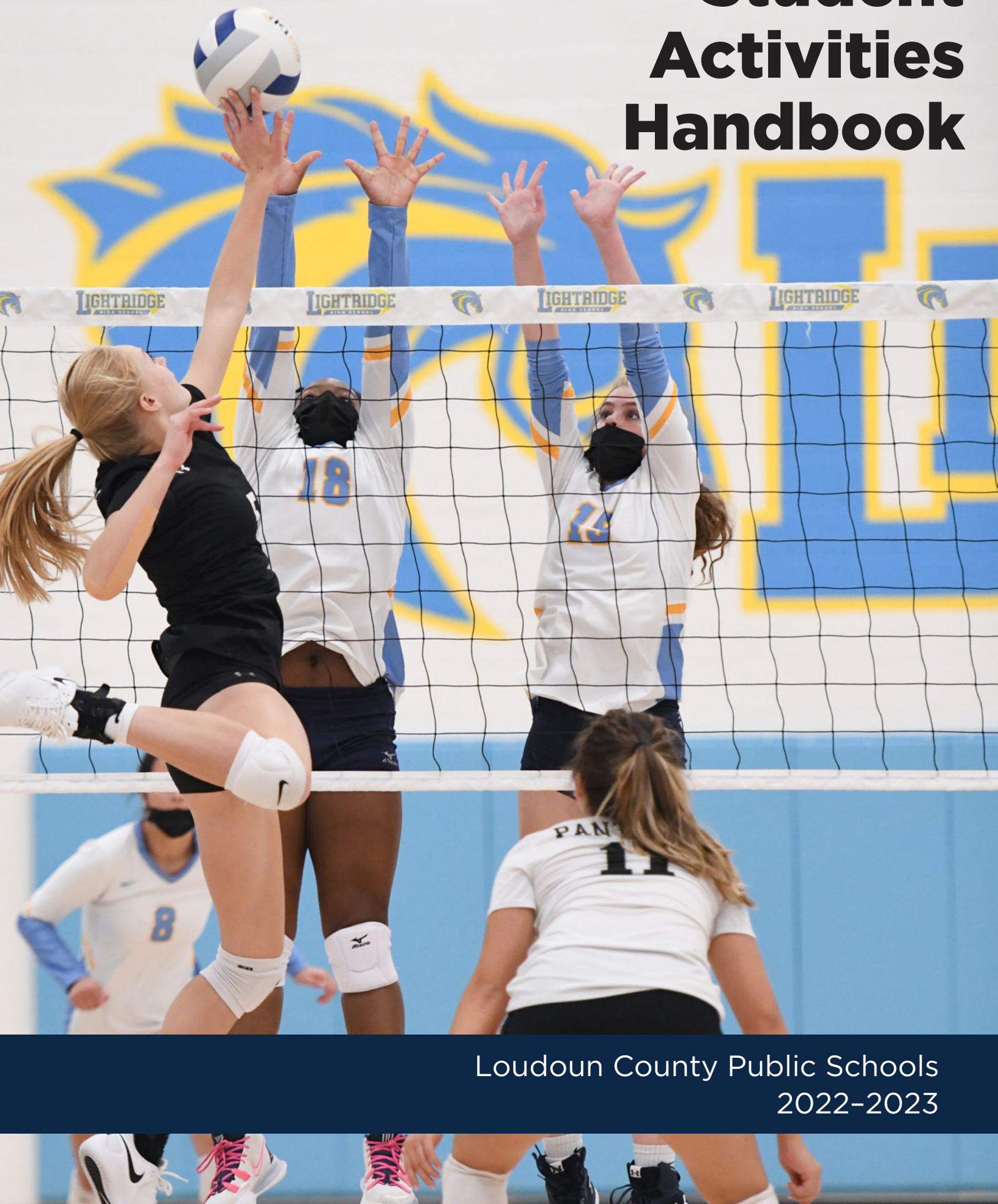


Student Activities Handbook



Loudoun County Public Schools
2022-2023



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TABLE OF CONTENTS

INTERSCHOLASTIC

I. INTRODUCTION.....	6
A. To the Parent	6
B. Commitment and Goals for Athletes	10
C. Athletic Goals	10
II. GOVERNANCES.....	12
A. The Virginia High School League	12
B. The National Federation of State High School Associations.....	12
C. The Athletic District/Conference.....	12
III. STUDENT REQUIREMENTS FOR PARTICIPATION	13
A. Physical Examination.....	13
B. Emergency Medical Authorization Card.....	13
C. Parental Acknowledgment of Participation Rules and Guidelines	13
D. Insurance Bulletin	13
E. LCPS Concussion Guidelines for Parents and Athletes.....	13
F. Risk of Participation	14
G. Financial Obligations and Equipment	14
H. Eligibility of Athletes	14
I. Official Start Dates for Tryouts	16
IV. ATHLETIC CODE OF CONDUCT	16
A. General Conduct of Athletes.....	16
B. Hazing	17
C. Corporal Punishment.....	18
D. Individual Coach's or Sponsor Rules.....	18
E. Disciplinary Report during the Activity Season.....	18
V. BASIC ATHLETIC DEPARTMENT POLICIES	19
A. Participation	19
B. Equipment.....	19
C. Attendance/Missing Practice and/or Game	20
D. Conflicts with Extracurricular Activities	20
E. Vacation Policy	20
F. Designated Non-Practice and/or Non-Play Dates	21
G. Travel for Activities and Competitions	21
H. College Recruitment Policy	22
I. Release from Class	23
J. Squad Selection and Cutting Policies.....	23
K. Promotion to Varsity Squad	23
L. Reporting an Injury	23
M. Skin Infections.....	24
N. Energy Drinks/Supplements	24
O. Emergency Medications.....	24
P. Oxygen Use in Emergency Situations	25
Q. Use of Electrical Modalities.....	25
R. Lightning Guidelines.....	25
S. Concussion Guidelines.....	27
T. Weather Guidelines for Extreme Heat or Cold.....	27
U. Locker Room Regulations.....	27
V. Weight Room Regulations	27

VI. ATHLETIC AWARDS POLICY	28
A. Varsity Letter Requirements	28
B. Lettering Criteria That Pertain to All Sports	28
C. Specific Criteria in Meeting the Requirements for a Letter.....	28
D. Team/Individual Sports:	30
E. Special Situations	30

VII. STUDENT PARTICIPATION RULES AND GUIDELINES	30
A. General Information.....	30
B. Club/Organization Proposals.....	31

CO & EXTRA CURRICULAR

I. INTRODUCTION.....	32
A. To the Parent	32

II. STUDENT PARTICIPATION RULES AND GUIDELINES	33
A. General Information.....	33
B. Club/Organization Proposals.....	33

APPENDIX

Appendix A	Rules and Regulations for Students Participating in Student Activities	34
Appendix B	Distribution and Fitting of Athletic Protective Equipment.....	36
Appendix C	Athletic Equipment Loan Acknowledgement Agreement to Utilize LCPS Property ...	37
Appendix D	NFHS and SMAC Position Statement on Appearance and Performance Enhancing Drugs and Substances.....	38
Appendix E	NFHS and SMAC Position Statement and Recommendations for the Use of Energy Drinks By Young Athletes.....	42
Appendix F	NFHS and SMAC Supplements Position Statement	45
Appendix G	Concussions in High School Sports—LCPS Guidelines for Parents, Athletes, & Staff	47
Appendix H	LCPS Guidelines for Extracurricular Activity During Extreme Cold Weather Reminders	51
Appendix I	Guidelines for Extracurricular Activity during Extreme Hot and Humid Weather.....	52
Appendix J	LCPS Athletics Electrical Modalities Protocol and Parental Consent Form.....	53
Appendix K	LCPS Supplemental Oxygen Protocol	55
Appendix L	LCPS Exertional Heat Illness Protocol.....	56
Appendix M	Sudden Cardiac Arrest—LCPS Guidelines for Parents, Athletes, & Staff.....	60
Appendix N	Sports/Activities/Emergency Card.....	62
Appendix O	Athletics Division Acknowledgment of Risk.....	63
Appendix P	Athletic Student Accident Insurance Bulletin	64
Appendix Q	Music Division Acknowledgment of Risk	71
Appendix R	Music Student Accident Insurance Bulletin	72
Appendix S	Overnight And Foreign Field Trip - Student Participation & Permission Form	79
Appendix T	NCAA Eligibility Checklist	81
Appendix U	Student Fees.....	82
Appendix V	Student Fees - Regulation.....	84
Appendix W	Fundraisers.....	89
Appendix X	Student Activities	92
Appendix Y	Student Publications.....	95
Appendix Z	Field Trips - Regulation.....	96

I. INTRODUCTION

A. To the Parent

This publication is presented to you because your child has indicated a desire to participate in interscholastic athletics, co-curricular, or extra-circular activities and you have expressed your willingness to permit them 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 their priority.

Loudoun County Public Schools believes that student activity programs help meet students' needs 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 participate in one of our student activity programs commit to self-discipline, self-denial, and 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 competitions
- 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 their 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.

Loudoun County Public Schools Student Activities Mission Statement and Objectives

Mission Statement: Loudoun County Public Schools Student Activity dynamically supports the academic mission of the school system. Our Student Activity programs provide opportunities for lifelong lessons in the value of teamwork, empathy, work ethic, resilience, and 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 8155 (School Assignment) different from my home school, will I remain eligible for VHSL athletics?

ANSWER: No. The VHSL Transfer rule (28-7-1) prohibits a current high school student from transferring without a corresponding change in their 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 8155, 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 they are actually ineligible due to the Transfer Rule?

ANSWER: The high school that allowed the student to play when they were 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 or email the coach to set up an appointment.
- If the coach cannot be reached, call the Athletic Director. They will set up the meeting for you and the coach.
- Please DO NOT attempt to confront a coach or athletic department staff member 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 or email 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 their 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 parents and coaches.

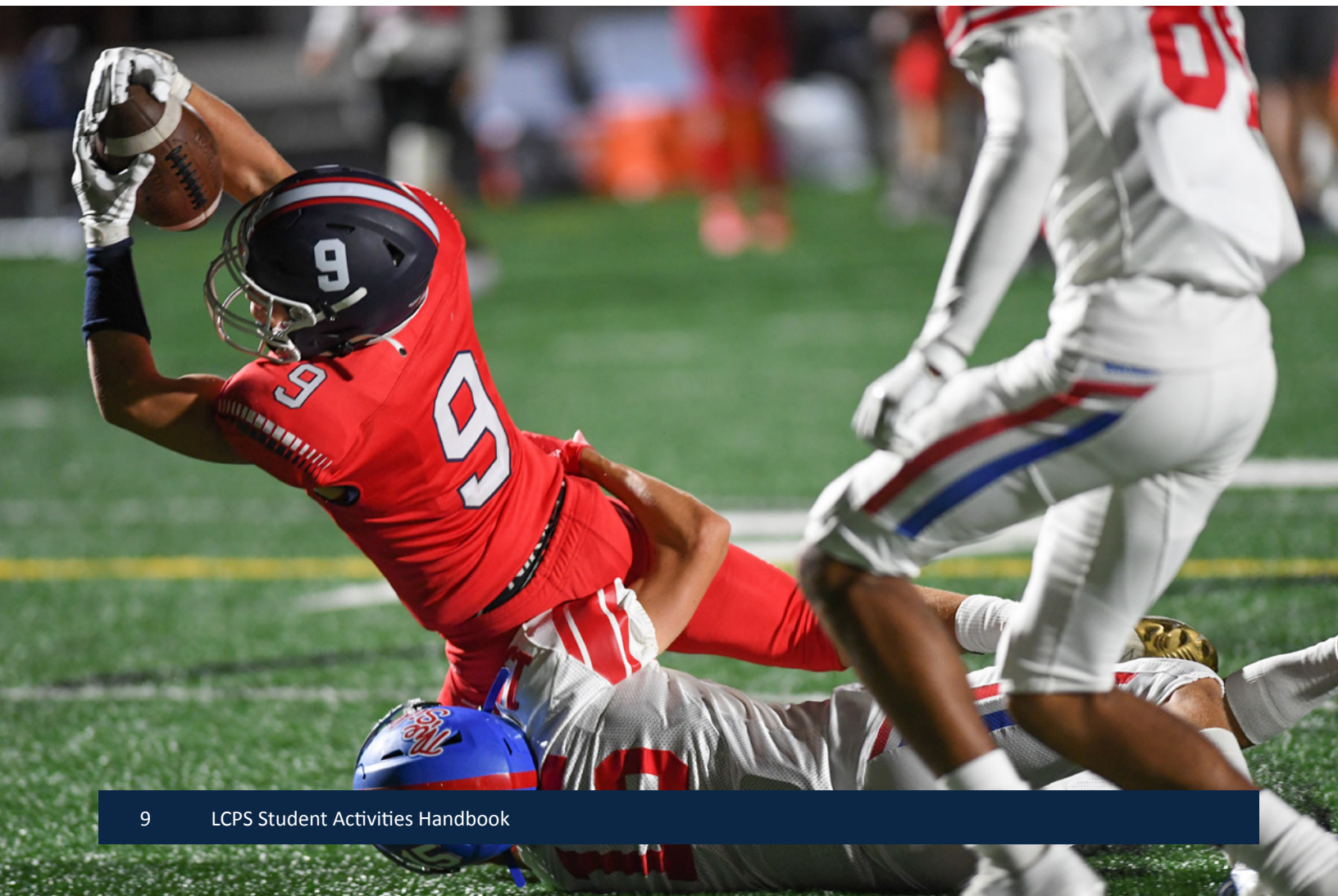
PARENT – COACH RELATIONSHIP

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 each other's actions 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:

- Team requirements, special equipment, strength and conditioning programs
- Procedure if your child is injured during participation
- Game/practice schedule and updates
- Team rules, guidelines and consequences for infractions
- Team selection and tryout process



COACHES EXPECT THE FOLLOWING COMMUNICATION FROM ATHLETES AND PARENTS

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

B. Commitment and Goals for Athletes

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, 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. 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 they 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
 Lightridge HS
 Loudoun County HS
 Loudoun Valley HS
 Park View HS
 Tuscarora HS

POTOMAC DISTRICT:***Region 5D***

Briar Woods HS
 Independence HS
 Potomac Falls HS
 Riverside HS
 Rock Ridge HS
 Stone Bridge HS
 Woodgrove HS

CEDAR RUN DISTRICT***Region 6B***

Freedom HS
 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 activity rules and regulation 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

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 \$75 for each high school team of which they are a member. This fee must be paid prior to the first official contest in order for the student to participate.
 - 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

Prior to participation, athletes must adhere to the following scholastic eligibility requirements:

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 they enter 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. OFFICIAL START DATES FOR TRYOUTS

School Year	Falls Sports	Winter Sports	Spring Sports
2021-2022	August 2nd	November 8th	February 21st
2022-2023	August 1st	November 7th	February 20th
2023-2024	July 31st	November 6th	February 19th
2024-2025	August 5th	November 11th	February 24th

Fall Sports	Winter Sports	Spring Sports
Cheerleading	Boys Basketball/Girls Basketball	Baseball (Boys)
Football	Swimming	Boys Soccer/Girls Soccer
Boys and Girls Cross Country	Cheerleading	Softball (Girls)
Girls Volleyball	Gymnastics	Boys Tennis/Girls Tennis
Golf	Wrestling	Boys Track/Girls Track
Field Hockey	Indoor Track	Boys Lacrosse/Girls Lacrosse
		Rowing (Crew)

A minimum of 3 days of tryouts must occur for teams with limited roster capacity and where cuts are made to fill team rosters. Athletes have up to the 10th day of a sport season to tryout for non-cut sports. An athlete may only tryout for 1 sport per season, unless they are cut from one sport and decide to participate in a non-cut sport in the same season.

IV. ATHLETIC CODE 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:

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

C. Corporal Punishment

No employee of Loudoun County Public Schools (LCPS) shall subject a student to corporal punishment. **Corporal Punishment means the infliction of, or causing the infliction of, physical pain on a student as a means of discipline. Corporal punishment does not include physical pain, injury, or discomfort caused by participation in practice or competition in an interscholastic sport, extra-curricular activity or participation in physical education. Staff shall not use extended physical activity as a form of disciplinary measures.**

D. 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 and will be communicated to students and parents. 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 with the coaches or sponsors.

E. 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.

1. 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.
2. In the event that it becomes necessary to dismiss a student from a team or group, the following procedures are to be followed:
 - i. 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.
 - ii. 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.
 - iii. The Athletic Director or their designee or Assistant Principal will make contact with the parent.
 - iv. 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. They are 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, they 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, they 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-COMPETITION/PERFORMANCE DATES

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

Designated non-practice/competition/ performance dates for 2022-2023:

November 23	December 24	April 6
November 24	December 25	April 7
January 1	April 8	

Designated non-competition/performance dates for 2022-2023: (Practices may be held)

September 26	October 10	January 16
October 5	October 24	April 21

Designated non-play dates after 6:00 pm for 2022-2023: (Practices may be held)

October 4

Additional Non-Practice or training dates for Out of Season Teams (Including VHSL Dead periods or dates list above)

September 2	January 23	May 29
September 5	February 20	

Additional Non-Practice or training dates for Out of Season Teams (Including VHSL Dead periods or dates list above)

September 2	January 23	May 29
September 5	February 20	

Athletic Exceptions: Post-season events may occur as scheduled by the district, region or VHSL.

Fine Arts Exceptions: Schools performing in special events that occur on holidays or holiday weekends. Examples of these events include holiday parades, bowl games, and other performances associated with special performance opportunities and field trips for students.

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 athletic 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 their 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, they have 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 recruiting calendar information for each sport is available at <http://www.ncaa.org/student-athletes/future/recruiting>.



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.eligibilitycenter.org.
4. NCAA eligibility requirements for each division are available at www.ncaa.org/student-athletics/future. Please see Appendix P for additional information.

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. 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 they 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.

A minimum of 3 days of tryouts must occur for teams with limited roster capacity and where cuts are made to fill team rosters. Athletes have up to the 10th day of a sport season to tryout for non-cut sports programs. An athlete may only tryout for 1 sport per season, unless they are cut from one sport and decide to participate in a non-cut sport in the same season.

K. 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.

L. 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.

M. 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.

N. 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!

O. Emergency Medications

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.

P. 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 bag 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.

Q. Use of Electrical Modalities

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.

R. Lightning Guidelines

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.



S. Concussion Guidelines

See Appendix G.

T. Weather Guidelines for Extreme Heat or Cold

See Appendix H and I.

U. 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.

V. 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, they 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 $\frac{1}{2}$ of all Varsity regular season contests and must finish the season as a team member in good standing.
2. Basketball – Play in $\frac{1}{2}$ of all Varsity regular season contests and must finish the season as a team member in good standing.
3. Volleyball – Play in $\frac{1}{2}$ of all Varsity regular season contests and must finish the season as a team member in good standing.
4. Soccer – Play in $\frac{1}{2}$ of all Varsity regular season contests and must finish the season as a team member in good standing.
5. Baseball – Play in $\frac{1}{2}$ of all Varsity regular season contests or $\frac{1}{3}$ 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 $\frac{1}{2}$ of all Varsity regular season contests or $\frac{1}{3}$ 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 District 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 District Tournament and must finish the season as a member in good standing.
3. Indoor and Outdoor Track – Score team point(s) in ½ of all Regular season Varsity meets or qualify for the District 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 District 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 District 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 District 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 District 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.

B. Club/Organization Proposals

LCPS schools continue to look for additional ways to allow students to become involved in campus life beyond the program of studies.

1. If students are interested in proposing a new club, organization, or group, the student must complete a proposal form obtainable from the Student Activities and Engagement Coordinator. **Policy 8350: Student Activities** applies in terms of all aspects of co-curricular and extracurricular clubs in LCPS.
2. Any student-proposed club, organization, or group needs a minimum of five involved student members and a committed school staff member willing to serve as the group's advisor.
3. The club, organization, or group sponsor is responsible for working with the Student Activities and Engagement Coordinator to establish the appropriate procedures by which student officer roles are determined. Students who express interest in creating a club are not able to pre-determine officer roles on their own.
4. Students must recognize that all club, organization, or group special event proposals involve a process by which the sponsoring school staff member must obtain approval by school and central office administration staff members before proceeding.
5. Please see LCPS Policy 4020-REG in terms of student fees related to co-curricular/extracurricular activities.



I. INTRODUCTION

A. To the Parent

This publication is presented to you because your child has indicated a desire to participate in interscholastic athletics, co-curricular, or extra-curricular activities and you have expressed your willingness to permit them 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 participate in one of our student activity programs commit to self-discipline, self-denial, and 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.

Loudoun County Public Schools Student Activities Mission Statement and Objectives

Mission Statement: Loudoun County Public Schools Student Activity dynamically supports the academic mission of the school system. Our Student Activity programs provide opportunities for lifelong lessons in the value of teamwork, empathy, work ethic, resilience, and 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.

II. 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 child'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.

B. Club/Organization Proposals

LCPS schools continue to look for additional ways to allow students to become involved in campus life beyond the program of studies.

1. If students are interested in proposing a new club, organization, or group, the student must complete a proposal form obtainable from the Student Activities and Engagement Coordinator. **Policy 8350: Student Activities** applies in terms of all aspects of co-curricular and extracurricular clubs in LCPS.
2. Any student-proposed club, organization, or group needs a minimum of five involved student members and a committed school staff member willing to serve as the group's advisor.
3. The club, organization, or group sponsor is responsible for working with the Student Activities and Engagement Coordinator to establish the appropriate procedures by which student officer roles are determined. Students who express interest in creating a club are not able to pre-determine officer roles on their own.
4. Students must recognize that all club, organization, or group special event proposals involve a process by which the sponsoring school staff member must obtain approval by school and central office administration staff members before proceeding.
5. Please see LCPS Policy 4020-REG in terms of student fees related to co-curricular/extracurricular activities.

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, DECA, 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 their 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/guardians 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 School Board/Loudoun County Public Schools' 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 student's 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: 5/24/22

APPENDIX B

LOUDOUN COUNTY PUBLIC SCHOOLS DISTRIBUTION AND FITTING OF ATHLETIC PROTECTIVE EQUIPMENT

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.

APPENDIX C

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.

Student's Name & Address:		Date of Loan:	Expected Date of Return:
Type of Equipment:		Brand & Identification #:	
Equipment Condition:	<input type="checkbox"/> New	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good
Was equipment inspected and fit properly for student?		<input type="checkbox"/> Yes	Initial here:
Warning Labels Visible on Equipment?		<input type="checkbox"/> Yes	<input type="checkbox"/> No

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 APPEARANCE AND PERFORMANCE ENHANCING DRUGS AND SUBSTANCES

BACKGROUND

Appearance and performance enhancing drugs and substances, or APEDS, refer to products that can be either naturally or synthetically produced and used with the intention of enhancing appearance or improving athletic performance. This use of APEDS is often referred to as “doping,” and has unfortunately been a part of competitive sport since ancient Roman times. In 1999, the World Anti-Doping Agency (WADA) was formed, with the mission of creating a doping-free sporting environment. In the United States, the U.S. Anti-Doping Agency (USADA) is the national anti-doping organization. WADA publishes the World Anti-Doping Code, which is followed by most sporting organizations, including the International Olympic Committee.

WHAT ARE APEDS?

The spectrum of APEDS is very broad, encompassing many different substances and methods of improving physical performance. There are multiple substances and drugs that fall under the heading of APEDS, from caffeine, found in numerous beverages, to illegal and dangerous anabolic steroids. All APEDS have the potential for dangerous complications and side effects, if used improperly. However, to more reasonably discuss use and abuse, we can divide them into two broad categories:

1. Legal, not banned for competition, and may have some positive effects upon athletic performance:

- a. Caffeine (limit set by WADA and NCAA)
- b. Creatine
- c. Protein powders and amino acids

An interesting distinction concerning APEDS is that except for prescription medications, none of the other products are regulated or routinely tested by the U.S. Food and Drug Administration (FDA). A dangerous side of this lack of regulation is the potential for the presence of contaminants in dietary supplements. Some studies have shown that 8-20% of tested protein supplements are contaminated with significant amounts of heavy metals, such as lead and mercury. In addition, 25% were found to be contaminated with anabolic androgenic steroids, and 11% were found to be contaminated with stimulants. Such “contamination” may be no accident as the manufacturer obviously benefits from a product that is effective, despite significant safety concerns for the consumer.

Caffeine has been shown to improve performance in endurance events. Its use is restricted, but not banned, by the NCAA and WADA. Caffeine can also have multiple side effects, some potentially dangerous, including headaches, increased blood pressure and increased heart rate. In 2011, almost 1,500 12- to 17-year-old children went to the emergency department due to caffeine toxicity. Caffeine is treated differently than other supplements by the FDA. While the FDA regulates the amount of caffeine allowed in foods and soft drinks, it does not regulate the amount allowed in energy drinks and supplements. This explains why the ingestion of multiple energy drinks can lead to dangerous levels of caffeine.

Creatine is a naturally occurring substance stored in fast-twitch muscle fibers, and serves as an energy source for muscle contraction. It works to increase strength, peak force and peak power when performing multiple sets of maximal-effort muscle contractions. Therefore, it is likely more effective for off-season weight training than for any specific sport or event. Creatine use is relatively safe, but there are risks of dehydration, muscle cramps and blood clots associated with its use.

Amino acids and protein powders are very popular and marketed as “muscle building” products. While there may be some benefits to the use of these products, amino acids and proteins are present in a variety of meats and other foods for much less cost.

2. Legal only when prescribed by a physician, illegal to possess without prescription, can have a positive effect upon athletic performance, banned for competition by NCAA, USADA and WADA.

- a. Anabolic Androgenic Steroids (AAS)
- b. AAS prohormones
- c. Human Growth Hormone (hGH)
- d. Stimulants (examples: Ritalin, Adderall)

The most commonly known category of APEDS is anabolic-androgenic steroids (AAS). The anabolic effect is what causes an increase in muscle tissue, whereas the androgenic effect leads to masculinization, the secondary sex characteristics that males experience during puberty. These steroids are very different from corticosteroids, which are used to treat inflammation in a joint, such as with a cortisone injection, or to treat illnesses like asthma. A prohormone is a precursor to the active hormone, and becomes converted to its active form once taken into the body. Prohormones are also included in the anabolic-androgenic category. AAS and AAS prohormones work by enhancing protein synthesis and decreasing the breakdown of muscle. The net result is an increase in muscle size, muscle strength and lean muscle mass along with a decrease in body fat.

Muscle-building steroids do work, but their use comes at a high cost. First, it is illegal to possess and use these drugs without a prescription. From a side effect standpoint, AAS use during adolescence can cause premature closure of the bones’ growth plates, leading to decreased final adult height. Acne, male pattern baldness, hypogonadism (shrinking of the testicles), gynecomastia (male breast overdevelopment) and violent behavior changes are all common side effects. There are also life-threatening side effects including cardiovascular disease, arrhythmias, blood clots, stroke, cancer and increased risk of suicide.

For more than a decade, the use of human growth hormone (hGH) by professional athletes has been in the spotlight. hGH promotes growth throughout childhood and adolescence, and is also involved in the regulation of multiple other hormones, such as insulin. Studies have shown that the use of hGH can decrease fat mass and increase lean body mass. However, there is limited evidence that its use improves athletic performance. Because it is normally a very important hormone in the regulation of other hormones and multiple body processes, the use of hGH can lead to multiple side effects, including altered fluid balance in the body, cardiovascular disease, diabetes and cancer.

Stimulants are a category of APEDS that have been used for centuries as a performance enhancer. We have already discussed caffeine, the most commonly used stimulant. Stimulants may enhance performance by improving reaction time and increasing alertness, decreasing fatigue, and improving concentration and memory. Side effects from the use of stimulants range from relatively mild effects to the dangerous, including inability to sleep, anxiety, tremors, panic attacks, tachycardia (a rapid heart rate > 100), hypertension, psychosis, heart attacks and stroke. Some stimulants can also predispose an athlete to heat illness and death.

Ephedrine was banned by the FDA in 2004 for use as a diet aid because of the increased risk of stroke and heart attack.

WHO IS USING APEDS?

The use of APEDS in high school students ranges from 3% admitting the use of AAS, to almost 40% reporting a history of protein supplement use. Eighteen percent of APEDS users in high school do not participate in sports, so it is considered that this group uses APEDS for appearance enhancement (weight loss or gain, body building). Girls report a higher use of nonprescription diet pills (considered stimulants) than boys, and a lower use of substances associated with gains in muscle mass and strength, such as AAS, prohormones, and creatine.

WHY IS THE USE OF APEDS AN ISSUE?

The use of illegal or banned APEDS by high school students is unfair, unethical and is considered a form of cheating. In addition, many of the products used as APEDS are not tested or regulated, and have been found to contain significant contamination with heavy metals, AAS and/or stimulants. Their use undermines the values of fair play, and can be a threat to the overall health and well-being of high school students.

The use of caffeine, creatine and amino acids/protein powders should not be taken lightly, but these substances are not dangerous if the athlete has first discussed their proper use with a knowledgeable health-care provider and they are used as directed. As discussed earlier, the true purity of the product and potential for contamination must also be a consideration when deciding to use this category of APEDS.

PREVENTING STUDENTS FROM USING ILLEGAL OR BANNED APEDS

Education about APEDS and their use is the hallmark to any prevention program. Despite advances in APEDS detection, random testing does not appear to be an effective deterrent to the use of APEDS. The following are key educational points to prevent the use of APEDS:

- School personnel, coaches, parents and other family members can reduce APEDS abuse by educating students and speaking out against such use.
- Talk with your students about their concerns and frustrations related to how they look or how they are performing in their sport. Help them 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.
- Help your athletes understand that using illegal and banned APEDS is unfair, unethical and likely dangerous.
- Emphasize to your students that they should not trust internet marketing messages about quick fixes and enticing gains in athletic appearance or performance. Explain that the photos in these sites and in muscle magazines depict unrealistic pictures of male and female bodies.
- Discourage your athletes' access to environments where APEDS use might occur and to people who are involved with APEDS.
- Consider initiating a formal APEDS education program to educate your students and athletes and to deter APEDS use, such as the ATLAS and ATHENA programs.

References/Resources:

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- ATLAS and ATHENA Health Promotion and Substance Abuse Prevention. Available at: <http://www.ohsu.edu/xd/education/schools/school-of-medicine/departments/clinical-departments/medicine/divisions/hpsm/research/atlas.cfm>
- The National Center for Drug Free Sport, Inc. <http://www.drugfreesport.com>.
- United States Anti-Doping Agency. 2017, <http://www.usada.org/>

Approved April 2017**DISCLAIMER – NFHS Position Statements and Guidelines**

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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.

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APPENDIX F

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 shortcuts 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:

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Revised and Approved April 2012

DISCLAIMER – NFHS Position Statements and Guidelines

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Concussions in High School Sports— LCPS Guidelines for Parents, Athletes, & Staff

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

Loudoun County School Board dba 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 **traumatic brain injury** caused by a bump, blow, or jolt to the head, face, neck, or body which results in a rapid, short-lived impairment of neurologic 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 student-athletes are at risk.** A student-athlete does not have to sustain a blow to the head to suffer a concussion.
- A concussion may have multiple signs and/or symptoms that may appear immediately after the injury or develop or evolve over several minutes or hours or days.
- Concussion signs and/or symptoms may last from a few days to several months or longer.
- A concussion can affect a student-athlete from a medical and educational perspective, altering their ability to do schoolwork and other activities. Student-athletes who have symptoms and return to school without a plan for supporting learning are at risk for delayed recovery and ongoing problems with performance.
- A student-athlete **may return to light physical and cognitive work while still having symptoms if supervised by an approved healthcare 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. Premature return to play may delay and/or impede recovery. 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 prolonged symptoms increases significantly and the consequences of a second concussive impact may be severe and potentially catastrophic (i.e. “Second Impact Syndrome”).**

2. Concussion Signs and Symptoms may include:

Cognitive

- Difficulty remembering
- Difficulty concentrating
- Confusion
- Feeling foggy

Physical

- Headache
- Blurry Vision
- Nausea/Vomiting
- Dizziness
- Sensitivity to light/sound
- Balance/Coordination problems

Emotional

- Irritability
- Sadness
- Moodiness
- Crying more
- Anxiety/Worry

Sleep

- Sleeping more
- Sleeping less
- Drowsiness

3. 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**. The parent or guardian and school nurse will be notified. The Athletic Trainer may contact other members of the Concussion Management Team (CMT) based on each individual case. This may include a school administrator, counselor, psychologist, nurse, teacher, parent/guardian or appropriate licensed health care provider. 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 as soon as possible and have a follow-up evaluation performed by an approved healthcare professional if necessary. If the signs and symptoms increase in severity and number and the condition continues to deteriorate then the student-athlete should be transported to the nearest hospital.
- 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 MD-Medical Doctor, DO-Doctor of Osteopathic Medicine, PA-Physician Assistant, CNP-Certified Nurse Practitioner, ATC-Certified Athletic Trainer, and/or Neuropsychologist.** A multi-disciplinary team approach will be taken during the concussion recovery, utilizing all members of the CMT to ensure efficient and timely communication, care and monitoring of the student-athlete.
- The student-athletes will be placed in the appropriate RTL and RTP phase by the athletic trainer based on the symptoms they report. 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. Light physical and cognitive activities will be encouraged as long as they remain below the symptom threshold and do not cause any new signs or symptoms. If the student-athlete is 3-4 weeks post-injury without significant improvement, a referral to a concussion specialist may be recommended and a 504 plan should be considered.

4. 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 sideline evaluation (SACVNI, SCAT5, Modified BESS etc), a vestibular-ocular motor screening (VOMS), thorough history and input from necessary stakeholders to get a better idea of extent of injury and course of action.

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

- **Nutrition:**
 - Feed your brain! Focus on good fats and carbohydrates and drink plenty of water.
 - Include Protein/Omega 3's each meal such as meats, fruits, and vegetables.
 - Add Supplements if needed such as a multi-vitamin, fish oil, coconut oil and melatonin at bedtime.
- **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.
- **Stress/Frustration/Anxiety/Mood Changes:** Try to reduce stress in the student-athlete to help avoid nervousness and increased anxiety. Please refer to the appropriate medical professional (School Counselor and/or Psychologist when necessary).

6. What Must Be Done By Student Athletes, Parents, and Coaches?

- **Concussion Education/Prevention:** Coaches, student-athletes, parents, teachers, and administrators will be educated on the recognition, prevention and management and the possible short and long-term effects of a concussion (including acute mental health changes) at the beginning of the athletic season. Please refer to the “LCPS Concussion Documents for Coaches, Parents, and Teachers.”
- All parties must learn to identify the “Signs and Symptoms” of a concussion as listed above.
- Teach student-athletes to immediately inform the athletic trainer and/or coach if they experience such sign and/or symptoms.
- Teach student-athletes to tell the athletic trainer and/or coach if they suspect that a teammate has a concussion.
- Ask teachers to monitor any decrease in grades or changes in behavior that could indicate a concussion.
- Report concussions to the athletic trainer and coaches to help monitor injured student-athletes as they move to the next sports season.

RETURN TO LEARN

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.	
Red: Home/ Brain Rest	
<ul style="list-style-type: none"> • 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 (If symptoms become worse, discontinue the work for a minimum of 20 min. If symptoms subside, re-attempt at a lower threshold) • 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	
<ul style="list-style-type: none"> • Reduced workload. Allow up to 30 min. of sustained workload with no break; 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.	
<ul style="list-style-type: none"> • Attends all classes; maintains full academic load/homework; requires no instructional modifications. 	

RETURN TO PLAY

Phase 1	<ul style="list-style-type: none"> • Light aerobic conditioning in quiet area (Athletic Training Clinic) • No impact activities • Balance activities 	<ul style="list-style-type: none"> • Exercises that limit head movements • Core exercises without head movements • Limit concentration activities
Phase 2	<ul style="list-style-type: none"> • Light to moderate aerobic conditioning in gym or field areas • Balance activities with head movements • Resistance exercises with head movements (machines and free-weights) 	<ul style="list-style-type: none"> • Low intensity sport specific activities with head movements • Core exercises with head movements • Low level concentration activities

Phase 3	<ul style="list-style-type: none"> • Moderately aggressive aerobic exercise (intervals, stair running) • All forms of resistance exercises • Dynamic warm-ups • Impact activities (running, plyometrics) 	<ul style="list-style-type: none"> • Challenge positional changes (burpees, mountain climbers) • More aggressive sport-specific activities • Incorporate concentration challenges (visual games)
Phase 4	<ul style="list-style-type: none"> • Maximum exertion sport specific activities but avoiding contact • Have athlete participate in non-contact practice 	<ul style="list-style-type: none"> • 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.
Phase 5	<ul style="list-style-type: none"> • Full participation with contact in practice and Physical Education classes 	
Phase 6	<ul style="list-style-type: none"> • Resume full participation in competition 	<ul style="list-style-type: none"> • Game-play with release from an approved healthcare professional (Medical Doctor, Doctor of Osteopathic Medicine, Physician Assistant, Certified Nurse Practitioner, Certified Athletic Trainer or Neuropsychologist).

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.

<p>I have received and read the Loudoun County School Board d/b/a Loudoun County Public Schools Student Athlete-Concussion Guidelines and grant my consent and permission for the Student Athlete to participate in the Post-Concussion Assessment and Cognitive Testing (ImPACT) program including Baseline and Post-Concussion Cognitive Testing. 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.</p>	
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

Level	Temperature or Wind Chill Reading	Activity Modifications	Attire Requirements
Green	Above 32°	Normal activities	Normal Attire
Yellow	21° - 32° F	Normal activities 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.	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.
Red	11° - 20° F	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.	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.
Black	10° F or below	No outdoor activities	

REMINDERS

- 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 32° 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.

APPENDIX I

GUIDELINES FOR EXTRACURRICULAR ACTIVITY DURING EXTREME HOT AND HUMID WEATHER

(Sources: NATA and Virginia High School League)

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

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.

LCPS ATHLETICS ELECTRICAL MODALITIES PROTOCOL AND PARENTAL CONSENT FORM

The Loudoun County School Board/Loudoun County Public Schools (LCPS) 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 <ul style="list-style-type: none">• 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 Loudoun County School Board/Loudoun County Public Schools (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 child for the purpose of treating and rehabilitating sport related musculoskeletal injuries.

Print Student Name	Signature & Date
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Print Student Name	Signature & Date
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APPENDIX K

LOUDOUN COUNTY PUBLIC SCHOOLS SUPPLEMENTAL OXYGEN PROTOCOL AND PARENT/GUARDIAN CONSENT FORM

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 Loudoun County School Board/Loudoun County Public Schools (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/guardians 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. (i.e. 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 bag 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.

Parent/Guardian 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 Loudoun County School Board/Loudoun County Public Schools 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 child in an emergency situation.

Print Student Name

Signature & Date

Print Student Name

Signature & Date

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 103.9° 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

Visible cramping	Localized pain	Dehydration
Thirst	Sweating	Fatigue

• Heat Syncope

Dizziness	Tunnel vision	Pale/sweaty skin
Decreased pulse rate	After vigorous activity	

• Exertional Heat Exhaustion

Headache	Confusion	Dizziness	Weakness	Vomiting
Nausea	Lightheadedness	Low blood pressure	Impaired muscle function	

• Exertional Heat Stroke

Disorientation	Confusion	Dizziness	Loss of balance	Low blood pressure
Irritability	Hyperventilation	Apathy	Aggressiveness	Loss of consciousness
Delirium	Collapse	Coma	Staggering	Irrational/unusual behavior
Hot/wet skin	Dehydration	Hysteria	Core body temp over 104° F	

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

Casa, D., DeMartini, J., Bergeron, M., Eichner, E., Lopez, R., Ferrara, M., Miller, K., O'Connor, F., Sawka, M., Yeargin, S.. National Athletic Trainers' Association Position Statement: Exertional Heat Illness. *Journal of Athletic Training*. 2015; 50(9): 986-1000.

APPENDIX M

Sudden Cardiac Arrest—LCPS Guidelines for Parents, Athletes, & Staff

Sudden Cardiac Arrest—LCPS Guidelines for Parents, Athletes, & Staff IMPORTANT INFORMATION—READ CAREFULLY

Loudoun County School Board/Loudoun County Public Schools – Sudden Cardiac Arrest Guidelines:

The Code of Virginia has added section 22.1-271.8 directing Virginia school divisions to develop and distribute guidelines on policies to inform and educate coaches, student-athletes, and student-athletes' parents or guardians about the nature and risk of sudden cardiac arrest, procedures for removal from and return to play, and the risks of not reporting symptoms. The guidelines shall also be posted on the Athletic Department's website.

Sudden Cardiac Arrest Facts:

- Sudden cardiac arrest (SCA) is a rare, but tragic event that claims the lives of approximately 7,000 children each year in the United States, according to the American Heart Association.
- Sudden cardiac arrest (SCA) is not a heart attack. It is an abnormality in the heart's electrical system that abruptly stops the heartbeat. Sudden cardiac arrest (SCA) affects all students, in all sports or activities, and in all age levels.
- Sudden cardiac arrest in young athletes is usually caused by a structural or electrical abnormality of the heart. Most of these abnormalities are inherited but remain undiagnosed and may be unknown to the athlete.
- Exercise can be a trigger for sudden cardiac arrest in individuals with an abnormal heart condition.
- The majority of activity-related cardiac arrests are due to congenital (inherited) heart defects. However, SCA may also occur after a person experiences an illness which has caused inflammation to the heart or after a direct blow to the chest.
- In some cases, a hard blow to the chest, for example from a baseball or hockey puck or from contact with another player, can trigger sudden cardiac arrest. When this happens, it is called "commotio cordis." Commotio cordis accounts for approximately 20 percent of sudden cardiac deaths in young athletes.

Education Course Requirement: All student-athletes must complete the [NFHS Sudden Cardiac Arrest Course](https://nfhslearn.com/courses/sudden-cardiac-arrest). This course will help student-athletes learn and recognize the warning signs and symptoms of Sudden Cardiac Arrest. Also included are guidelines for what to do in the critical moments after an individual suddenly collapses in order to save their life, such as calling 9-1-1, starting chest compressions and sending for an AED. Course: <https://nfhslearn.com/courses/sudden-cardiac-arrest>

1. **Assessing Risk:**

Health care providers may use several tests to help detect risk factors for SCA. One such test is an electrocardiogram (ECG). An ECG is a simple, painless test that detects and records the heart's electrical activity. It is used to detect heart problems and monitor a person's heart health. There are no serious risks to a person having an ECG test. ECG's are able to detect a majority of heart conditions more effectively than a physical exam and health history alone. However, it's not a universal standard right now because of cost, physician infrastructure, and sensitivity and specificity concerns.

2. **Warning Signs and Symptoms may include:**

- Fainting or passing out during exercise
- Chest pain with exercise
- Excessive shortness of breath with exercise
- Palpitations (heart racing) for no reason
- Unexplained seizures
- NOTE: Many young cardiac arrest victims have no symptoms until the cardiac arrest occurs

Signs and Symptoms in Male Athletes

Chest, ear, neck pain.
 Severe headache
 Excessive breathlessness
 Vague discomfort
 Dizziness, palpitations
 Abnormal fatigue
 Indigestion, heartburn

Signs and Symptoms in Female Athletes

Center chest pain that comes and goes.
 Lightheadedness
 Shortness of breath with or without discomfort
 Pressure, squeezing, fullness
 Nausea, vomiting
 Cold sweat
 Pain or discomfort in arms, back, neck, jaw or stomach

Any student-athlete who is experiencing symptoms that may lead to sudden cardiac arrest be immediately removed from play. A student-athlete who is removed from play shall not return to play until he is evaluated by and receives written clearance to return to physical activity by an appropriate licensed health care provider as determined by the Board of Education.

3. Recognize and Respond: 911, CPR and AED

If an athlete collapses, assume it is a sudden cardiac arrest until proven otherwise. The most important factor determining whether a person survives sudden cardiac arrest is how quickly he or she receives a shock from an *Automated External Defibrillators* (AED). A few minutes' delay can be the difference between life and death.

- Immediate activation of EMS
- Early CPR with an emphasis on chest compressions
- Immediate use of the onsite AED
- Integrated post-cardiac arrest care

4. Risks of Practicing or playing after experiencing warning symptoms

There are risks associated with continuing to practice or play after experiencing warning symptoms of sudden cardiac arrest. When the heart stops, so does blood flow to the brain and other vital organs. Death or permanent brain damage follows in just a few minutes. When CPR is provided and an AED shock is administered within the first 3-5 minutes after a collapse, reported survival rates from cardiac arrest are as high as 74%. Most people who experience SCA die from it. However, when SCA is witnessed and an onsite automatic defibrillator (AED) is deployed in a timely manner, survival rates approach 50%

5. Preventive measures from experiencing Sudden Cardiac Arrest

Daily physical activity, proper nutrition, and adequate sleep are all important aspects of lifelong health. Additionally, parents can assist students prevent death from SCA by:

- Ensuring your child has a thorough preseason screening exam prior to participation in an organized athletic activity
- Asking if your school and the site of competition have automated external defibrillators (AED's) that are close by and properly maintained
- Asking if your child's coach is CPR/AED certified
- Becoming CPR/AED certified yourself
- Ensuring your child is not using any non-prescribed stimulants or performance-enhancing drugs
- Being aware that the inappropriate use of prescription medications, energy drinks, or vaping increases risk
- Encouraging your child to be honest and report symptoms of chest discomfort, unusual shortness of breath, racing or irregular heartbeat, or feeling faint

Indicate your acknowledgment 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 School Board/Loudoun County Public Schools Student Sudden Cardiac Arrest Information and guidelines and have completed the NFHS Sudden Cardiac Arrest Course	
Student Athlete Name (print):	
Student Athlete Signature:	Date:
Parent/Guardian Name (print):	
Parent/Guardian Signature:	Date:

APPENDIX N

LOUDOUN COUNTY SCHOOL BOARD/LOUDOUN COUNTY PUBLIC SCHOOLS

Sports/Activities/Emergency Card

SCHOOL YEAR: 20____ – 20____

SEASON (Choose One) _____ SPORT/ACTIVITY: _____

Student's Name: _____ Birth Date: _____

Parent/Guardian Address: _____

Parent/Guardian 1 Name: _____

Parent/Guardian 2 Name _____

Parent/Guardian 1 Email Address: _____

Day Phone: _____ Cell Phone: _____

Parent/Guardian 2 Email Address: _____

Day Phone: _____ Cell Phone: _____

If parent/guardian cannot be reached call: _____ Phone: _____

MEDICAL DATA: Family Doctor Name _____ Business Phone: _____

Any medications student is allergic to: _____

Any medications student takes on a regular basis: _____

Any special physical or medical problems student has: _____

INSURANCE DATA:

Name of Family Medical Insurance Company: _____

Have you purchased Student Accident Insurance? Choose Y or N

Including football coverage? Choose Y or N

TRANSPORTATION: The following persons have my authorization to transport my child:

EMERGENCY AUTHORIZATION: In the case of an emergency, injury, or serious illness involving the above named student, I request LCPS personnel contact me. Furthermore, I authorize LCPS personnel to call 911 for Emergency Medical Services and I give permission for my student to be transported to the hospital. In the event I cannot be reached in an emergency, I hereby authorize and give permission to physicians selected by the coaches and staff of _____ High School to hospitalize, secure proper treatment for, and to order injection and/or anesthesia and/or surgery for the above named student. I agree that I am responsible for paying all medical expenses incurred.

Signature of Parent/Guardian

Date

APPENDIX O

ATHLETICS DIVISION ACKNOWLEDGMENT OF RISK

Loudoun County Public Schools Division of Athletics



Parent/Guardian Consent and Student Agreement to Participate

WARNING AND ACKNOWLEDGMENT OF RISK **READ CAREFULLY BEFORE SIGNING**

I, *(Print student name)* _____, understand that participation in the **LCPS Athletic Program** is voluntary and not required. I am aware and agree that participating in athletics can be dangerous and involve **MANY RISKS OF SEVERE INJURY**. I understand that the danger and risks of participating in the athletic program include, but are not limited to death, serious head, neck and spinal injuries which may result in complete or partial paralysis, brain damage, concussions, serious problems to virtually all internal organs, bones, joints, ligaments, muscles, tendons, and major injury or impairment to other aspects of my body, general health, and well-being. I further understand that the dangers and risks of participating in the athletic program may result not only in injury, but in a serious impairment of my future abilities to earn a living, to engage in business, social and recreational activities, and to generally enjoy life.

Because of the possible dangers of participating in the LCPS Athletic Program, I recognize the importance of following the applicable instructor's, coach's, and trainer's instructions regarding the relevant athletic program techniques, training, rules of participation, etc., and I agree to obey such instructions.

In consideration of Loudoun County School Board/Loudoun County Public Schools permitting me to participate in the athletic program and to engage in all activities related to the program including, but not limited to, transportation and travel off school premises, I hereby acknowledge and accept the severe risks associated with participation.

Signature of Student

Date

I, *(Print parent/guardian name)* _____, am the parent/legal guardian of *(Print student name)* _____. I have carefully read the above **Warning and Acknowledgment of Risk** statement and understand its terms. I understand that participation in the athletic program is voluntary, not required, and can involve **MANY RISKS OF SEVERE INJURY** or death, including, but not limited to, those risks outlined above. I further understand that Loudoun County School Board/Loudoun County Public Schools does not provide medical or accident insurance for student injury or illness and that proof of insurance coverage is required for my child/ward's participation in the LCPS Athletic Program. In consideration of this understanding, I hereby consent and grant permission for the above named student to participate in and to engage in all activities, including transportation and travel off of school premises, related to the Loudoun County Public Schools Athletic Program.

I have read and kept a copy of this **Parent/Guardian Consent and Student Agreement to Participate** and the accompanying LCPS Athletic Program documents and handbook. Therefore, I acknowledge and accept the potential risks of severe injury and the responsibilities of my child/ward while participating in the LCPS Athletic Program.

I also consent and authorize for my child/ward to receive first aid, emergency medical care, and all other medical treatment deemed reasonably necessary to his/her health and well-being in case of injury or illness while participating in LCPS Athletic Program activities and understand that **I will be responsible for any medical related expenses incurred.**

Signature of Parent/Legal Guardian

Date

Return this original signed form to your student's school and keep a copy for your records.

ATHLETIC STUDENT ACCIDENT INSURANCE BULLETIN

Loudoun County Public Schools

Department of Business & Finance

Procurement & Risk Management Services

21000 Education Court, Ashburn, VA 20148

(571) 252-1270** (571) 252-1432 Fax



IMPORTANT INSURANCE NOTICE—READ CAREFULLY

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

Dear Parents/Guardians and Athletes:

Please note **that proof of medical or accident insurance coverage is required** for students' participation in LCPS Athletic Programs. **Participation in athletic activities can be dangerous and lead to serious injuries requiring very costly medical attention.**

Proof of Insurance Coverage: You will be required to provide the name of your insurance carrier on the *LCPS Sports Emergency Card*. If you don't already have insurance coverage, you may purchase coverage from any source you desire. There are resources that can be found on-line or through local insurance agents.

In addition, LCPS provides a resource for you to **voluntarily** purchase coverage for accidental injuries only (there is no coverage for illness or medical conditions).

The Voluntary Student Accident Insurance offers various options on benefit plans of coverage from which you may choose. If you already have insurance coverage through another policy, these accident plans pay benefits for those eligible expenses **in excess of** and not paid by your primary insurance.

If there is no other available insurance to you, the purchase of the Voluntary Student Accident Insurance coverage **will provide primary accident insurance protection** for the student athlete.

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 on-line to this link: www.studentinsurance-kk.com or call 1-855-742-3135.

K-12 Student Accident Insurance **Enroll Online**

www.studentinsurance-kk.com



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
- Solo accidentes, 24 horas
- Dental extendido
- Fútbol

Cómo inscribirse en línea

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

Visite www.studentinsurance-kk.com y haga clic en el botón "Enroll Now" ("Inscribirse ahora").

1. Comience por decirnos 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.

2022-2023 Student Accident Coverage

Serviced by: **K&K Insurance Group, Inc.** Phone: 855-742-3135

Remember to visit our website for faster enrollment: www.studentinsurance-kk.com
Online Enrollment—Secured Accident Coverage can be purchased any time throughout the year.

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.

Compare and Choose	Low Option Accident Only	High Option Accident Only
Maximum Benefit:	\$25,000 (For Each Injury)	\$25,000 (For Each Injury)
Deductible:	\$0	\$0
Inpatient Hospital Services		
Room & Board Expenses: (Private/Semi-private room rate)	Up to \$150 per day	80% of Usual and Customary Charges
Miscellaneous Expenses		
Physician's Visits: (Limited to one visit per day)	\$40 first day/\$25 each subsequent day	\$60 first day/\$40 each subsequent day
Ambulatory Medical Center		
Emergency Room Treatment: (Treatment must be rendered within 72 hours from the time of the injury)	\$150 maximum	\$300 maximum
Surgery: (*Allowance is calculated: 100% of Usual and Customary Charges for the 1st procedure, 50% of Usual and Customary Charges for the 2nd procedure, and 25% of Usual and Customary Charges for each additional procedure when performed through different incisions/portals.)	\$1,000 maximum	\$1,200 maximum
Assistant Surgeon	100% of Usual and Customary Charges (*Allowance is calculated: 20% of the surgical maximum for the surgery performed as indicated above.)	100% of Usual and Customary Charges (*Allowance is calculated: 25% of the surgical maximum for the surgery performed as indicated above.)
Anesthesia and its Administration	100% of Usual and Customary Charges (*Allowance is calculated: 20% of the surgical maximum for the surgery performed as indicated above.)	100% of Usual and Customary Charges (*Allowance is calculated: 25% of the surgical maximum for the surgery performed as indicated above.)
Outpatient		
Outpatient Physician Visits: (Limited to one visit per day)	\$40 first day/\$25 each subsequent day	\$60 first day/\$40 each subsequent day
Outpatient X-ray:	\$200 maximum	\$600 maximum
Outpatient Diagnostic Imaging Services: (CT Scan, MRI)	\$300 maximum	\$600 maximum
Outpatient Laboratory:	\$50 maximum	\$300 maximum
Outpatient Physiotherapy: (Limited to one visit per day. Includes acupuncture; microtherapy; manipulation; diathermy; massage therapy; heat treatment; and ultrasonic treatment)	\$30 first day/\$20 each subsequent day/ 5 day maximum	\$60 first day/\$40 each subsequent day/ 5 day maximum
Ambulance Services: (Air and Ground)	\$300 maximum	\$800 maximum
Medical Equipment Rental: (Includes Orthopedic devices)	\$75 maximum	\$140 maximum
Dental Services:	\$10,000 maximum per policy term if extended dental option is purchased. \$200 per tooth if extended dental option is not purchased.	\$10,000 maximum per policy term if extended dental option is purchased. \$500 per tooth if extended dental option is not purchased.
Prescription Drugs:	\$75 maximum	\$200 maximum
Consultant:	\$200 maximum	\$400 maximum
Replacement of Eye Glasses, Contact Lenses or Hearing Aids:	100% of Usual and Customary Charges	100% of Usual and Customary Charges

THIS IS A BLANKET ACCIDENT ONLY POLICY.

U.S. Insurance coverage is underwritten by AXIS Insurance Company under group policy form series number BACC-001-0909, et al. Coverage is subject to exclusions and limitations, and may not be available in all US states and jurisdictions. Product availability and plan design features, including eligibility requirements, descriptions of benefits, exclusions or limitations may vary depending on local country or US state laws. Full terms and conditions of coverage, including effective dates of coverage, benefits, limitations, and exclusions, are set forth in the policy.

The amount of benefits provided depends upon the plan selected; the premium will vary with the amount of the benefits selected.

THIS INSURANCE DOES NOT COORDINATE WITH ANY OTHER INSURANCE PLAN. IT DOES NOT PROVIDE MAJOR MEDICAL OR COMPREHENSIVE MEDICAL COVERAGE AND IS NOT DESIGNED TO REPLACE MAJOR MEDICAL INSURANCE. FURTHER, THIS INSURANCE IS NOT MINIMUM ESSENTIAL BENEFITS AS SET FORTH UNDER THE PATIENT PROTECTION AND AFFORDABLE CARE ACT.

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 student accident enrollment form 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 an eligible person per the definition below. Termination of coverage for any reason will not affect a claim which occurs before coverage ends.

	With Extended Dental		Without Extended Dental	
24-Hour Accident Around-the-clock. Before, during and after school. Weekends, vacation and all summer including summer school. School sponsored and extracurricular sports excluding High School Football	Low Option High Option	\$92.00 \$136.00	Low Option High Option	\$82.00 \$126.00
24-Hour Accident (Summer Only Coverage) Summer begins on the first day after the school year ends. Summer ends the first day of the next school year.	Low Option High Option	\$31.00 \$44.00	Low Option High Option	\$21.00 \$34.00
At-School Accident During the regular school term, on school premises while school is in session. Direct and uninterrupted travel to and from home and scheduled classes. School Sponsored and supervised activities or sports excluding High School Football. Travel to and from school sponsored and supervised activities or sports while in a school furnished or approved vehicle.	Low Option High Option	\$29.00 \$37.00	Low Option High Option	\$20.00 \$28.00
Extended Dental (Accident Only) Supplemental coverage extended to students with At-School, 24-Hour or Football Coverage - Limited to Covered Person's policy effective dates and accident only coverage option selected. Replaces standard dental coverage with coverage of 80% of Reasonable Charges to a maximum limit of \$10,000 per injury				
High School Football Play or practice of regularly scheduled football. Consult your Athletic Department for enrollment instructions.	Low Option High Option	\$145.00 \$221.00	Low Option High Option	\$136.00 \$212.00
High School Football (Spring Only) For new players who participate in spring training and not already insured under Football Coverage. Sports seasons are defined by your state high school athletic association.	Low Option High Option	\$64.00 \$94.00	Low Option High Option	\$55.00 \$84.00
High School Football and At-School Accident (Covers all athletics)	Low Option High Option	\$174.00 \$258.00	Low Option High Option	\$156.00 \$240.00
High School Football and 24-Hour Accident (Covers all athletics)	Low Option High Option	\$237.00 \$357.00	Low Option High Option	\$218.00 \$338.00

About Your Coverage

1. ELIGIBLE PERSONS: students of the policyholder who enroll and make the required premium contribution for the coverage selected are Eligible Persons under the Policy. Depending on the coverage selected, coverage may continue after graduation and between school years unless the person enrolls at a different school district.
2. The Master Policy is on file with the school district and is a non-renewable policy. The student coverage selected is non-renewable and requires the student to re-enroll each school year.
3. This is a limited benefit policy.
4. COVERAGE EFFECTIVE DATE: Insurance becomes effective for a student who enrolls and makes the required premium contribution on the latest of the following dates:
 - a. the Policy Effective Date;
 - b. the date the Company receives student's completed enrollment form and the required premium payment.

In no event will insurance for the Eligible Person become effective before the Policy Effective Date.
5. COVERAGE TERMINATION DATE: Coverage ends on the earlier of the date: he or she is no longer an Eligible Person, the end of the 1 year coverage term or the date the School's policy ends. All coverage ceases if the policyholder cancels the policy or when person ceases to be eligible. Termination of coverage for any reason will not affect a claim for a Covered Accident that occurs before the termination date.
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: Your coverage under the Policy will not be cancelled, and accordingly, premiums may not be refunded after acceptance by the Company.

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 AXIS 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



Cut out card and retain for your records

STUDENT INSURANCE CARD

Student's Name _____

If premium has been paid, the student whose name appears above has been insured under a Policy issued to:

School District: _____

Accident Only Coverage: ☐ 24-HOUR ☐ 24-HOUR (Summer Only Coverage)

☐ AT-SCHOOL ☐ FOOTBALL ☐ FOOTBALL (Spring Only) ☐ EXTENDED DENTAL

Paid by Check # _____ Amount Paid: _____ Date Paid: _____

Policy # _____

Underwritten by: AXIS Insurance Company
Claims Questions: K&K Insurance Group, Inc.
1712 Magnavox Way • Fort Wayne, IN 46801 • 800-237-2917

COMMON EXCLUSIONS

In addition to any benefit or coverage specific exclusion, benefits will not be paid for any loss which directly or indirectly, in whole or in part, is caused by or results from any of the following unless coverage is specifically provided for by name in the Description of Benefits Section or Conditions of Coverage Section:

1. intentionally self-inflicted injury, suicide, or any attempt while sane or insane;

2. commission or attempt to commit a felony or an assault;

3. commission of or active participation in a riot or insurrection;

4. declared or undeclared war or act of war or any act of declared or undeclared war unless specifically provided by this Policy;

5. flight in, boarding or alighting from an Aircraft, except as a passenger on a regularly scheduled commercial airline;

6. travel in any Aircraft owned, leased operated or controlled by the Policyholder, or any of its subsidiaries or affiliates. An Aircraft will be deemed to be "controlled" by the Policyholder if the Aircraft may be used as the Policyholder wishes for more than 10 straight days, or more than 15 days in any year;

7. sickness, disease, bodily or mental infirmity, bacterial or viral infection or medical or surgical treatment thereof, (including exposure, whether or not Accidental, to viral, bacterial or chemical agents) whether the loss results directly or non directly from the treatment except for any bacterial infection resulting from an Accidental external cut or wound or Accidental ingestion of contaminated food;

8. voluntary ingestion of any narcotic, drug, poison, gas or fumes, unless prescribed or taken under the direction of a Physician and taken in accordance with the prescribed dosage;
9. operating any type of vehicle or Conveyance while under the influence of alcohol or any drug, narcotic or other intoxicant including any prescribed drug for which the Insured Person has been provided a written warning against operating a vehicle or Conveyance while taking it. Under the influence of alcohol, for purposes of this exclusion, means intoxicated, as defined by the motor vehicle laws of the state in which the Covered Loss occurred;

10. the Insured Person's intoxication. The Insured Person is conclusively deemed to be intoxicated if the level in His blood exceeds the amount at which a person is presumed, under the law of the locale in which the accident occurred, to be under the influence of alcohol if operating a motor vehicle, regardless of whether He is in fact operating a motor vehicle, when the injury occurs. An autopsy report from a licensed medical examiner, law enforcement officer's report, or similar items will be considered proof of the Insured Person's intoxication;
11. an Accident if the Insured Person is the operator of a motor vehicle and does not possess a valid motor vehicle operator's license, unless: (a) the Insured Person holds a valid learners permit and (b) the Insured Person is receiving instruction from a driver's education instructor;

12. aggravation, during a Covered Activity, of an injury the Insured Person suffered before participating in that Covered Activity unless the Company receives a written medical release from the Insured Person's Physician;
13. participating in any hazardous activities, including the sports of snowmobile, 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;

14. medical or surgical treatment, diagnostic procedure, administration of anesthesia, or medical mishap or negligence, including malpractice unless it occurs during treatment of a Covered Injury; or

15. benefits will not be paid for services or treatment rendered by any person who is:

a. employed or retained by the Policyholder;

b. living in the Insured Person's household;

c. an Immediate Family Member, including domestic partner, of either the Insured Person or the Insured Person's Spouse; or

d. the Insured Person.

EXCLUDED EXPENSES The following will not be considered Medically Necessary Covered Expenses unless coverage is specifically provided:

1. cosmetic surgery, except for reconstructive surgery needed as the result of a Covered Injury;

2. any elective or routine treatment, surgery, health treatment, or examination, including any service, treatment of supplies that: (a) are deemed by the Company to be experimental or investigational; and (b) are not recognized and generally accepted medical practice in the United States;

3. examination or prescriptions for, or purchase, repair or replacement of wheelchairs, braces, appliances, orthopedic braces, or orthotic devices;

4. treatment in any Veteran's Administration, Federal, or state facility, unless there is a legal obligation to pay;

5. services or treatment provided by persons who do not normally charge for their services, unless there is a legal obligation to pay;

6. repair or replacement of existing artificial limbs, eyes and larynx;
7. treatment of an injury resulting from a condition that the Insured Person knew existed on the date of a Covered Accident, unless the Company has received a written medical release from his Physician.
- In no event will the Company's total payments for the Insured Person exceed the Total Maximum for all Accident Medical Benefits shown in the Schedule of Benefits.

Other Exclusions that apply to this Benefit are in the Common Exclusions Section.

ACCIDENT ONLY DEFINITIONS:

Covered Injury means Accidental bodily injury:

1. which is sustained by an Insured Person as a direct result of an unintended, unanticipated Covered Accident that is external to the body and that occurs while the injured person's coverage under the Policy is in force;
2. which results directly and independently from all other causes from a Covered Accident; and
3. which occurs while such person is participating in a Covered Activity. The Covered Injury must be caused through Accidental means. All injuries sustained by an Insured Person in any one Covered Accident, including related conditions and recurrent symptoms of these injuries, are considered a single injury.

Accident or Accidental: means a sudden, unexpected, specific and abrupt event that occurs by chance at an identifiable time and place while the Insured Person is covered under this Policy.

Covered Expenses: means expenses actually incurred by or on behalf of an Insured Person for treatment, services and supplies covered by this Policy. A Covered Expense is deemed to be incurred on the date treatment, service or supply that gave rise to the expense or the charge, was rendered or obtained.

Medically Necessary: means medical services that:

1. are essential for diagnosis, treatment or care of the Covered Injury for which it is prescribed or performed;
2. meets generally accepted standards of medical practice; and
3. are ordered by a Physician and performed under His care, supervision or order.

ACCIDENTAL DEATH AND DISMEMBERMENT BENEFITS:

Covered Loss must occur within 365 days of the Covered Accident. Not more than the Aggregate Limit of \$500,000 will be paid for all Covered Losses, Covered Accidents and Covered Injuries suffered by all Insured Persons as the result of any one Covered Accident that occurs under one of the Conditions of Coverage. This Aggregate Limit is payable only once, should more than one Condition of Coverage apply, We will pay the greater amount. If this amount does not allow all Insured Persons to be paid the amounts this Policy otherwise provides, the amount paid will be the proportion of the Insured Person's loss to the total of all losses, multiplied by the Aggregate Limit.

COVERED LOSS	BENEFIT AMOUNT
Loss of Life	\$10,000
Loss of Two or More Hands or Feet	\$10,000
Loss of Sight of Both Eyes	\$10,000
Loss of Speech and Hearing (in Both Ears)	\$10,000
Loss of One Hand or Foot and Sight in One Eye	\$10,000
Loss of One Hand or Foot	\$5,000
Loss of Sight in One Eye	\$5,000
Loss of Speech	\$5,000
Loss of Hearing (in Both Ears)	\$5,000
Loss of Hearing in One Ear	\$2,500
Loss of Thumb and Index Finger of the same Hand	\$2,500
Exposure and Disappearance	Included

Enroll online for quicker service at www.StudentInsurance-kk.com

or complete and mail this form

Student Accident Enrollment Form (School Year 2022-2023)

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:

Accident Only Coverage Plans	Low Option	High Option
24-HOUR, with Extended Dental	<input type="checkbox"/> \$92.00	<input type="checkbox"/> \$136.00
24-HOUR, without Extended Dental	<input type="checkbox"/> \$82.00	<input type="checkbox"/> \$126.00
24-HOUR, Summer Only, with Extended Dental	<input type="checkbox"/> \$31.00	<input type="checkbox"/> \$44.00
24-HOUR, Summer Only, without Extended Dental	<input type="checkbox"/> \$21.00	<input type="checkbox"/> \$34.00
AT-SCHOOL, with Extended Dental	<input type="checkbox"/> \$29.00	<input type="checkbox"/> \$37.00
AT-SCHOOL, without Extended Dental	<input type="checkbox"/> \$20.00	<input type="checkbox"/> \$28.00
HIGH SCHOOL FOOTBALL, Full Year, with Extended Dental	<input type="checkbox"/> \$145.00	<input type="checkbox"/> \$221.00
HIGH SCHOOL FOOTBALL, Full Year, without Extended Dental	<input type="checkbox"/> \$136.00	<input type="checkbox"/> \$212.00
HIGH SCHOOL FOOTBALL, Spring Only, with Extended Dental <i>For New Players</i>	<input type="checkbox"/> \$64.00	<input type="checkbox"/> \$94.00
HIGH SCHOOL FOOTBALL, Spring Only, without Extended Dental <i>For New Players</i>	<input type="checkbox"/> \$55.00	<input type="checkbox"/> \$84.00
HIGH SCHOOL FOOTBALL and AT SCHOOL, with Extended Dental <i>Covers all athletics</i>	<input type="checkbox"/> \$174.00	<input type="checkbox"/> \$258.00
HIGH SCHOOL FOOTBALL and AT SCHOOL, without Extended Dental <i>Covers all athletics</i>	<input type="checkbox"/> \$156.00	<input type="checkbox"/> \$240.00
HIGH SCHOOL FOOTBALL and 24-HOUR, with Extended Dental <i>Covers all athletics</i>	<input type="checkbox"/> \$237.00	<input type="checkbox"/> \$357.00
HIGH SCHOOL FOOTBALL and 24-HOUR, without Extended Dental <i>Covers all athletics</i>	<input type="checkbox"/> \$218.00	<input type="checkbox"/> \$338.00

Enclose check for total payment payable to: **AXIS INSURANCE COMPANY**. Checks, money orders, or credit cards accepted.

DO NOT SEND CASH

TOTAL ENCLOSED: \$ _____

See **IMPORTANT NOTICE - FRAUD WARNING** on next page

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.)

IMPORTANT NOTICE - FRAUD WARNING

- **In General, and specifically for residents of Arkansas, Illinois, Louisiana, Rhode Island and West Virginia:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.
- **For residents of Alabama:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution fines and confinement in prison, or any combination thereof.
- **For residents of Colorado:** It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado division of insurance within the department of regulatory agencies.
- **For residents of the District of Columbia:** WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.
- **For residents of Florida:** Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.
- **For residents of Kentucky:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.
- **For residents of Maine, Tennessee and Washington:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.
- **For residents of Oregon:** Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance may be guilty of a crime and may be subject to fines and confinement in prison.
- **For residents of Maryland:** Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.
- **For residents of New Jersey:** Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.
- **For residents of New Mexico:** ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO CIVIL FINES AND CRIMINAL PENALTIES.
- **For residents of New York:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.
- **For residents of Ohio:** Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.
- **For residents of Oklahoma:** WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.
- **For residents of Pennsylvania:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.
- **For residents of Texas:** Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.
- **For residents of Virginia:** Any person who with the intent to defraud or knowing that he is facilitating a fraud against an insurer submits an application or files a false or deceptive statement may have violated state law.

[AXIS-FRAUD 0221]

APPENDIX Q

MUSIC DIVISION ACKNOWLEDGMENT OF RISK

Loudoun County Public Schools—Music Division WARNING AND ACKNOWLEDGMENT OF RISK READ CAREFULLY BEFORE SIGNING



School Name:		Activity Dates:	
Scheduled Activity:	<input type="checkbox"/> Marching Band <input type="checkbox"/> Guard	<input type="checkbox"/> Other	
Activity Supervision Provided By (Name & Title):			
<u>Student Participant Information</u>			
Student Participant's Name:		Birth Date:	
Student Participant's Address:			
Home Phone:	Cell Phone:	E-mail:	
Parent/Guardian Name:			
Business Phone:	Cell Phone:	E-mail:	
Parent/Guardian Name:			
Business Phone:	Cell Phone:	E-mail:	
Emergency Contact name in case parents cannot be reached:		Relationship to Participant:	
Home Phone:	Cell Phone:	Business Phone:	
<u>Student Participant Medical & Insurance Information:</u>			
This information is necessary when we are unable to reach you in the event of illness or injury involving your child.			
Family Doctor Name:		Phone #:	
List only Acute, Life Threatening Conditions, or Medications of which Student is Allergic:			
List any allergies, health conditions, regular medications taken, or activity restrictions we need to be aware of:			
Medical/Accident Insurance? <input type="radio"/> Yes <input type="radio"/> No Name of Insurance Co.:			
<u>Media Release—Parental Permission for Recording, Publishing, or Broadcasting Photographs/Videos/Audio of Music Students</u>			
I <input type="checkbox"/> DO <input type="checkbox"/> 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 <input type="checkbox"/> DO <input type="checkbox"/> DO NOT grant permission for photographs to be posted on school websites or appear in newspapers, brochures, event programs, vendor advertisements, web-sites, etc.			
<u>Warning and Acknowledgment of Risk for Participation</u>			
I, <small>(print student name)</small> 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.			
<u>Student Signature:</u>		<u>Date:</u>	
<u>Parental Permission, Authorization, and Acknowledgment of Risk</u>			
I, <small>(print adult name)</small> , am the parent/legal guardian of <small>(print student name)</small> . 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.			
<u>Parent/Legal Guardian Signature:</u>		<u>Date:</u>	
Return this original signed form to your student's school and keep a copy for your records.			

MUSIC STUDENT ACCIDENT INSURANCE BULLETIN

Loudoun County Public Schools

Department of Business & Finance
Procurement & Risk Management Services
21000 Education Court, Ashburn, VA 20148
(571) 252-1270** (571) 252-1432 Fax



IMPORTANT INSURANCE NOTICE—READ CAREFULLY

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

Dear Parents and Athletes:

Please note **that proof of medical or accident insurance coverage is required** for students' participation in LCPS Athletic Programs. **Participation in athletic activities can be dangerous and lead to serious injuries requiring very costly medical attention.**

Proof of Insurance Coverage: You will be required to provide the name of your insurance carrier on the LCPS Sports Emergency Card. If you don't already have insurance coverage, you may purchase coverage from any source you desire. There are resources that can be found on line or through local insurance agents.

In addition, LCPS provides a resource for you to **voluntarily** purchase coverage for accidental injuries only (there is no coverage for illness or medical conditions).

The Voluntary Student Accident Insurance offers various options on benefit plans of coverage from which you may choose. If you already have insurance coverage through another policy, these accident plans pay benefits for those eligible expenses **in excess of** and not paid by your primary insurance.

If there is no other available insurance to you, the purchase of the Voluntary Student Accident Insurance coverage **will provide primary accident insurance protection** for the student athlete.

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 on line to this link: www.studentinsurance-kk.com or call 1-855-742-3135.

K-12 Student Accident Insurance **Enroll Online**

www.studentinsurance-kk.com



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
- Solo accidentes, 24 horas
- Dental extendido
- Fútbol

Cómo inscribirse en línea

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

Visite www.studentinsurance-kk.com y haga clic en el botón “Enroll Now” (“Inscribirse ahora”).

1. Comience por decirnos 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.

2021-2022 Student Accident Coverage

Serviced by: **K&K Insurance Group, Inc.** Phone: 855-742-3135

Remember to visit our website for faster enrollment: www.studentinsurance-kk.com
Online Enrollment—Secured Accident Coverage can be purchased any time throughout the year.

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.*

Compare and Choose	Low Option Accident Only	High Option Accident Only
Maximum Benefit:	\$25,000 (For Each Injury)	\$25,000 (For Each Injury)
Deductible:	\$0	\$0
Inpatient Hospital Services		
Room & Board Expenses: <i>(Private/Semi-private room rate)</i>	Up to \$150 per day	80% of Usual and Customary Charges
Miscellaneous Expenses	\$600 maximum per day	\$1,200 maximum per day
Physician's Visits: <i>(Limited to one visit per day)</i>	\$40 first day/\$25 each subsequent day	\$60 first day/\$40 each subsequent day
Ambulatory Medical Center	\$1,000 maximum	\$1,200 maximum
Emergency Room Treatment: <i>(Treatment must be rendered within 72 hours from the time of the injury)</i>	\$150 maximum	\$300 maximum
Surgery: <i>(*Allowance is calculated: 100% of Usual and Customary Charges for the 1st procedure, 50% of Usual and Customary Charges for the 2nd procedure, and 25% of Usual and Customary Charges for each additional procedure when performed through different incisions/portals.)</i>	\$1,000 maximum	\$1,200 maximum
Assistant Surgeon	100% of Usual and Customary Charges <i>(*Allowance is calculated: 20% of the surgical maximum for the surgery performed as indicated above.)</i>	100% of Usual and Customary Charges <i>(*Allowance is calculated: 25% of the surgical maximum for the surgery performed as indicated above.)</i>
Anesthesia and its Administration	100% of Usual and Customary Charges <i>(*Allowance is calculated: 20% of the surgical maximum for the surgery performed as indicated above.)</i>	100% of Usual and Customary Charges <i>(*Allowance is calculated: 25% of the surgical maximum for the surgery performed as indicated above.)</i>
Outpatient		
Outpatient Physician Visits: <i>(Limited to one visit per day)</i>	\$40 first day/\$25 each subsequent day	\$60 first day/\$40 each subsequent day
Outpatient X-ray:	\$200 maximum	\$600 maximum
Outpatient Diagnostic Imaging Services: <i>(CT Scan, MRI)</i>	\$300 maximum	\$600 maximum
Outpatient Laboratory:	\$50 maximum	\$300 maximum
Outpatient Physiotherapy: <i>(Limited to one visit per day. Includes acupuncture; microthermy; manipulation; diathermy; massage therapy; heat treatment; and ultrasonic treatment)</i>	\$30 first day/\$20 each subsequent day/ 5 day maximum	\$60 first day/\$40 each subsequent day/ 5 day maximum
Ambulance Services: (Air and Ground)	\$300 maximum	\$800 maximum
Medical Equipment Rental: (Includes Orthopedic devices)	\$75 maximum	\$140 maximum
Dental Services:	\$10,000 maximum per policy term if extended dental option is purchased. \$200 per tooth if extended dental option is not purchased.	\$10,000 maximum per policy term if extended dental option is purchased. \$500 per tooth if extended dental option is not purchased.
Prescription Drugs:	\$75 maximum	\$200 maximum
Consultant:	\$200 maximum	\$400 maximum
Replacement of Eye Glasses, Contact Lenses or Hearing Aids:	100% of Usual and Customary Charges	100% of Usual and Customary Charges

THIS IS A BLANKET ACCIDENT ONLY POLICY.

U.S. Insurance coverage is underwritten by AXIS Insurance Company under group policy form series number BACC-001-0909, et al. Coverage is subject to exclusions and limitations, and may not be available in all US states and jurisdictions. Product availability and plan design features, including eligibility requirements, descriptions of benefits, exclusions or limitations may vary depending on local country or US state laws. Full terms and conditions of coverage, including effective dates of coverage, benefits, limitations, and exclusions, are set forth in the policy.

The amount of benefits provided depends upon the plan selected; the premium will vary with the amount of the benefits selected.

THIS INSURANCE DOES NOT COORDINATE WITH ANY OTHER INSURANCE PLAN. IT DOES NOT PROVIDE MAJOR MEDICAL OR COMPREHENSIVE MEDICAL COVERAGE AND IS NOT DESIGNED TO REPLACE MAJOR MEDICAL INSURANCE. FURTHER, THIS INSURANCE IS NOT MINIMUM ESSENTIAL BENEFITS AS SET FORTH UNDER THE PATIENT PROTECTION AND AFFORDABLE CARE ACT.

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 student accident enrollment form 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 an eligible person per the definition below. Termination of coverage for any reason will not affect a claim which occurs before coverage ends.

	With Extended Dental		Without Extended Dental	
24-Hour Accident Around-the-clock. Before, during and after school. Weekends, vacation and all summer including summer school. School sponsored and extracurricular sports excluding High School Football	Low Option High Option	\$92.00 \$136.00	Low Option High Option	\$82.00 \$126.00
24-Hour Accident (Summer Only Coverage) Summer begins on the first day after the school year ends. Summer ends the first day of the next school year.	Low Option High Option	\$31.00 \$44.00	Low Option High Option	\$21.00 \$34.00
At-School Accident During the regular school term, on school premises while school is in session. Direct and uninterrupted travel to and from home and scheduled classes. School Sponsored and supervised activities or sports excluding High School Football. Travel to and from school sponsored and supervised activities or sports while in a school furnished or approved vehicle.	Low Option High Option	\$29.00 \$37.00	Low Option High Option	\$20.00 \$28.00
Extended Dental (Accident Only) Supplemental coverage extended to students with At-School, 24-Hour or Football Coverage – Limited to Covered Person's policy effective dates and accident only coverage option selected. Replaces standard dental coverage with coverage of 80% of Reasonable Charges to a maximum limit of \$10,000 per injury				
High School Football Play or practice of regularly scheduled football. Consult your Athletic Department for enrollment instructions.	Low Option High Option	\$145.00 \$221.00	Low Option High Option	\$136.00 \$212.00
High School Football (Spring Only) For new players who participate in spring training and not already insured under Football Coverage. Sports seasons are defined by your state high school athletic association.	Low Option High Option	\$64.00 \$94.00	Low Option High Option	\$55.00 \$84.00
High School Football and At-School Accident (Covers all athletics)	Low Option High Option	\$174.00 \$258.00	Low Option High Option	\$156.00 \$240.00
High School Football and 24-Hour Accident (Covers all athletics)	Low Option High Option	\$237.00 \$357.00	Low Option High Option	\$218.00 \$338.00

About Your Coverage

1. **ELIGIBLE PERSONS:** students of the policyholder who enroll and make the required premium contribution for the coverage selected are Eligible Persons under the Policy. Depending on the coverage selected, coverage may continue after graduation and between school years unless the person enrolls at a different school district.
2. The Master Policy is on file with the school district and is a non-renewable policy. The student coverage selected is non-renewable and requires the student to re-enroll each school year.
3. This is a limited benefit policy.
4. **COVERAGE EFFECTIVE DATE:** Insurance becomes effective for a student who enrolls and makes the required premium contribution on the latest of the following dates:
 - a. the Policy Effective Date;
 - b. the date the Company receives student's completed enrollment form and the required premium payment.

In no event will insurance for the Eligible Person become effective before the Policy Effective Date.

5. **COVERAGE TERMINATION DATE:** Coverage ends on the earlier of the date: he or she is no longer an Eligible Person, the end of the 1 year coverage term or the date the School's policy ends. All coverage ceases if the policyholder cancels the policy or when person ceases to be eligible. Termination of coverage for any reason will not affect a claim for a Covered Accident that occurs before the termination date.
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:** Your coverage under the Policy will not be cancelled, and accordingly, premiums may not be refunded after acceptance by the Company.

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 AXIS 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

 Cut out card and retain for your records

STUDENT INSURANCE CARD

Student's Name _____
If premium has been paid, the student whose name appears above has been insured under a Policy issued to:

School District: _____

Accident Only Coverage: ☐ 24-HOUR ☐ 24-HOUR (Summer Only Coverage)
☐ AT-SCHOOL ☐ FOOTBALL ☐ FOOTBALL (Spring Only) ☐ EXTENDED DENTAL

Paid by Check # _____ Amount Paid: _____ Date Paid: _____

Policy # _____

Underwritten by: AXIS Insurance Company
Claims Questions: K&K Insurance Group, Inc.
 1712 Magnavox Way • Fort Wayne, IN 46801 • 800-237-2917

COMMON EXCLUSIONS

In addition to any benefit or coverage specific exclusion, benefits will not be paid for any loss which directly or indirectly, in whole or in part, is caused by or results from any of the following unless coverage is specifically provided for by name in the Description of Benefits Section or Conditions of Coverage Section:

- intentionally self-inflicted injury, suicide, or any attempt while sane or insane;
- commission or attempt to commit a felony or an assault;
- commission of or active participation in a riot or insurrection;
- declared or undeclared war or act of war or any act of declared or undeclared war unless specifically provided by this Policy;
- flight in, boarding or alighting from an Aircraft, except as a passenger on a regularly scheduled commercial airline;
- travel in any Aircraft owned, leased operated or controlled by the Policyholder, or any of its subsidiaries or affiliates. An Aircraft will be deemed to be "controlled" by the Policyholder if the Aircraft may be used as the Policyholder wishes for more than 10 straight days, or more than 15 days in any year;
- sickness, disease, bodily or mental infirmity, bacterial or viral infection or medical or surgical treatment thereof, (including exposure, whether or not Accidental, to viral, bacterial or chemical agents) whether the loss results directly or non directly from the treatment except for any bacterial infection resulting from an Accidental external cut or wound or Accidental ingestion of contaminated food;
- voluntary ingestion of any narcotic, drug, poison, gas or fumes, unless prescribed or taken under the direction of a Physician and taken in accordance with the prescribed dosage;
- operating any type of vehicle or Conveyance while under the influence of alcohol or any drug, narcotic or other intoxicant including any prescribed drug for which the Insured Person has been provided a written warning against operating a vehicle or Conveyance while taking it. Under the influence of alcohol, for purposes of this exclusion, means intoxicated, as defined by the motor vehicle laws of the state in which the Covered Loss occurred;
- the Insured Person's intoxication. The Insured Person is conclusively deemed to be intoxicated if the level in His blood exceeds the amount at which a person is presumed, under the law of the locale in which the accident occurred, to be under the influence of alcohol if operating a motor vehicle, regardless of whether He is in fact operating a motor vehicle, when the injury occurs. An autopsy report from a licensed medical examiner, law enforcement officer's report, or similar items will be considered proof of the Insured Person's intoxication;
- An Accident if the Insured Person is the operator of a motor vehicle and does not possess a valid motor vehicle operator's license, unless: (a) the Insured Person holds a valid learners permit and (b) the Insured Person is receiving instruction from a driver's education instructor;
- aggravation, during a Covered Activity, of an injury the Insured Person suffered before participating in that Covered Activity unless the Company receives a written medical release from the Insured Person's Physician;
- participating in any hazardous activities, including the sports of snowmobile, 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;
- medical or surgical treatment, diagnostic procedure, administration of anesthesia, or medical mishap or negligence, including malpractice unless it occurs during treatment of a Covered Injury; or
- benefits will not be paid for services or treatment rendered by any person who is:
 - employed or retained by the Policyholder;
 - living in the Insured Person's household;
 - an Immediate Family Member, including domestic partner, of either the Insured Person or the Insured Person's Spouse; or
 - the Insured Person.

EXCLUDED EXPENSES

The following will not be considered Medically Necessary Covered Expenses unless coverage is specifically provided:

- cosmetic surgery, except for reconstructive surgery needed as the result of a Covered Injury;
- any elective or routine treatment, surgery, health treatment, or examination, including any service, treatment of supplies that: (a) are deemed by the Company to be experimental or investigational; and (b) are not recognized and generally accepted medical practice in the United States;
- examination or prescriptions for, or purchase, repair or replacement of wheelchairs, braces, appliances, orthopedic braces, or orthotic devices;
- treatment in any Veteran's Administration, Federal, or state facility, unless there is a legal obligation to pay;
- services or treatment provided by persons who do not normally charge for their services, unless there is a legal obligation to pay;
- repair or replacement of existing artificial limbs, eyes and larynx;
- treatment of an injury resulting from a condition that the Insured Person knew existed on the date of a Covered Accident, unless the Company has received a written medical release from his Physician.

In no event will the Company's total payments for the Insured Person exceed the Total Maximum for all Accident Medical Benefits shown in the Schedule of Benefits.

Other Exclusions that apply to this Benefit are in the Common Exclusions Section.

ACCIDENT ONLY DEFINITIONS:

Covered Injury means Accidental bodily injury:

- which is sustained by an Insured Person as a direct result of an unintended, unanticipated Covered Accident that is external to the body and that occurs while the injured person's coverage under the Policy is in force;
- which results directly and independently from all other causes from a Covered Accident; and
- which occurs while such person is participating in a Covered Activity. The Covered Injury must be caused through Accidental means. All injuries sustained by an Insured Person in any one Covered Accident, including related conditions and recurrent symptoms of these injuries, are considered a single injury.

Accident or Accidental: means a sudden, unexpected, specific and abrupt event that occurs by chance at an identifiable time and place while the Insured Person is covered under this Policy.

Covered Expenses: means expenses actually incurred by or on behalf of an Insured Person for treatment, services and supplies covered by this Policy. A Covered Expense is deemed to be incurred on the date treatment, service or supply that gave rise to the expense or the charge, was rendered or obtained.

Medically Necessary: means medical services that:

- are essential for diagnosis, treatment or care of the Covered Injury for which it is prescribed or performed;
- meets generally accepted standards of medical practice; and
- are ordered by a Physician and performed under His care, supervision or order.

ACCIDENTAL DEATH AND DISMEMBERMENT BENEFITS:

Covered Loss must occur within 365 days of the Covered Accident. Not more than the Aggregate Limit of \$500,000 will be paid for all Covered Losses, Covered Accidents and Covered Injuries suffered by all Insured Persons as the result of any one Covered Accident that occurs under one of the Conditions of Coverage. This Aggregate Limit is payable only once, should more than one Condition of Coverage apply, We will pay the greater amount. If this amount does not allow all Insured Persons to be paid the amounts this Policy otherwise provides, the amount paid will be the proportion of the Insured Person's loss to the total of all losses, multiplied by the Aggregate Limit.

COVERED LOSS	BENEFIT AMOUNT
Loss of Life	\$10,000
Loss of Two or More Hands or Feet	\$10,000
Loss of Sight of Both Eyes	\$10,000
Loss of Speech and Hearing (in Both Ears)	\$10,000
Loss of One Hand or Foot and Sight in One Eye	\$10,000
Loss of One Hand or Foot	\$5,000
Loss of Sight in One Eye	\$5,000
Loss of Speech	\$5,000
Loss of Hearing (in Both Ears)	\$5,000
Loss of Hearing in One Ear	\$2,500
Loss of Thumb and Index Finger of the same Hand	\$2,500
Exposure and Disappearance	Included

Enroll online for quicker service at www.StudentInsurance-kk.com
or complete and mail this form

Student Accident Enrollment Form (School Year 2021-2022)

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:

Accident Only Coverage Plans	Low Option	High Option
24-HOUR, with Extended Dental	<input type="checkbox"/> \$92.00	<input type="checkbox"/> \$136.00
24-HOUR, without Extended Dental	<input type="checkbox"/> \$82.00	<input type="checkbox"/> \$126.00
24-HOUR, Summer Only, with Extended Dental	<input type="checkbox"/> \$31.00	<input type="checkbox"/> \$44.00
24-HOUR, Summer Only, without Extended Dental	<input type="checkbox"/> \$21.00	<input type="checkbox"/> \$34.00
AT-SCHOOL, with Extended Dental	<input type="checkbox"/> \$29.00	<input type="checkbox"/> \$37.00
AT-SCHOOL, without Extended Dental	<input type="checkbox"/> \$20.00	<input type="checkbox"/> \$28.00
HIGH SCHOOL FOOTBALL, Full Year, with Extended Dental	<input type="checkbox"/> \$145.00	<input type="checkbox"/> \$221.00
HIGH SCHOOL FOOTBALL, Full Year, without Extended Dental	<input type="checkbox"/> \$136.00	<input type="checkbox"/> \$212.00
HIGH SCHOOL FOOTBALL, Spring Only, with Extended Dental <i>For New Players</i>	<input type="checkbox"/> \$64.00	<input type="checkbox"/> \$94.00
HIGH SCHOOL FOOTBALL, Spring Only, without Extended Dental <i>For New Players</i>	<input type="checkbox"/> \$55.00	<input type="checkbox"/> \$84.00
HIGH SCHOOL FOOTBALL and AT SCHOOL, with Extended Dental <i>Covers all athletics</i>	<input type="checkbox"/> \$174.00	<input type="checkbox"/> \$258.00
HIGH SCHOOL FOOTBALL and AT SCHOOL, without Extended Dental <i>Covers all athletics</i>	<input type="checkbox"/> \$156.00	<input type="checkbox"/> \$240.00
HIGH SCHOOL FOOTBALL and 24-HOUR, with Extended Dental <i>Covers all athletics</i>	<input type="checkbox"/> \$237.00	<input type="checkbox"/> \$357.00
HIGH SCHOOL FOOTBALL and 24-HOUR, without Extended Dental <i>Covers all athletics</i>	<input type="checkbox"/> \$218.00	<input type="checkbox"/> \$338.00

Enclose check for total payment payable to: **AXIS INSURANCE COMPANY**. Checks, money orders, or credit cards accepted.

DO NOT SEND CASH

TOTAL ENCLOSED: \$ _____

See IMPORTANT NOTICE - FRAUD WARNING on next page

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.)

IMPORTANT NOTICE - FRAUD WARNING

- **In General, and specifically for residents of Arkansas, Illinois, Louisiana, Rhode Island and West Virginia:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.
- **For residents of Alabama:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution fines and confinement in prison, or any combination thereof.
- **For residents of Colorado:** It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado division of insurance within the department of regulatory agencies.
- **For residents of the District of Columbia:** WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.
- **For residents of Florida:** Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.
- **For residents of Kentucky:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.
- **For residents of Maine, Tennessee and Washington:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.
- **For residents of Oregon:** Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance may be guilty of a crime and may be subject to fines and confinement in prison.
- **For residents of Maryland:** Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.
- **For residents of New Jersey:** Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.
- **For residents of New Mexico:** ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO CIVIL FINES AND CRIMINAL PENALTIES.
- **For residents of New York:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.
- **For residents of Ohio:** Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.
- **For residents of Oklahoma:** WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.
- **For residents of Pennsylvania:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.
- **For residents of Texas:** Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.
- **For residents of Virginia:** Any person who with the intent to defraud or knowing that he is facilitating a fraud against an insurer submits an application or files a false or deceptive statement may have violated state law.

[AXIS_FRAUD 0221]

APPENDIX S



OVERNIGHT AND FOREIGN FIELD TRIP - STUDENT PARTICIPATION & PERMISSION FORM

Instructions:

- The Trip Organizer will complete Section I, and provide a copy to each student participant. Section II is to be completed and signed by the student and student's parent/guardian and returned to the Trip Organizer.
- The Trip Organizer will email a single .pdf scan of all Participant Forms, with a copy of the FINALIZED ITINERARY to LCPSDispatch@lcps.org **three (3) business days** from the date of departure.
- Forms are to be with the Trip Organizer at all times during the trip.

Section I – To be completed by Trip Organizer:

FIELD TRIP INFORMATION – SEE ATTACHED DESCRIPTION AND ITINERARY		
School Name:	Today's Date:	Permission Due Date:
Class/Grade/Club(s) Participating:	Destination(s)(cities/countries):	
Purpose of Trip:	Name of Travel or Tour Company:	
	Date, Time, and Place of Departure:	
	Date, Time, and Place of Return:	
RISKS INVOLVED WHILE ON THIS TRIP		
Activities (Check all that apply): <input type="checkbox"/> Amusement/Theme Parks <input type="checkbox"/> Athletic/Sporting Event Participation <input type="checkbox"/> Home Stay with Foreign Family <input type="checkbox"/> Outdoor Activities/Walking/Hiking <input type="checkbox"/> Swimming, Boating, Water Activities <input type="checkbox"/> Other (Specify):	Transportation (Check all that apply): <input type="checkbox"/> Commercial Plane Flight <input type="checkbox"/> Charter Bus <input type="checkbox"/> Charter Cruise Boat <input type="checkbox"/> Public Bus/Taxi/Rail Transportation <input type="checkbox"/> Private or Leased Vehicle <input type="checkbox"/> Other (Specify):	
Trip Organizer Name and Job Position:	Email Address:	Phone #:
Trip Organizer's Signature:		

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

PARTICIPANT AND EMERGENCY INFORMATION		
Student Full Name:	Home School:	Parent/Guardian Name(s):
Home Address (Number, Street, City, State, Zip):		Parent Email:
Home Phone: ()	Work Phone: ()	Cell/Other Phone: ()
Emergency Contact Name #1:	Relationship: Phone Number(s): () ; ()	Email Address:
Emergency Contact Name #2:	Relationship: Phone Number(s): () ; ()	Email Address:
HEALTH INSURANCE INFORMATION		
Name of Student's Primary Care Physician:	Physician's Phone Number: ()	
Name of Health Insurance Company:	Policy Number:	
Insurance Company Phone Number: ()	Member Number:	
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):

Name of Medication	(Check One)		Dosage	Frequency/ Time to Administer	Quantity Provided
	Over-the-Counter	Prescription			
	<input type="checkbox"/>	<input type="checkbox"/>			
	<input type="checkbox"/>	<input type="checkbox"/>			
	<input type="checkbox"/>	<input type="checkbox"/>			
	<input type="checkbox"/>	<input type="checkbox"/>			
	<input type="checkbox"/>	<input type="checkbox"/>			
	<input type="checkbox"/>	<input type="checkbox"/>			

READ CAREFULLY:

- 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.
- 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.
- 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.
- 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.
- 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.
- 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!

- 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.
- 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).
- 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.
- 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.
- 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.
- 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.
- 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****

NCAA ELIGIBILITY CHECKLIST

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](#).

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.

Basic Student Personal Information

This includes information such as your name, gender, date of birth, primary and secondary contact information, and address.

Payment

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

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.

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

[Check](#) if your school has a list of NCAA-approved courses.

Nonrefundable registration fee for international students: \$150

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

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.

APPENDIX U

STUDENT FEES

The School Board provides this policy and schedule of fees for the consistent charging of student fees throughout the school division. No fees or charges may be assessed or collected that either have not been approved by the School Board or listed in this policy and schedule of fees. Variations in fees based on school level (elementary, middle, and high school) are identified below where applicable.

A. Reduction or Waiver of Fees. Fees and charges will be reduced or waived for economically disadvantaged students and students whose families are undergoing economic hardships and are unable to pay including, but not limited to, families receiving unemployment benefits or public assistance such as Temporary Assistance for Needy Families, Supplemental Nutrition Assistance Program, families qualifying for the Free and Reduced Lunch Program, Supplemental Security Income or Medicaid; foster families caring for children in foster care; or, families that are homeless under the McKinney-Vento Act. Each time a fee is charged, a notice that a fee reduction or waiver may be requested along with instructions for applying shall be provided.

B. Prohibited Fees. Fees may not be charged in the following circumstances:

1. As a condition of school enrollment, except for students who are not of school age or who do not reside within the jurisdiction as provided by the Code of Virginia.
2. For instructional programs and activities, or materials required for instruction, except as specified in this policy and schedule of fees.
3. For textbooks or textbook deposits; however, a reasonable fee or charge for lost or damaged textbooks may be charged.
4. For pupil transportation to and from school.
5. For summer school programs or other forms of remediation required by the Standards of Quality.
6. For instructional materials, textbooks, or other materials that are not directly used by a public school student.

C. Schedule of Fees. The schedule of fees is listed in the 4020 regulation.

D. Annual Notice. This policy and a schedule of fees shall be provided annually to parents and posted on the school division's website.

E. Prohibited Collection Actions. No student's scholastic report card, class schedule or diploma shall be withheld due to nonpayment of fees and charges. No student shall be suspended or expelled for nonpayment.

F. Determining Fees. The Superintendent shall adopt regulations establishing the amount or means for determining fees as authorized by this policy and schedule of fees. Such fees shall be uniform throughout the school division but may vary depending upon school level (elementary, middle or high school).

G. Items Not Included. This policy does not apply to the operation of voluntary activities such as school stores, school banks, extra-curricular activities (field trips), or fundraising activities. This policy does not apply to programs funded through the National School Lunch Act.

H. Fees Charged. Fees which are specifically authorized by a provision of the Code of Virginia may be charged.

I. Consequences. Participation in graduation ceremonies and other extracurricular and athletic activities may be withheld for non-payment of fees.

[Former Policy 4-2]

Adopted: 5/28/13

Revised: 02/14/17

Current Revision: 11/30/21

Legal Refs: Code of Virginia, 1950, as amended, §§ [8.01-43](#), [22.1-6](#), [22.1-243](#), [22.1-280.4](#)

Cross Refs: Policy [4010](#), Policy [4115](#), Policy [5060](#), Policy [5095](#)

APPENDIX V

STUDENT FEES - REGULATION

This Regulation is being provided as the schedule of fees for the consistent charging of student fees throughout the school division. No fees or charges may be assessed or collected that either have not been approved by the School Board or listed in the Policy and this Regulation.

A. Reduction or Waiver of Fees. Fees and charges will be reduced or waived for economically disadvantaged students and students whose families are undergoing economic hardships and are unable to pay including, but not limited to, families receiving unemployment benefits or public assistance such as Temporary Assistance for Needy Families, Supplemental Nutrition Assistance Program, families qualifying for the Free and Reduced Price Meal Program, Supplemental Security Income or Medicaid; foster families caring for children in foster care; or, families that are homeless under the McKinney-Vento Act.

B. Notice. Each time a fee is charged, a notice that a fee reduction or waiver may be requested along with instructions for applying shall be provided to the guardian.

C. Definitions:

1. Curricular – course of study
2. Co-curricular – in addition to normal course of study, complements the program (may be optional or mandatory)
3. Extra-curricular – in addition to normal course of study, usually no academic credit, not in the scope of the regular program (optional only)
4. Interscholastic Activities - activities offered by LCPS, competitively or otherwise, to a student outside of the regular school day or program (optional only).

D. Schedule of Fees:

Student Fees	Description	Dollar Amount of Fees Charged OR Means for Determining Fees
Adult Education	Class fee	Fee is based on the actual costs of the particular class see <u>Adult Ed Catalog</u>

Advanced Placement Tests	Examinations are not mandatory and are not a requirement of any advanced placement course offered in the school division (optional at student's choosing)	<p>LCPS will cover up to four AP tests per student starting SY21/22</p> <p>\$87.00 per test \$135.00 per AP Capstone Test - fees based on College Board</p> <p>\$40 late fee per test after registration deadline for current school year</p>
Athletics	Activity fees	\$75.00 for each sport during a school year per student, except Tier 3 sports
Behind-the-wheel	Portion of Driver Education	\$225.00
Consumable Materials	Examples: workbooks, writing books, drawing books, arts materials, music supplies (including recorders and beginning band/orchestra books which become the student's property); secondary family and consumer sciences material; trade and industrial materials fees, technology education materials fees, secondary science lab fees, t-shirts for special events, circular subscriptions; and agendas/organizers.	Fee is based on the actual price of the particular consumable item to be used in class. Contact the school for fee information. The cost of consumables used by teachers or staff will not be included in the student fee.
Educational Records	Copies fee	<p>Annually the school division shall provide free of charge one copy of a student's scholastic record when it is 25 pages or less.</p> <p>Scholastic records in excess of 25 pages shall be charged at \$0.10 per page beyond the initial 25 pages.</p> <p>All additional copies requested will be charged \$0.10 per page for all pages.</p>

Library Books	Overdue, lost, or damaged	Overdue library books are not charged at this time. Students with lost or severely damaged books are charged the current replacement cost for the book. If the book is out of print or no longer available for purchase, a replacement of a similar kind is to be substituted.
Musical Instrument Purchases	Fees for musical instrument purchases	Elementary recorders - \$3.70 (per LCPS contract bid) Instrumental students - purchase/rent instrument and method books from local music stores.
Musical Instrument Rentals	Fees for musical instrument rentals	Rental fee for school-owned instruments up to \$100.00 a school year per instrument.
Non-athletic - Interscholastic/ Co-curricular/ Extra-curricular Activities	Student Activities/ Student-selected (exclusive of any student transportation component)	Participant fee for an amount up to but no more than the actual cost of the activity.
Parking Fee	Parking fee (optional service)	\$200.00 a school year per student for one window decal or placard. Contact the school for further details.
PE Uniform	PE Uniform (PE uniforms are not required)	Shorts - \$4.50/\$5.75 S-XL/2XL-3XL Shirts - \$2.50/\$4.50 S-XL/2XL-3XL (per LCPS contract bid)
Property Replacement	Replacement or repair costs for lost, stolen, or damaged property provided to students and owned by the School Board and damage due to vandalism to any school property.	The current replacement cost for the same device, or, if unavailable, for a substantially similar device (as determined by LCPS).
Summer School - Elementary	Elementary Summer School - voluntary participation based on schools recommendation	There is no charge for Summer School

Summer School - Middle	Middle Summer School - voluntary participation based on schools recommendation for students at risk for failing in English and Math	There is no charge for Summer School
Summer Extension Credit Recovery - High	Summer extension credit recovery	There is no charge
Textbooks	Lost or damaged textbooks	Students with lost or severely damaged textbooks are charged the current replacement cost for the book or a similar textbook if a textbook is superseded.
Virtual Loudoun	Term 3 online learning for high school level courses offered through Virtual Loudoun (for acceleration purposes)	Course Fee Structure (*) 1 credit class - \$375 .5 credit class - \$187.50 Free & Reduced Meal Plan Fees: 1 credit class - \$150 .5 credit class - \$75 (*) (*) Virginia Driver Education and Traffic Safety (VADETS), which is required for Driver Education, requires an additional \$100 fee.

E. Schedule of Fees for Athletic Events.

1. All VHSL State Playoff and Tournament tickets - \$10.00 per ticket for each round or \$25.00 per ticket for an all day tournament.

2. Regular Season - Family passes are available for \$250.00 per family. Adult individual passes are available for \$125.00 per individual. LCPS student passes are available for \$100.00 per student.

VHSL Region Admission Fees for Athletic Events	Determined by the VHSL Region and District Council
Dulles District: Broad Run, Dominion, Heritage, Lightridge, Loudoun County, Loudoun Valley, Park View, Rock Ridge, and Tuscarora	Regular Season <ul style="list-style-type: none"> • \$7.00 per ticket • \$8.00 per ticket for district wrestling championships Regional 4C Tournaments <ul style="list-style-type: none"> • Football - \$8.00 per ticket • Wrestling - \$10.00 per ticket • Golf & Tennis - No Charge • All other sports - \$7.00 per ticket

Potomac District: Briar Woods, Potomac Falls, Riverside, Stone Bridge, Independence, and Woodgrove	<p>Regular Season</p> <ul style="list-style-type: none"> • \$7.00 per ticket <p>Regional 5C Tournaments</p> <ul style="list-style-type: none"> • All Sports - \$8.00 per ticket • Wrestling - \$10.00 per ticket
Cedar Run District: John Champe and Freedom	<p>Regular Season</p> <ul style="list-style-type: none"> • \$7.00 per ticket - LCPS Schools <p>Regional 6B Tournaments</p> <ul style="list-style-type: none"> • \$7.00 per ticket • Wrestling - \$10.00 per ticket • Swimming - \$10.00 per ticket • All other sports - \$7.00 per ticket

F. Annual Notice. The Policy and the Schedule of Fees shall be provided annually to parents and posted on the school division’s website.

G. Exclusions. This Regulation does not apply to the operation of school stores, school banks, extra-curricular activities (field trips), programs under the National School Lunch Act, and principal-approved fundraising activities. Student participation is voluntary and is neither encouraged or discouraged by LCPS.

[Former Regulation 4-2 REG]
 Issued: 7/1/13
 Revised: 7/1/14, 7/1/15, 8/28/17, 10/30/17, 8/13/18, 5/13/19, 7/1/20, 8/27/20,10/6/20
 Current Revision: 7/1/21
 Current Effective Date: 7/1/21

FUNDRAISERS

The Loudoun County School Board acknowledges the significant financial support schools receive from Loudoun County's taxpayers to provide quality educational experiences to our students. It is also acknowledged that, occasionally, additional funding is raised in the community to supplement the educational programs or environment for students. While the influx of supplemental funding is beneficial, the safety of students and the overall mission of the organization must be primary considerations in all fundraising activities. This policy is designed to provide consistency in fundraising practices and procedures across Loudoun County Public Schools (LCPS).

A. Definitions. "Fundraising" refers to the raising of non-appropriated funds by students, parents or others for the educational benefit of students and their schools. "Educational benefit" is broadly defined as having a positive and meaningful impact on the academic, social, emotional, behavioral and/or physical well-being of students and their schools. "Solicitation" refers to the act of asking for or trying to obtain something from someone regardless if a tangible product is given in return.

B. Approval. In order to minimize the negative impact of multiple competing fundraisers and to avoid saturating the school community, pre-approval is required by the principal for:

1. All fundraising activities conducted by the school or school-sponsored clubs and organizations;
2. Fundraising activities conducted on school property;
3. All publicity flyers to be distributed through students or fundraising information posted on the school website;
4. Classroom projects or instructional activities designed with a fundraising component,
5. Crowdsourcing or other online fundraising by LCPS teachers or staff, and;
6. Any fundraising done on behalf of or done using the name of the school.

If the activity is initiated by the principal and not in collaboration with a parent organization, the principal will obtain approval from the appropriate level director.

C. Limitations and Restrictions

1. School-Wide Fundraising
 - a. School-Wide fundraising should have a designated purpose and the proceeds should be used for that purpose, as intended.
 - b. School-wide fundraising for external causes or organizations is limited

to two activities per school, per year. This does not apply to classroom projects approved under B.4. above.

- c. Any publicity for school-wide fundraising involving a vendor will include the percentage of money earned that will remain with the school.

2. School-Sponsored Clubs and Organizations

- a. Fundraising organized by school-sponsored clubs and organizations should have a designated purpose and the proceeds should be used for that purpose, as intended.
- b. Any fundraising activities that involve the sale of food and beverages on school premises during the school day must comply with applicable School Nutrition and Wellness policies and regulations.
- c. The use of instructional time to promote a fundraising activity or to celebrate the outcome of a fundraising activity should be minimized through the use of brief messages on the morning announcements or short presentations connected to school assemblies with an instructional purpose.
- d. It shall be the duty of each principal to ensure that fundraising practices for each school are consistent with the guidelines set forth in Chapter 12 ("Fundraisers and Donations") of the *LCPS School Activity Funds Administrative and Accounting Manual*.

3. Student Involvement in Fundraising

- a. Student participation in fundraising is strictly voluntary. Student grades, playing time, athletic practice time, or involvement in other school activities will not be affected by participation, or lack of participation, in a fundraising activity.
- b. Door-to-door solicitation by elementary and middle school students is prohibited. If used at the high school level, students should only approach homes in their local community in pairs during daylight hours.
- c. Direct solicitation of elementary students during the school day is not permitted. This does not include participation in book fairs conducted by school librarians or purchases made at the school store, when one exists.

4. Parent Support Groups (PTA/PTO/Boosters). This section applies only to groups organized to provide support for school-specific purposes and does not apply to fundraising conducted on behalf of LCPS, in general.

- a. Funds raised by parent support groups are not subject to regulations for school activity funds.
- b. The principal should act as an advisor to parent support groups on the school's funding priorities. Parent support groups are expected to follow their bylaws when deciding the purpose of each fundraiser.
- c. Parent support groups must clearly identify their sponsorship of events and activities on all publicity generated.
- d. Parent support groups are solely responsible for their own compliance with all federal and state laws and regulations, including but not limited to §18.2-340.15 ("Charitable Gaming") of the Code of Virginia and applicable Internal Revenue Service requirements concerning the lawful operation of 501(c)(3) organizations.

[Former Policy 8-4]

Adopted: 11/8/76

Revised: 6/22/93

Confirmed: 12/13/11

Current Revision: 6/25/19

STUDENT ACTIVITIES

Loudoun County Public Schools (LCPS) recognize the benefits and the values students develop by participating in interscholastic, co-curricular and extra-curricular activities as an extension of the education program.

Interscholastic, co-curricular, and extra-curricular activities are part of the educational program and are subject to school supervision and regulation. Student conduct at such activities is therefore governed by LCPS policies and the same rules for students will apply any other time they are under school supervision. In addition, students are expected to display good sportsmanship in competitive activities, whether they are participants or spectators, and they shall conduct themselves in a manner demonstrating respect for persons and property.

Participation in interscholastic, co-curricular and extra-curricular activities is a privilege. A student may be excluded from participating in these activities as part of a disciplinary action.

A. Definition.

1. Interscholastic Activities. These activities are offered by LCPS, competitively or otherwise, to a student outside of the regular school day or program. Examples of interscholastic activities include sports teams, theatre, debate, forensics, and yearbook.

2. Co-curricular Activities. These activities are optional and are an extension of the regular educational offerings. Examples of co-curricular activities include National Honor Society, Student Council Association, Science Fair, Lego Robotics, Battle of the Books, middle and high school dances, marching band and color guard performances or festivals.

3. Extra-curricular Activities. These activities are not a part of the regular educational offerings. These are generally special interest groups organized by students and overseen by school staff. Examples of extra-curricular activities include political, religious, community service, or recreational activities. Student participation is voluntary and is neither encouraged or discouraged by the school.

B. Eligibility.

1. Interscholastic Activities. Eligibility to participate in interscholastic activities is determined by Virginia High School League (VHSL) which is an alliance of Virginia's public and approved non-boarding, non-public high schools that establishes standards for school activities and competitions (athletic and/or non-athletic). A student

must be currently enrolled in five (5) credit subjects or their equivalent and must have passed five (5) credit subjects or their equivalent the previous semester. Interscholastic athletics are not a part of the program for middle or elementary school students, except that eighth-grade students who meet the requirements and who become 14 years of age by August 1 are eligible for sub varsity athletics at the high school they are zoned to attend.

2. Co-curricular Activities. Eligibility to participate in co-curricular activities shall be determined by each school and in compliance with requirements established by superior (i.e., regional, state, or national) organizations if such exist. Co-curricular activities shall be open to all students. Co-curricular activities must be sponsored by one or more professional staff members employed by LCPS.

3. Extra-curricular Activities. Activities must be approved by the principal of the school. A staff member will attend the meeting to monitor activities. Each activity may establish reasonable qualifications for membership and/or participation governed by the following guidelines:

- a. No activity, club, or other student group which unlawfully restricts its membership or operates as a secret society may be approved as a school activity nor shall it be permitted to engage in any activity within the school.
- b. No activity, club, or other student group may interfere with teaching and learning, disrupt the operation of school, promote unlawful activities or engage in acts of intimidation or harassment, or activities in violation of School Board policies and school rules.
- c. All extra-curricular-related student clubs and activities in high schools shall be conducted in compliance with the Equal Access Act (20 U.S.C. §§40714074), as applied on an individual school basis. In elementary, middle, and high schools the use of school facilities and equipment for meetings by youth-oriented community organizations such as Boy Scouts, Girl Scouts, and 4-H must be approved by the principal or designee; and, if applicable, be in compliance with the Boy Scouts Equal Access Act (20 U.S.C. §7905) which pertain to the Boy Scouts of America and the patriotic youth groups listed in Title 36, Part B, of the U.S. Code.

For requirements concerning student participation as it relates to home instruction, see Policy 8-11, Home Instruction, and Policy 8115, "Persons Who May Be Admitted Free."

C. Rules of Conduct and Disciplinary Action. The principal will authorize interscholastic, co-curricular, and extra-curricular activities and events. Students who participate are subject to reasonable rules of conduct and training. Violations of these rules will result in disciplinary actions ranging from conferences with school staff and the student and his/her parent/s or guardian/s, to dismissal from participation.

1. Interscholastic and Co-curricular Activities. Students shall comply with the rules and regulations for participating in activities. Ejection from contests by an official, dismissal from a team, and other disciplinary actions short of dismissal from a team are outlined in the “Student Activities Handbook.”

2. Extra-curricular Activities. In the absence of a suspension or expulsion, and when appropriate to an offense, a student may be excluded from participation in some or all extra-curricular activities and/or attendance at school-sponsored events. Such exclusions may be for a fixed period of time or until assurances of acceptable behavior have been obtained.

The parent/s or guardian/s of any student removed from participation in interscholastic co-curricular, extra-curricular activities and/or attendance at school sponsored events shall be notified. The principal’s decision will be final and not appealable.

[Former Policy 8-48, also merged Policies 8-29, 8-46, 8-47, and 8-60]

Adopted: 9/13/76

Revised: 9/8/87, 6/22/93, 12/13/11

Current Revision: 1/22/19

Legal Refs: [§8.01-42.1](#) Code of Virginia; (Civil Action for Racial, Religious, or Ethnic Harassment); [22.1-79.3](#), Code of Virginia; [20 U.S.C. §§ 4071](#) and [7905](#). Cross Reference: Policy 8-11, “Home Instruction,” and Policy 8115, “Persons Who Are Admitted Free.”

STUDENT PUBLICATIONS

The School Board of Loudoun County Public Schools (LCPS) promotes education excellence by providing students opportunities to publish their work in a variety of media formats. All school-sponsored student publications, print or digital media, media blogs, and podcasts, are to be held to the highest ethical standards, serve a pedagogical purpose, and represent well the students, staff, faculty, and leadership of LCPS.

A. Authorization. The leadership of each school is responsible for authorizing all school-sponsored student and staff publications in accordance with the appropriate publications manual at that school. Publication manuals must be approved by the principal.

B. Publications Manual. Publication manuals shall be adopted at each school to guide all student publications to include a mission statement for the publication and relevant guidelines for that publication to ensure fulfillment of this policy. The following content is prohibited in the publication of materials:

1. Disruptive. This includes materials that have caused, are causing, or reasonably lead the principal to expect substantial disruption of or interference with school activities.

2. Considered Obscene. This includes materials that are considered obscene or considered harmful to juveniles under the Code of Virginia in that it appeals to prurient interest, could reasonably be considered patently offensive to prevailing standards of age appropriateness among the broader community, or taken on the whole is without redeeming social importance for students and lacks serious literary, artistic, political, or scientific value.

3. Compromises Student or Staff Safety. This includes material that advocates practices that could endanger the health or safety of students, or staff.

4. Endorses Unlawful Activity. This includes materials that advocate for the violation of any federal, state or local law, or official school policies, rules, or regulations or is a criminal act in itself.

5. Compromises the Privacy or Reputation of an Individual. This includes material that damages the reputation of an individual, either living or dead, in the opinion of others or exposes any person or group to public hatred, contempt, or ridicule, or invades the privacy of any person.

[Former Policy 8-49]

Adopted: 9/13/76

Revised: 6/22/93; 12/13/11

Current Revision: 6/12/18

Leg Ref: Code of Virginia § [18.2-372](#)

FIELD TRIPS - REGULATION

The Loudoun County School Board believes that field trips can provide excellent educational experiences for students by enriching the curriculum and by making learning experiences of the classroom more meaningful. To be educationally beneficial, a field trip requires thoughtful selection, careful advanced preparation and opportunities to assimilate the experience during and following the trip. The purpose of this policy is to establish guidelines for off-campus instructional and student activity field trips that are extensions of academic, athletic, and other student activities.

A. Definitions

1. Instructional Field Trip. Planned outings away from the school involving one or more students under the supervision of a teacher or other school official to enrich and extend the classroom instructional program. Field trips may be required for certain courses. For optional field trips, if a student does not participate, the school will provide an appropriate educational alternative.

2. Student Activity Field Trip. Planned outings away from the school involving one or more students under the supervision of a teacher or other school official in support of academic or athletic teams, performing groups, or other student activities. Student participation is encouraged yet not required by Loudoun County Public School (LCPS). Student activity field trips include trips related to interscholastic, co-curricular, and extracurricular activities.

B. Factors to Consider for Proposed Field Trips. The following factors should be considered in proposing field trips:

1. The safety, accountability and supervision of students.
2. The value of the trip to the particular class or student activity.
3. The relationship of the field trip to a particular aspect of the curriculum.
4. The distance traveled.
5. The time away from the regular instructional program.
6. The availability of transportation.
7. The accessibility of the field trip for students.
8. The overall cost of the field trip for the school and students.

C. Approval of Field Trips. Field trips will be approved by the school principal and the Department of Instruction pursuant to this policy and Regulation 5070, Field Trips.

1. Administrative approval must be obtained before commitments are made to students, parents, or commercial establishments.

2. Instructional and student activity field trips will be appropriately planned and organized per Regulation 5070, Field Trips.

3. Trips for activities governed by the Virginia High School League (VHSL) or the Virginia Music Education Association (VMEA) do not require approval on a trip-by-trip basis. Parent/Guardian permission for such trips may be obtained for the entire athletic season or school year.

4. International trips shall not be approved for the elementary or middle schools.

D. Financial Considerations. Funds may be appropriated to support instructional and student activity field trips. In addition, school activity funds, contributions, fundraising activities or student fees may be used to defray the cost of optional field trips. Student fees will not be charged for required field trips. Student fees charged for optional instructional field trips may not exceed the cost of the field trip. No student will be denied the opportunity to participate in an optional instructional field trip because of an inability to pay a fee.

E. Student Safety, Accountability, and Supervision. Student safety, accountability and supervision are of utmost importance during the field trip. Teachers, coaches and staff members may change schedules, limit the participation of individual students or take other appropriate actions to preserve the safety and well-being of all concerned, to maintain order and discipline and to achieve the purposes of the trip. For overnight field trips, no adult will share a room with a student unless that adult is the student's parent or legal guardian. At the conclusion of the field trip and upon return to the school, student disciplinary action may then be initiated, if appropriate, as provided for by the Student Rights and Responsibilities Handbook, School Board policies and regulations.

F. Non-LCPS Sponsored Field Trips. LCPS does not endorse or accept responsibility for any non-LCPS trips for students, or any student trips which are not part of the instructional program. Employees are not permitted to solicit students for such trips through school resources. Employees who are involved with such trips must emphasize to any interested student/parent/guardian that such trips are strictly private enterprises and not affiliated with LCPS.

[Formerly 5-11 and Policy 5-12]
Adopted: 9/11/84
Revised: 12/13/88, 6/22/93, 6/28/11
Current Revision: 12/3/19

Cross Refs: Regulation [5070](#), Field Trips; Policy [8010](#), Fundraising; Policy [8350](#), Student Activities; Policy [7520](#), Non-School Employment



