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Student Name

# Fayetteville Public Schools

## Athletic Participation Packet



The contents of this packet includes:

- Athletic Team Regulations
- Athletic Code of Conduct Policy
- Field Trip Permit
- Acknowledgement of Warning Statements
- Parent/Guardian Permit
- Insurance Information
- Concussion Information
- Injury Information
- Student-Athlete Drug Testing Signature Page
- FPS Travel Form
- AAA Sports Medicine Fact Sheet for Parents and Students
- Signature Page

# Fayetteville Public Schools Athletic Department

915 W Clinton Drive Fayetteville, AR 72701 Voice: 479.973.8608 Fax: 479.973.8618 Email:steve.janski@g.fayar.net

## Athletic Team Regulations

It is our desire that every student who participates in Fayetteville Athletics has a positive and meaningful experience. The pursuit of excellence is fundamental to athletics and our coaching staff is encouraged to maintain a high level of expectations for our athletes in their conduct on the field, off the field, and in the classroom. The following rules and policies are universal to the Fayetteville Athletic programs:

### **Athletic Code of Conduct** (attached)

### **Suspension from School**

- In-school Suspension: Student athletes may not participate in games during the time of suspension, however, they may practice with the team after school hours.
- Out-of-school Suspension: Student athletes may neither practice nor dress out for any games during the time of suspension.

### **Athletic Physicals**

- Student athletes will not be allowed to participate in practice or games without a documented physical examination by a licensed physician.

### **Travel**

- The Athletic Department desires that players travel to and from competitions as a team. The coach, in some circumstances, may release players to travel with their parents, however, only the Athletic Director may make arrangements for players to travel with anyone other than the athlete's parents or school personnel.

### **Insurance**

- The Fayetteville School District maintains a secondary insurance policy that provides minimal secondary insurance coverage in case of an athletic related injury.
- In most cases, the insurance will not cover the full costs of an activity injury.
- The Arkansas Activities Association maintains a catastrophic insurance plan for most severe activity injury situations.

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## Athletic Code of Conduct

### Vision of Student-Athlete

The Fayetteville Public Schools (FPS) Athletic Department and Administration desire that every student participating in athletics be law-abiding role models and refrain from using or possessing alcohol or illegal drugs. It is also the expectation that FPS athletes conduct themselves with class and dignity. The sanctions for violating this policy relate solely to limiting the opportunity of any student-athlete to participate in student athletic programs. These sanctions are in addition to any disciplinary action taken by the School and the Fayetteville School District.

Participating in Arkansas Activities Association (AAA) sanctioned sports programs in the Fayetteville School District is a privilege. Students who participate in these activities are respected by their peers and are expected to hold themselves as good examples of conduct, sportsmanship, and training. Accordingly, student-athletes carry a responsibility to themselves, their fellow teammates, fellow students, their parents and to their school to set the highest possible examples of conduct. This includes avoiding the use of, or possession of drugs or alcohol.

### Code of Conduct

A student-athletes conduct in and out of school shall be such as to: 1) not embarrass or discredit themselves, their parent, team, or the school or 2) not create a disruptive influence on the discipline, morale, or educational environment for others in the school or on a team. BE IT UNDERSTOOD THAT THE CODE OF CONDUCT IS IN EFFECT TWENTY-FOUR HOURS A DAY, TWELVE MONTHS A YEAR.

It is the policy of the Fayetteville School District that participation in extra-curricular activities is a privilege. Therefore, certain areas of conduct shall be held to a higher standard than the generally accepted standards subscribed by the school.

### Violations

Misconduct among participants shall consist of one of the following violations:

- \*\* For school-related violations, the student is subject to the penalties imposed by school officials. The coach and/or the Athletic Council have the discretion to impose additional penalties for school rules that are violated.
- 1. Behavior considered unbecoming (unsuitable, inappropriate, or not keeping with accepted standards of a polite society) an FPS athlete.
- 2. The unauthorized possession or use of drugs.
- 3. The transport, possession, or consumption of any alcoholic beverage.
- 4. Vandalism, theft, or destructive misuse of athletic school property, equipment, or personal property of another.
- 5. Any act that would or could constitute a felony or misdemeanor, if convicted, according to the County Prosecutor.

### Process

For school related-related violations, the student is subject to the penalties imposed by school officials. The coach and/or the Athletic Council have the discretion to impose additional penalties for school rules that are violated.

Nothing in this policy shall be construed to require the School District to follow the provisions of Due Process in removing a student from participation in any extra-curricular activity/sport. It shall be the primary responsibility of the



Principal (or designee) to implement and follow the provisions of this policy. Upon receipt of information which would lead the Principal to believe a violation has occurred, the Principal or designee shall take the following actions:

1. Inform the student of the allegations constituting the grounds for invoking this policy.
2. Provide the student with an informal opportunity to explain his/her conduct.
3. After determining facts relevant to the alleged violation(s), the Principal (or designee) will:
  - a. Inform the student there is reasonable evidence to go before the Athletic Council
  - b. Dismiss the charges.
4. If (a) from above, provide the student's parent(s)/guardian(s) a written statement setting forth the facts constituting a violation of this policy and informing them of the potential penalty imposed. The student-athlete is suspended until a decision is rendered by the Athletic Council.

### **Athletic Council**

The Athletic Council is the disciplinary arm of the athletic program. It shall be composed of the following:

- Principal or designee
- Athletic director or designee
- Faculty member chosen by the student-athlete
- Head varsity coach (not the student-athlete in question's coach)
- Assistant Superintendent or designee

### **Confirmed Violation**

A confirmed violation is considered to be:

1. A report given by any police agency or prosecuting attorney's office which indicates there is probable cause to support the filing of a criminal investigation. (Including arrests, even if charges are dropped).
2. A voluntary admission of guilt by the student.
3. A finding by school officials, based upon observations, that a student violated this policy.

A report of any alleged violation of this policy must be made to the administration within twenty-one calendar days of the alleged violation. Otherwise, a timely and accurate investigation cannot occur. Any coach or sponsor may participate in a necessary investigation involving their team at the discretion of the coach or sponsor.

### **Sanctions (Penalty)**

When a participant is reported for a confirmed violation, he/she will be suspended from practices and/or competition pending a disciplinary decision by the Athletic Council. The student and parent(s) will be notified in writing of the rule violation and will be requested to attend an Athletic Council Hearing related to the violation. The council will meet at the earliest opportunity, but no later than 10 school days from the date of written notification of the Council Hearing to consider the status of the student and render a decision.

The following process will be observed for both in/out-of-season violations.

1. The Athletic Council verifies that the participant has been made aware of rules of the sport and activity and the Code of Conduct.
2. The Athletic Council will have the right to question the athlete and other witnesses regarding the alleged violation. The student-athlete and his/her parent and/or advisor will have the same right.
3. After the hearing, the Athletic Council will meet to review the situation. The Council may invoke one or more of the following:
  - a. Dismiss the charges.
  - b. Place the student on probation for a specific length of time.
  - c. Invoke suspension described below.
  - d. Refer to head coach to follow and enforce school/team policy and guidelines.

## **Student Athlete Rights**

The student-athlete in question will have all the rights of Due Process when appearing before the Athletic Council, including:

- Right to have parent(s) and/or an advisor present
- Right to have access to the evidence used against him/her
- Right to question witnesses
- Decisions of the Athletic Council may be appealed to the Superintendent
- There shall be no right to appeal the decision of the Superintendent.

## **Consequences**

The Athletic Council shall meet upon the request of the principal and/or athletic director after a request has been presented to the principal by the athletic director or coach to consider disciplinary cases involving an athlete. Consequences may be imposed for the following:

### **1. Use, consumption, or possession of alcohol or drugs.**

**1<sup>st</sup> OFFENSE:** Suspension from all sports and/or activities for up to 365 days. This suspension could mean exclusion from all in and out of season participation. Upon appearing before the Athletic Council a suspension may be reduced.

If the student admits or self reports to a violation prior to a full investigation, the Athletic Council may reduce the suspension. The Athletic Council may reduce the suspension if the student and his/her parent or guardian consent to the student's enrollment in an approved counseling and/or drug and alcohol program as determined by the Principal or Athletic Director.

If the length of the suspension exceeds the time left in the sport or activity from which the student was initially suspended, the suspension will be extended into the next sport or activity the student joins. If a violation occurs at a time when the student-athlete is unable to miss the required number of contests, the remaining percentage of the suspension will be served in his/her next sport. The remaining percentage will then be figured on the number of contests for that sport. The student-athlete must finish their next sport in "good standing" in order to complete his/her suspension.

If the infraction occurs out of a sport season the athlete will then begin serving the suspension in his/her next sport season. Jamborees, scrimmage, or building fund games are not considered as a part of the scheduled contests for the sport season.

Since the captain or co-captain of a team is expected to lead by example, the suspension of a captain or co-captain will result in relinquishing of such position for the remainder of the sport season. Since the coach of a sport is the immediate supervisor of an athletic team, he/she will ensure that this regulation is effectively enforced.

If a student fails to complete the entire season of the new activity or sport, the suspension will be reinstated and restarted. (For example: A football player is found to have violated the conduct policy the last week of football. Following football, the student decides to wrestle. The suspension would begin the last week of football and into wrestling season. If the student fails to complete the entire wrestling season, his time spent on suspension is nullified and will be reapplied to the next season of sport he is involved.)



**2<sup>nd</sup> OFFENSE:** Suspension from all sports for 365 days. The suspension will commence as of the date on the written notice sent by the school official to the student's parent or guardian.

**3<sup>rd</sup> OFFENSE:** Suspension from all sports for the remainder of the student's high school career. This includes offenses committed during a suspension for a first or second offense.

2. **An act in or out of school which would otherwise be a felony, misdemeanor, act of delinquency, or other acts which would discredit or embarrass Fayetteville High School and/or the team.**

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## Fayetteville Athletic Department Field Trip Permit

### Part I

In as much as the administration and coaching staff of the Fayetteville Schools will be assuming the supervisory responsibility of your son/daughter on a trip away from school, we feel it is important that the student and the parents fully understand the rules which govern such trips. It is our feeling that a trip is a continuation of the school day and, as such, students participating on these trips are subject to the rules and regulations which govern our school while they are on campus. Because the students will be representing Fayetteville Schools, and because their conduct, behavior, and safety are our responsibility, we have established the following guidelines which must be adhered to while they are away from home:

1. Luggage and personal effects of students may be inspected prior to departing and at anytime during the trip
2. Any student found to be in possession of, or under the influence of alcohol or controlled substances will be left home if this determination is made prior to departure. Students found to be possession of alcohol or controlled substances or under their influence after departure are subject to immediate arrest and being sent home at their parent's expense.
3. Students must observe all civil laws and regulations. Apprehension by law enforcement agencies leading to a substantiated charge will not be the responsibility of Fayetteville Schools
4. If the trip requires overnight lodging, students will not disturb other guest at the lodging and will abide by all rules and directives issued by the group advisor and chaperones.
5. In the event of injury or illness while on the trip, the chaperone will immediately seek medical attention and contact a parent as soon as possible.
6. Student will be expected to know and observe the time and location of all departures. The group will not be delayed by the tardiness of individuals.
7. The establishment and enforcement of any guidelines not covered in items 1-6, guidelines that are necessary to insure the success of the trip, will be left to the discretion of the representative in charge.

Any student caught in an infraction of the above listed rules may be sent home at the parent's expense and will be subject to further disciplinary action by the school and/or Athletic Council.

Participation in a field trip is an extracurricular activity. It is a privilege that will be denied hereafter for a period of time to be specified by the group advisor and administrator if, in their opinion, the group has misrepresented Fayetteville Schools through inappropriate behavior.

Name in full: \_\_\_\_\_

Address: \_\_\_\_\_

_____	____/____/____	_____	____/____/____
Student-Athlete Signature	Date	Parent Signature	Date

## Fayetteville Athletic Department Acknowledgement of Warning Statements

By Parents:



We/I, the parent(s) of \_\_\_\_\_ do hereby acknowledge that we/I have been fully advised, cautioned and warned by the proper administrative and coaching personnel of the Fayetteville School District that our/my child named above may suffer serious injury, including but not limited to sprains, fractures, brain damage, paralysis or even death, by participating in the sport of \_\_\_\_\_.

Notwithstanding such warnings, and with full knowledge and understanding of the risk of serious injury to our/my child named above which may result, we/I give our consent to \_\_\_\_\_ (name of child) participating in the sport of \_\_\_\_\_.

I agree that the terms hereof shall serve as an **ASSUMPTION OF RISKS AND RELEASE** for all members of my family, for my heirs, estate, executor, administrator, assignees, indemnitors, subrogees, or other releasees; and I further agree that if any part of this **ASSUMPTION OF RISKS AND RELEASE** is held void, the remainder shall continue in full force and effect.

\_\_\_\_\_  
Parent Signature Date

\_\_\_\_\_  
Parent Signature Date

**By Student:**

I, \_\_\_\_\_, hereby acknowledge that I have been properly advised, cautioned and warned by the proper administrative and coaching personnel of the Fayetteville School District that by participating in the sport of \_\_\_\_\_ I am exposing myself to the risk of sprains, fractures, and ligament and/or cartilage damage which could result in a temporary or permanent, partial or complete, impairment of the use of my limbs; brain damage; paralysis; or even death. Having been so cautioned and warned, it is still my desire to participate in the above sport, and should I choose to participate in the above sport, I hereby further acknowledge that I do so with full knowledge and understanding of the risk of serious injury to which I am exposing myself by participating in the above sport.

I agree that the terms hereof shall serve as an **ASSUMPTION OF RISKS AND RELEASE** for all members of my family, for my heirs, estate, executor, administrator, assignees, indemnitors, subrogees, or other releasees; and I further agree that if any part of this **ASSUMPTION OF RISKS AND RELEASE** is held void, the remainder shall continue in full force and effect.

\_\_\_\_\_  
Student-Athlete Signature Date



## Fayetteville Athletic Department

### Parent of Guardian Permit

Student Name \_\_\_\_\_

I hereby give my consent for the above student to compete in athletics and go with the coach or other representatives of the school on athletic trips.

It is understood that the school assumes no responsibility in case of accident. The undersigned agrees to be responsible for the safe return of all athletic equipment issued by the school to the above name student.

I also give my consent, in case of injury, for the coach to secure treatment at the best facility available to him/her.

\_\_\_\_\_  
Parent or Guardian Signature

\_\_\_\_\_  
Date

### Insurance Information

Parent or Guardian: \_\_\_\_\_

Primary Health Insurance Carrier: \_\_\_\_\_

### Concussion Information

Upon FPS athletic trainer's evaluation of the student athlete, if concussion is suspected, he/she will need to follow up with an appropriate physician and bring documentation back to FPS athletic training staff. Upon resolution of symptoms, he/she will complete a 5 day return to play protocol that must be completed under the supervision of FPS athletic training or coaching staff, unless otherwise instructed/cleared by FPS athletic training staff. This 5 day return to play process must be completed prior to being allowed to return to play.

### Injury Information

I understand that Fayetteville Public Schools Certified Athletic Trainers and any other healthcare provider's Athletic Trainers may provide healthcare to student athletes. This includes evaluating, treating, and giving over the counter medication to that athlete. It may be necessary to share healthcare information with the coaching staff and the school administration.

By signing, I authorize Fayetteville Public Schools Certified Athletic Trainers and other healthcare providers to share, when necessary, healthcare related information for \_\_\_\_\_ (student name) with the coaching staff and school administration.

\_\_\_\_\_  
Student-Athlete Name – Printed

\_\_\_\_\_  
Student-Athlete Signature

\_\_\_\_\_  
Date

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Parent/Guardian Signature

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Date

**STUDENT ATHLETE DRUG TESTING POLICY  
GENERAL AUTHORIZATION FORM**

I understand that my performance as a participant and the reputation of my school are dependent, in part, on my conduct as an individual. I hereby agree to accept and abide by the standards, rules, and regulations set forth by Fayetteville School District and the sponsors for the activity in which I participate.

I also authorize Fayetteville School District to conduct a test(s) on a specimen(s) which I provide to test for drug use. I understand that I may be randomly tested throughout the school year. I also authorize the release of information concerning the results of such a test(s) to the Superintendent or his/her designees and to the parent and/or guardian of the student.

This shall be deemed a consent pursuant to the Family Education Right to Privacy Act for the release of above information to the parties named above.

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Student Signature

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Date

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Parent or Guardian Signature

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Date





## **Arkansas Activities Association Sports Medicine Fact Sheet for Parents and Students**

This document has been created by the Arkansas Activities Association Sports Medicine Advisory Committee. The committee's mission is to ensure Arkansas Activities Association member schools provide sound and consistent medical information to enhance the safety of their athletic programs. The AAA Sports Medicine Committee is committed to offering information and guidance to member schools on topics which impact the welfare of all those involved in interscholastic competition. The topics included in this fact sheet are: Exertional Heat Stroke, MRSA, Concussion, and Sudden Cardiac Arrest. The following pages contain important sports medicine information for parents and students. Please read the information and sign to acknowledge that you have received and reviewed the information.



## **Arkansas Activities Association Exertional Heat Stroke Facts**

### **WHAT IS EXERTIONAL HEAT STROKE**

Heat stroke is a severe heat illness that occurs when a child's body creates more heat than it can release, due to the strain of exercising. This results in a rapid increase in core body temperature, which can lead to permanent disability or even death if left untreated.

### **WHAT ARE THE SIGNS AND SYMPTOMS OF HEAT STROKE**

- Increase in core body temperature, usually above 104°F/40°C (rectal temperature)
- Central nervous system dysfunction, such as altered consciousness, seizures, confusion, emotional instability, irrational behavior or decreased mental acuity.
- Nausea, vomiting, diarrhea
- Headache, dizziness or weakness
- Hot and wet or dry skin
- Increased heart rate, decreased blood pressure or fast breathing
- Dehydration
- Combativeness

### **TREATMENT**

- Locate medical personnel immediately. Remove extra clothing or equipment. Begin aggressively whole-body cooling by immersing in tub of cold water. If a tub is not available, use alternative cooling methods such as cold water fans, ice or cold towels (replaced frequently), placed over as much of the body as possible
- Call emergency medical services for transport to nearest emergency medical facility.

### **WHEN SHOULD I PLAY AGAIN?**

No one who has suffered heat stroke should be allowed to return until appropriate healthcare personnel approves and gives specific return to play instructions. Parents should work with medical professionals to rule out or treat any other conditions or illnesses that may cause continued problems with heat stroke. Return to physical activity should be done slowly, under the supervision of appropriate healthcare professionals.



## **Arkansas Activities Association MRSA Facts**

### **WHAT IS MRSA**

MRSA is methicillin-resistant *Staphylococcus aureus*, a potentially dangerous type of staph bacteria that is resistant to certain antibiotics and may cause skin and other infections. As with all regular staph infections, recognizing the signs and receiving treatment for MRSA skin infections in the early stages reduces the chances of the infection becoming severe. MRSA is spread by: having contact with another person's infections, sharing personal items such as towels or razors, that have touched infected skin, touching surfaces or items, such as used bandages, contaminated with MRSA.

### **WHAT ARE THE SIGNS AND SYMPTOMS MRSA**

Most staph skin infections, including MRSA, appear as a bump or infected area on the skin that may be:

- Red
- Swollen
- Painful
- Warm to the touch
- Full of pus or other drainage
- Accompanied by fever.

### **WHAT IF I SUSPECT MRSA SKIN INFECTION**

Cover the area with a bandage and contact your healthcare professional. It is especially important to contact your healthcare professional if signs and symptoms of an MRSA skin infections are accompanied by fever.

### **HOW ARE MRSA SKIN INFECTIONS TREATED**

Treatment may include having a healthcare professional drain the infection and, in some cases, prescribe an antibiotic. Do not attempt to drain the infection yourself— doing so could worsen or spread it to others. If you are given an antibiotic, be sure to take all of the doses (even if the infection is getting better), unless your healthcare professional tells you to stop taking it.

### **HOW CAN I PROTECT MY FAMILY FROM MRSA SKIN INFECTIONS**

- Know the signs and symptoms
- Get treated early
- Keep cuts and scrapes clean
- Encourage good hygiene
- Clean hands regularly
- Discourage sharing personal items such as towels and razors.

### **FOR MORE INFORMATION, PLEASE CALL**

1-800-CDC-INFO OR visit [www.cdc.gov/MRSA](http://www.cdc.gov/MRSA)





## Arkansas Activities Association Concussion Facts

### WHAT IS A CONCUSSION

A concussion is an injury that changes how the cells in the brain normally work. A concussion is caused by a blow to the head or body that causes the brain to move rapidly inside the skull. Even a “ding,” “getting your bell rung,” or what seems to be mild bump or blow to the head can be serious. Concussions can also result from a fall or from players colliding with each other or with obstacles, such as a goalpost.

### WHAT ARE THE SIGNS AND SYMPTOMS OF A CONCUSSION

#### Observed by the Athlete

- Headache or “pressure” in head
- Nausea or vomiting
- Balance problems or dizziness
- Double or blurry vision
- Bothered by light
- Bothered by noise
- Feeling sluggish, hazy, foggy, or groggy
- Difficulty paying attention
- Memory Problems
- Confusion
- Does not “feel right”

#### Observed by the Parent / Guardian, Coach, or Teammate

- Is confused about assignment or position
- Forgets an instruction
- Is unsure of game, score, or opponent
- Moves clumsily
- Answers questions slowly
- Loses consciousness (even briefly)
- Shows behavior or personality changes
- Can’t recall events after hit or fall
- Appears dazed or stunned

### WHAT TO DO IF SIGNS/SYMPTOMS OF A CONCUSSION ARE PRESENT

#### Athlete

- TELL YOUR COACH IMMEDIATELY
- Inform parents
- Seek medical attention
- Give your self time to recover

#### Parent / Guardian

- Seek medical attention
- Keep your child out of play
- Discuss play to return to play with coach
- Address academic needs

### WHERE CAN I FIND OUT MORE INFORMATION?

- Center for Disease Control  
[www.cdc.gov/concussion/HeadUp/youth.html](http://www.cdc.gov/concussion/HeadUp/youth.html)
- NFHS Free Concussion Course  
<http://nfhslearn.com/electiveDetail.aspx?courseID=15000>

### RETURN TO PLAY GUIDELINES

1. Remove immediately from activity when signs/symptoms are present.
2. Release from medical professional required for return (Neuropsychologist, MD, DO, Nurse Practitioner, Certified Athletic Trainer, or Physician Assistant)
3. Follow school district’s return to play guidelines and protocol



## Arkansas Activities Association Sudden Cardiac Facts

### WHAT IS SUDDEN CARDIAC ARREST

Sudden cardiac arrest (SCA) is a condition in which the heart suddenly and unexpectedly stops beating. If this happens, blood stops flowing to the brain and other vital organs. The information presented below is to provide you with the knowledge you need to help the coach keep your child safe at practices and games.

### WHAT ARE THE SIGNS AND SYMPTOMS OF SUDDEN CARDIAC ARREST

- Fainting or seizures during exercise
- Unexplained shortness of breath
- Chest pain
- Dizziness
- Racing heart beat
- Extreme fatigue

### GUIDELINES FOR REMOVAL OF A STUDENT FROM ACTIVITY

- Every coach and registered volunteer must receive training every three years on prevention of sudden cardiac death.
- Every athlete and parent must read and sign the AAA Sports Medicine Fact Sheet containing information on sudden cardiac arrest.
- Any athlete experiencing syncope (fainting), chest pains, shortness of breath that is out of proportion to their level of activity or an irregular heart rate should not return to practice or play until evaluated by an appropriate healthcare professional (MD, DO, APN, Certified Athletic Trainer).
- The referred athlete must be medically cleared by an appropriate healthcare professional prior to return to play/practice.

### SIGNATURES

By signing below, I acknowledge that I have received and reviewed the attached AAA Sports Medicine Fact Sheet for Athletes and Parents. I also acknowledge and I understand the risks of injuries associated with participation in school athletic activity.

\_\_\_\_\_  
Athlete's Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent / Guardian Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date



**Fayetteville Public Schools**  
**Student Athlete Travel Information**

**EMERGENCY INFORMATION**

Student's Name \_\_\_\_\_ Birth Date \_\_\_\_\_  
Last First MI

Address \_\_\_\_\_, AR \_\_\_\_\_  
City Zip Code

Parent's Name---Mother \_\_\_\_\_ Father \_\_\_\_\_  
Parent's Cell #---Mother \_\_\_\_\_ Father Cell # \_\_\_\_\_  
Parent's Work # -Mother \_\_\_\_\_ Parent's Work #-Father \_\_\_\_\_

If parent(s)/guardian cannot be reached, please notify: \_\_\_\_\_  
Name Phone

Primary Physician \_\_\_\_\_ Phone \_\_\_\_\_

List any known ALLERGIES, (medication, food, etc.) Be Specific \_\_\_\_\_  
\_\_\_\_\_

List any Medication taken on a regular basis \_\_\_\_\_

Additional Medical Information or Comments \_\_\_\_\_

OVER THE COUNTER MEDICATION CONSENT: YES NO  
(Circle "yes" or "no" to verify the above named athlete can receive OTC medication from an FPS Athletic Trainer)

The **FPS WILL NOT** be responsible for medical or other cost related to injuries received by the above participant except to provide the insurance coverage outlined. No student will be permitted to participate in any practice, off-season program or contest prior to this document being on file with FPS.

I hereby give my consent for \_\_\_\_\_ to compete in Arkansas Activities Association (AAA) approved sports, and travel with the coach or the other representative of the school on any trips.

If, in the judgment of any representatives of the school, the above student needs immediate care and treatment as a result of any injury or sickness, I do hereby request, authorize and consent to such care and treatment as may be given to said student by any physician, athletic trainer, nurse, hospital, paramedic/emergency medical technician, or school representative: and I do hereby agree and indemnify and save harmless Fayetteville Public Schools and any school representative from any claim by any person whomsoever on account of such care and treatment of said student.

\_\_\_\_\_  
Parent's / Guardian's signature Date

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

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(Printed Name of Student-Athlete)

## **Receipt of Athletic Guidelines Packet Signature Page**

I acknowledge that I have received the Fayetteville Public Schools Athletic Participation Packet which includes:

- Athletic Team Regulations
- Athletic Code of Conduct
- Field Trip Permit
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- Parent/Guardian Permit
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- Concussion Information
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- FPS Drug Testing Policy
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(Student-Athlete Signature)

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(Date)