Student Athletics Handbook

2021-2022

Caroline County Public Schools
204 Franklin Street
Denton, MD 21629

Dr. Derek L. Simmons
Interim Superintendent of Schools

The athletics handbook is subject to change due to the impact of COVID-19.
Caroline County Board of Education

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Philosophy

The Caroline County Public School (CCPS) system seeks to provide an athletic program that is beneficial for all athletes and one which provides an opportunity to learn the skills of the game, good sportsmanship, and build strong character. Athletics are considered extra-curricular activities and participation in them by students is a privilege, which is revocable under certain conditions as outlined in this handbook. This handbook is a framework for student athletic participation and should not be considered as an all-inclusive manual for the directing of teams, coaches, players, parents or school administrators in conducting or reviewing athletic participation inquiries.

The CCPS athletic program has the following ideals for its participants:

- Build a strong moral and ethical code of conduct.
- Build self-discipline and establish team and personal goals for success.
- Develop pride, confidence, and self-respect within the team and school.
- Establish appropriate physical and mental health habits that result in a successful athlete.
- Strive for academic excellence for all those participating in athletics.
- Pursue worthwhile programs of recreational activities during the school year, many of which can be continued in life.
- Promote mental poise and emotional stability through well defined and controlled competitive experiences.
- Provide the opportunity to learn the meaning and value of group loyalty and morale that is developed when members of a team work together and share the responsibility for success or failure.
- Promote understanding and tolerance for individuals with different skill levels and a realization that all people do not have the same desires and aspirations.
- Provide the opportunity to learn the significance of self-discipline and its value toward individual and group success.
- Provide the opportunity to gain self-confidence and individual recognition through participation in a wide variety of activities.
- Promote the concept that a common goal can be achieved through the cooperation of the individuals in a group.
- Provide the opportunity to experience the satisfaction of winning and losing without destroying the real purpose and value of participation.
- Recognize athletics as an extension of the total high school experience.

Sportsmanship

One of the main goals of the athletic program is to teach the concept of sportsmanship. Good sportsmanship requires that every person be treated with respect. This includes respecting members of the opposing team. Good athletes strive to perform to the best of their ability and they assume that their opponent is trying to do the same. Whether the contest is won or lost, it is sportsmanlike to treat the opponent as you would want to be treated.
The Maryland Public Secondary Schools Athletic Association (MPSSAA) “Respect the Game” initiative is a central part of the county's sportsmanship philosophy and principles. This initiative guides our sportsmanship efforts with all stakeholders, including players, parents, coaches and officials. In addition, the varsity teams of all schools in the Bayside Athletic Conference are evaluated in regards to their Sportsmanship after each sports season. Each year the member school with the highest accumulated score in the North and in the South receives a banner recognizing them for outstanding Sportsmanship in that school year.

**Athletic Eligibility Requirements**

Students must achieve and maintain certain academic and conduct standards to participate in athletic activities.

1. Students who do not attend Caroline County Public Schools are not eligible to participate in Caroline County Public School sponsored extra curricular activities including athletics.
2. **Students must be in school all day to participate or practice in a sport. Students who are tardy to school or who are not in attendance for the entire day must be cleared by the principal or their designee to practice or participate. Students on school-sponsored trips, dual enrollment courses or school-sanctioned activities are exempt from this requirement.**
3. Middle school students are not eligible to compete or practice with high school teams.
4. MPSSAA and Bayside Conference eligibility rules are in effect for interscholastic athletics.
5. Students who are 19 years old or older as of August 31 are ineligible to participate.
6. The Bayside Conference declares any student moving into Caroline County shall be declared ineligible for forty-five (45) calendar days unless they meet certain eligibility criteria or successfully appeal their ineligible declaration. **Students who transfer from one Caroline County high school to another without meeting the provisions of the Student School Assignment Policy are ineligible for participation in interscholastic sports for a period of one (1) year from the effective date of transfer.**
7. No student shall participate in more than one (1) interscholastic sport per season as defined by the MPSSAA. The exceptions to this rule are as amended in the Bayside Conference Policy, ARTICLE I – ELIGIBILITY; Section 6., regarding soccer players being allowed to play football as a “kicker or punter only” and regarding a student to play in the “District and State golf tournaments” as provided in the section under 2a and 2b.
8. Students must maintain a minimum grade point average (GPA) of 2.0 at each interim with a maximum of one (1) failing grade. Academic eligibility for fall sports is based upon the **final** grades earned during the preceding spring semester.
9. Transfer grades will be evaluated by, and must meet, Caroline County eligibility standards.

10. Students transferring into Caroline County Public Schools must present documentation from their last school placement stating that, based upon their previous performance, they were eligible to participate in athletics at the time of their transfer. This includes both academic and behavioral standards were met at the time of transferring to a Caroline County High School.

11. Students who have been declared ineligible at any of the eligibility checks (cited in #8 above) remain ineligible until the next eligibility check, which is the issue date of interims or report cards.

12. During the period of ineligibility, students will not “try-out” or participate with any team.

13. To “try-out” for an athletic team, the student must have a current physical examination, proof of medical insurance, and a signed parents’ permission to participate waiver. Students are not permitted to “try out” or participate on any team without these three documents.

14. All “try-outs” for a team are for a minimum of three (3) days.

15. When membership on the team is terminated by a coach for a reason other than being “cut” from the team following the “try-out” period, or the student voluntarily withdraws from the team, they are ineligible to participate in any other sport during that season unless given approval by the principal following a thorough investigation of the case.

16. Graduates of high schools are not eligible to practice with or participate on interscholastic sports teams. Students who graduate during mid-season may participate in the remaining athletic contests of that semester (this refers to early/mid year graduation).

17. Students must attend a meeting at the beginning of the season and sign a form indicating that they understand and will follow all rules established for athletes.

Rules at the Discretion of the Individual Coach

The head coach may have stricter rules than this handbook outlines. If they do, a copy of those rules must be given to the player and a copy of those rules with all of the player signatures on it must be turned into the athletic director by the end of the first day's practice. Rules at the discretion of the coach may include (but are not limited to):

- Tardiness to and/or missing practices,
- Eligibility to remain on the team based upon the player's attitude, and/or
- Off-campus behavior (must be listed in Caroline County Code of Student Conduct).

Student Selection for Participation in Athletics

Membership and participation in school-sponsored activities must be open to all students regardless of race, creed, color, sex or economic condition. Student selection is the primary responsibility of the coach. Selection criteria that coaches adopt should address athletic skills, attitude, and qualities that contribute to a team’s success.
General Conduct Criteria for Student-Athletes

1. A student, who in the principal’s judgment, would not be a good representative for the school is not eligible to participate in athletics.
2. The coach and/or principal have the right to discipline athletes for violations of the Code of Student Conduct, including off-campus and after-school hours behavior. **This includes inappropriate use of social media and technology that violates the Code of Student Conduct.**
3. All rules and expectations for athletes must be presented to them prior to the beginning of the season and athletes must sign a participant form with these rules and expectations prior to participating in the sport. A listing of these rules and expectations shall be kept on file by the coach and the athletic director.
4. If an athlete is ejected from the field of play during a game, they are ineligible to participate in their next scheduled contest. This ineligibility period continues and may be enforced in a playoff contest or into the next sport’s season, if necessary.
5. Class III offenses and first offense alcohol violations of the Code of Student Conduct carry with them a twenty (20) student-school day suspension from all athletic participation (includes practices and games).
6. **Students attending any alternative school programs assigned as a result of disciplinary action imposed by the superintendent, in lieu of the regular school day programs, are ineligible for athletic participation.** This also includes students who withdraw from the regular school day program and enroll exclusively in the evening high school program. This does not include Dual Enrollment, Career Internships, Special Attendance Waivers or other similar programs of recognized student scheduling.

Appeals Process

Athletes are to show courtesy, respect, pride in their school and their team. Misconduct both on and off the field may result in either temporary or permanent suspension from the team. Athletes should be aware that they are under the Caroline County Public School’s Code of Student Conduct at all times.

A student may appeal disciplinary action by the coach, only if it affects their athletic eligibility. The following appeal process will be used:

1. A written appeal must be presented to the principal within five (5) calendar days of the date of the decision.
2. The principal will convene a hearing panel of their choosing or conduct an investigation at their discretion and then render a decision within five (5) school days of the date the principal receives the written appeal.
3. The principal shall make the final decision relative to the student’s eligibility and see that the affected athlete receives the final decision in writing.
4. The student will not be eligible to participate in athletics during the appeals process.
5. The decision of the principal’s shall be final.
Transportation

All players, including student managers and scorekeepers, (all students who are required to travel) must travel to an event with the team. If parents wish to take their children home from an event, a request must be put in writing. The coach may release students to their parents only. It is expected that the parent will then transport the child.

AT NO TIME may a player or team member drive a vehicle, transport other students, or be a passenger in another student's vehicle when leaving an away sporting event.

Athletes are required to follow all rules and regulations related to transportation as outlined in the Transportation Guidelines. Students will be transported to and from athletic contests by bonded carriers and arrangements will be made only by the Supervisor of Transportation. Exceptions will be with advance written approval by the principal.
A Fact Sheet for
HIGH SCHOOL PARENTS

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

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

How Can I Help Keep My Teens Safe?
Sports are a great way for teens to stay healthy and can help them do well in school. To help lower your teens’ chances of getting a concussion or other serious brain injury, you should:

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

How Can I Spot a Possible Concussion?
Teens who show or report one or more of the signs and symptoms listed below—or simply say they just “don’t feel right” after a bump, blow, or jolt to the head or body—may have a concussion or other serious brain injury.

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

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

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

GOOD TEAMMATES KNOW:
IT’S BETTER TO MISS ONE GAME THAN THE WHOLE SEASON.
Concussions affect each teen differently. While most teens with a concussion feel better within a couple of weeks, some will have symptoms for months or longer. Talk with your teens’ health care provider if their concussion symptoms do not go away or if they get worse after they return to their regular activities.

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

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

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

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

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

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

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

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

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

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

Revised 12/2015
A Fact Sheet for HIGH SCHOOL ATHLETES

WHAT IS A CONCUSSION?
A concussion is a brain injury that affects how your brain works. It can happen when your brain gets bounced around in your skull after a fall or hit to the head.

WHAT SHOULD I DO IF I THINK I HAVE A CONCUSSION?

GET CHECKED OUT. If you think you have a concussion, do not return to play on the day of the injury. Only a health care provider can tell if you have a concussion and when it is OK to return to school and play. The sooner you get checked out, the sooner you may be able to safely return to play.

REPORT IT. Tell your coach, parent, and athletic trainer if you think you or one of your teammates may have a concussion. It’s up to you to report your symptoms. Your coach and team are relying on you. Plus, you won’t play your best if you are not feeling well.

GIVE YOUR BRAIN TIME TO HEAL. A concussion can make everyday activities, such as going to school, harder. You may need extra help getting back to your normal activities. Be sure to update your parents and doctor about how you are feeling.

WHY SHOULD I TELL MY COACH AND PARENT ABOUT MY SYMPTOMS?

• Playing or practicing with a concussion is dangerous and can lead to a longer recovery.
• While your brain is still healing, you are much more likely to have another concussion. This can put you at risk for a more serious injury to your brain and can even be fatal.

GOOD TEAMMATES KNOW:
IT’S BETTER TO MISS ONE GAME THAN THE WHOLE SEASON.
HOW CAN I TELL IF I HAVE A CONCUSSION?

You may have a concussion if you have any of these symptoms after a bump, blow, or jolt to the head or body:

- Get a headache
- Feel dizzy, sluggish or foggy
- Be bothered by light or noise
- Have double or blurry vision
- Vomit or feel sick to your stomach
- Have trouble focusing or problems remembering
- Feel more emotional or “down”
- Feel confused
- Have problems with sleep

Concussion symptoms usually show up right away, but you might not notice that something “isn’t right” for hours or days. A concussion feels different to each person, so it is important to tell your parents and doctor how you are feeling.

HOW CAN I HELP MY TEAM?

PROTECT YOUR BRAIN.
Avoid hits to the head and follow the rules for safe and fair play to lower your chances of getting a concussion. Ask your coaches for more tips.

BE A TEAM PLAYER. You play an important role as part of a team. Encourage your teammates to report their symptoms and help them feel comfortable taking the time they need to get better.

The information provided in this document or through linkages to other sites is not a substitute for medical or professional care. Questions about diagnosis and treatment for concussion should be directed to a physician or other health care provider.

To learn more, go to www.cdc.gov/HEADSUP
Notification of Probable Head Injury

Dear Parent:

Based on our observations and/or incident described below, we believe your son/daughter exhibited signs and symptoms of a concussion while participating in __________. Since your son/daughter has not been evaluated by a physician at school, it is important that you seek a physician’s care as soon as possible.

It is important to recognize that blows to the head can cause a variety of injuries other than concussions (e.g., neck injuries, more serious brain injuries). Please be sure to see your doctor as soon as possible for any other medical concerns.

Description of Incident/ Injury:

When to Seek Care Urgently. If you observe any of the following signs, call your doctor or go to your emergency department immediately.

<table>
<thead>
<tr>
<th>Physical</th>
<th>Cognitive</th>
<th>Emotional</th>
<th>Sleep</th>
</tr>
</thead>
<tbody>
<tr>
<td>Headache</td>
<td>Visual Problems</td>
<td>Feeling mentally foggy</td>
<td>Irritability</td>
</tr>
<tr>
<td>Nausea/Vomiting</td>
<td>Fatigue/Felling tired</td>
<td>Feeling slowed down</td>
<td>Sadness</td>
</tr>
<tr>
<td>Dizziness</td>
<td>Sensitivity to light/noise</td>
<td>Difficulty remembering</td>
<td>More emotional</td>
</tr>
<tr>
<td>Balance Problems</td>
<td>Numbness/Tingling</td>
<td>Difficulty concentrating</td>
<td>Nervousness</td>
</tr>
</tbody>
</table>

Please feel free to contact me if you have any questions. I can be reached at: ________________________

Employee Name and Title ________________________ Date ________________________

TO BE COMPLETED BY THE AUTHORIZED HEALTH CARE PROVIDER:

Name: ________________________ Signature: ________________________ Date: ________________________

Diagnosis: ________________________

Please be advised that your son/daughter will not be allowed to return to play until they have no symptoms and have been cleared in writing by an authorized health care provider (physician, neuropsychologist, nurse practitioner, physician's assistant) for this type of injury.

Distribution: _____Parent _____AAM _____School Health Room
Medical Clearance for Suspected Head Injury

To be completed by a Licensed Health Care Provider (LHCP)

Directions: Provide this form to the health care provider evaluating the student's injury. Return form to school nurse immediately. If the student is diagnosed with a concussion, the form will be copied by the school nurse and the original form returned to the parent to use at the follow-up visit that clears the student for participation in athletics.

Student Name: ____________________________________________

Date of Injury: ____________________________________________

Initial Evaluation

Date: __________________ LHCP* Name: __________________________

Signature: __________________ Phone: __________________________

Diagnosis:  □ No Concussion, may immediately resume all activities without restriction
           □ Concussion *

Note: Student will be removed from all sports and physical education activities at school until medically cleared. School will implement standard academic accommodations unless specific accommodations are requested.

* (LHCP is a Physician, Nurse Practitioner, Physician's Assistant, Neuropsychologist)

Follow-Up Evaluation (Required for Athletes with Concussions)

All student athletes with concussions must be medically cleared before beginning supervised Gradual Return to Sports/Physical Education Participation (RTP) program. According to COMAR 13A.06.08.01, the following licensed health care providers are permitted to authorize a student athlete to return to play:

(1) A licensed physician trained in the evaluation and management of concussions;
(2) A licensed physician's assistant trained in the evaluation and management of concussions in collaboration with the physician assistant's supervising physician or alternate supervising physician within the scope of the physician assistant's Delegation Agreement approved by the Board of Physicians;
(3) A licensed nurse practitioner trained in the evaluation and management of concussions;
(4) A licensed psychologist with training in neuropsychology and in the evaluation and management of concussions; or
(5) A licensed athletic trainer trained in the evaluation and management of concussions, in collaboration with the athletic trainer's supervising physician or alternate supervising physician and within the scope of the Evaluation and Treatment protocol approved by the Board of Physicians.

I certify that I am aware of the current medical guidance on concussion evaluation and management; the above-named student-athlete has met all of the above criteria for medical clearance for his/her recent concussion, and as of the date below is reading to return to a supervised Gradual Return to Sports/Physical Education Participation (RTP) program (lasting a minimum of 5 days.) Note: Students whose symptoms return during the RTP progression will be directed to stop the activity, rest until symptom free. The student will resume activity at the previous stage of the protocol that was completed without recurrence of symptoms. Students with persistent symptom return will be referred to their health care provider for evaluation.

Date: __________________ LHCP Name: __________________________

Signature: __________________ Phone: __________________________

1 2010 AAP Sport-Related Concussion in Children and Adolescents, 2008 Zurich Concussion in Sport Group Consensus.
Medical Clearance for Gradual Return to Sports Participation Following Concussion

To be completed by the Authorized Health Care Provider (AHCP)

The above-named student-athlete sustained a concussion. The purpose of this form is to provide initial medical clearance before starting the Gradual Return to Sports Participation, as directed by current medical evidence (2010 AAP Sport-Related Concussion in Children and Adolescents, 2008 Zurich Concussion in Sport Group Consensus).

Criteria for Medical Clearance for Gradual Return to Play (Check each)
The student-athlete must meet all of these criteria to receive medical clearance.

1. No symptoms at rest/ no medication use to manage symptoms (e.g., headaches)
2. No return of symptoms with typical physical and cognitive activities of daily living
3. Neurocognitive functioning at typical baseline
4. Normal balance and coordination
5. No other medical/ neurological complaints/ findings

Detailed Guidance

1. Symptom checklist: None of these symptoms should be present. Assessment of symptoms should be broader than athlete report alone. Also consider observational reports from parents, teachers, others.

<table>
<thead>
<tr>
<th>Physical</th>
<th>Cognitive</th>
<th>Emotional</th>
<th>Sleep</th>
</tr>
</thead>
<tbody>
<tr>
<td>Headaches</td>
<td>Sensitivity to light</td>
<td>Feeling mentally foggy</td>
<td>Irritability</td>
</tr>
<tr>
<td>Nausea</td>
<td>Sensitivity to noise</td>
<td>Problems concentrating</td>
<td>Sadness</td>
</tr>
<tr>
<td>Fatigue</td>
<td>Numbness/ tingling</td>
<td>Problems remembering</td>
<td>Feeling more emotional</td>
</tr>
<tr>
<td>Visual problems</td>
<td>Vomiting</td>
<td>Feeling more slowed down</td>
<td>Nervousness</td>
</tr>
<tr>
<td>Balance Problems</td>
<td>Dizziness</td>
<td></td>
<td>Trouble falling asleep</td>
</tr>
</tbody>
</table>

2. Exertional Assessment (Check): The student-athlete exhibits no evidence of return of symptoms with:
   - Cognitive activity: concentration on school tasks, home activities (e.g. TV, computer, pleasure reading)
   - Physical activity: walking, climbing stairs, activities of daily living, endurance across the day

3. Neurocognitive Functioning (Check): The student's cognitive functioning has been determined to have returned to its typical pre-injury level by one or more of the following:
   - Appropriate neurocognitive testing
   - Reports of appropriate school performance/ home functioning (concentration, memory, speed) in the absence of symptoms listed above

4. Balance & Coordination Assessment (Check): Student-athlete is able to successfully perform:
   - Romberg Test QS SCAT2 (Double leg, single leg, tandem stance, 20 secs, no deviations fr proper stance)
   - 5 successive Finger-to-Nose repetitions < 4 sec

I certify that: I am aware of the current medical guidance on concussion evaluation and management; The above-named student-athlete has met all the above criteria for medical clearance for his/her recent concussion, and as of this date is ready to return to a progressive Gradual Return to Sports Participation program (lasting minimum of 5 days).

AHCP Name__________________________

Signature__________________________ Date:__________________________

Distribution: __Parent  __Athletic Director  __School Health Room
## Graduated Return to Play Protocol

With no symptoms, a gradual return to play program can be initiated. Follow these gradual progressive steps of the training sequence.

There should be approximately 24 hours (or longer) in between each step. If any symptoms return at any time during these activities, stop the work out. Rest until symptom-free for 24 hours. Return to the previous asymptomatic step. If symptoms return or worsen, seek medical attention.

<table>
<thead>
<tr>
<th>Step</th>
<th>Date</th>
<th>Activity</th>
<th>Tolerance/Comments</th>
</tr>
</thead>
</table>
| 1. Light General Conditioning Exercises  
( Goal: Increase HR) | | Begin with sport specific warm up. Do 15-20 minute workout: stationary bicycle, fast paced walking or light jog, rowing or freestyle swimming. | |
| 2. Moderate General Conditioning and Sport Specific Skill Work; Individually (Goal: Add Movement, individual skill work) | | Sport specific warm-up. Slowly increase intensity and duration of workout to 20-30 minutes.  
- Begin **sport specific skill work** within the workout. No spins, dives or jumps. | |
| 3. Heavy General conditioning, skill work; individually and with teammate. NO CONTACT  
( Goal: Add Movement, teammate skill work) | | Continue with general conditioning up to 60 minutes. Increase intensity and duration. Begin interval training.  
- Continue individual skill work.  
- **Begin skill work with a partner** but with no contact. Continue with individual skill work as per Step 2.  
- Begin beginner level spins, dives, jumps. | |
| 4. Heavy General conditioning, skill work and team drills. No live scrimmages. 
**VERY LIGHT CONTACT.**  
( Goal: Team skill work, light static contact) | | Resume regular conditioning and duration of practice.  
- Increase interval training and skill work as required.  
- Gradually increase skill level of spins, dives & jumps.  
- Review team plays with no contact.  
- **Very light contact** and low intensity on dummies. | |
| 5. Full Team Practice with Body Contact | | - Participate in a **full practice**.  
- If a full practice is completed with no symptoms, return to competition is appropriate. Discuss with the coach about getting back in the next game. | |
Step 1: Light General Conditioning Exercises:
- Begin with a sport specific warm up.
- Do a (15-20 minute) workout which can include: stationary bicycle, fast paced walking or light jog, rowing or freestyle swimming.

Step 2: General Conditioning and Sport Specific Skill Work; Individually:
- Continue with the sport specific warm-up.
- Slowly increase intensity and duration of workout (20-30 minutes).
- Begin sport specific skill work within the workout. No spins, dives, or jumps.

STEP 3: General conditioning, skill work; individually and with a team-mate:
- NO CONTACT
- Continue with general conditioning (up to 60 minutes). Increase intensity and duration. Begin interval training.
- Continue with individual skill work.
- May begin skill work with a partner.
- May start beginner level spins, dives and jumps.

STEP 4: General conditioning, skill work and team drills:
- Do not play live scrimmages. NO CONTACT
- Resume regular conditioning, duration of practice, and team drills.
- Increase interval training and skill work as required.
- Gradually increase skill level of spins, dives and jumps.
- Review team plays with no contact.

Step 5: Full Team Practice with Body Contact:
- Participate in a full practice. If it is completed with no symptoms, you are ready to return to competition. Discuss with the coach about getting back in the game.
### Graduated Return to Football Protocol

With no symptoms, a gradual return to play program can be initiated. Follow these gradual progressive steps of the training sequence. There should be approximately 24 hours (or longer) in between each step. If any symptoms return at any time during these activities, stop the workout. Rest until symptom-free for 24 hours. Return to the previous asymptomatic step. If symptoms return or worsen, seek medical attention.

<table>
<thead>
<tr>
<th>Step</th>
<th>Date</th>
<th>Activity</th>
<th>Tolerance/Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Light General Conditioning Exercises (Goal: Increase HR)</td>
<td></td>
<td>Begin with sport specific warm up. Do 15-20 minute workout: stationary bicycle, fast paced walking or light jog, rowing or freestyle swimming.</td>
<td></td>
</tr>
<tr>
<td>2. Moderate General Conditioning and Sport Specific Skill Work; Individually (Goal: Add Movement, individual skill work)</td>
<td></td>
<td>Sport specific warm-up. Slowly increase intensity and duration of workout to 20-30 minutes. - Begin skill work within the workout. - Begin footwork drills, running drills, running patterns with cones and dummies. - Stationary throwing and catching a football.</td>
<td></td>
</tr>
<tr>
<td>3. Heavy General conditioning, skill work; individually and with teammate. NO CONTACT (Goal: Add Movement, teammate skill work)</td>
<td></td>
<td>Continue with general conditioning up to 60 minutes. Increase intensity and duration. Begin interval training. - Begin drills with a partner but with no contact. Continue with individual skill work as per Step 2. - Begin dynamic throwing and catching, taking handoffs, one on one (receiver vs. defensive backs) with no contact. - Begin walk-throughs on offense and defense.</td>
<td></td>
</tr>
<tr>
<td>4. Heavy General conditioning, skill work and team drills. No live scrimmages. VERY LIGHT CONTACT. (Goal: Team skill work, light static contact)</td>
<td></td>
<td>Resume regular conditioning and duration of practice. - Practice passing shell drills (8 or 6) with no contact. - Continue with walk-throughs, skill work (patterns, dynamic catching and throwing, handoffs). Review blocking and tackling techniques, focus on skill. - Very light contact and low intensity on dummies.</td>
<td></td>
</tr>
<tr>
<td>5. Full Team Practice with Body Contact</td>
<td></td>
<td>- Participate in a full practice. - If a full practice is completed with no symptoms, return to competition is appropriate. Discuss with the coach about getting back in the next game.</td>
<td></td>
</tr>
</tbody>
</table>
Step 1: Light General Conditioning Exercises (Goal: Increase HR)
- Begin with a sport specific warm up.
- Do a (15-20 minute) workout which can include: stationary bicycle, fast paced walking or light jog, rowing or freestyle swimming.

Step 2: General Conditioning and Sport Specific Skill Work; Individually:
- Continue with the sport specific warm-up.
- Slowly increase intensity and duration of workout (20-30 minutes).
- Begin skill work within the workout.
- Begin footwork drills, running drills, running patterns with cones and dummies.
- Stationary throwing and catching a football.

STEP 3: General conditioning, skill work; individually and with a team-mate:
- NO CONTACT
- Continue with general conditioning (up to 60 minutes), Increase intensity and duration. Begin interval training.
- Begin drills with a partner but with no contact. Continue with individual skill work as per Step 2.
- Begin dynamic throwing and catching, taking handoffs, one on one (receiver vs. defensive backs) with no contact.
- Begin walk-throughs on offense and defense.

STEP 4: General conditioning, skill work and team drills::
- Do not play live scrimmages. NO CONTACT
- Resume regular conditioning and duration of practice.
- Practice passing shell drills (8 or 6) with no contact.
- Continue with walk-throughs, skill work (patterns, dynamic catching and throwing, handoffs). Review blocking and tackling techniques, focus on skill, very light contact and low intensity on dummies.

Step 5: Full Team Practice with Body Contact:
- Join team in a full practice to get yourself back in the lineup. If a full practice is completed with no symptoms, you are ready to return to competition. Discuss with the coach about getting back in the next game.
**Graduated Return to Soccer Protocol**

With no symptoms, a gradual return to play program can be initiated. Follow these gradual progressive steps of the training sequence.

There should be approximately 24 hours (or longer) in between each step. If any symptoms return at any time during these activities, stop the work out. Rest until symptom-free for 24 hours. Return to the previous asymptomatic step. If symptoms return or worsen, seek medical attention.

<table>
<thead>
<tr>
<th>Step</th>
<th>Date</th>
<th>Activity</th>
<th>Tolerance/Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Light General Conditioning Exercises (Goal: Increase HR)</td>
<td></td>
<td>Begin with sport specific warm up. Do 15-20 minute workout: stationary bicycle, fast paced walking or light jog, rowing or freestyle swimming.</td>
<td></td>
</tr>
</tbody>
</table>
| 2. Moderate General Conditioning and Sport Specific Skill Work; Individually (Goal: Add Movement, individual skill work) | | Sport specific warm-up. Slowly increase intensity and duration of workout to 20-30 minutes. | - Begin skill work within the workout.  
- Begin running drills, static and dynamic foot dribbling, use cones, individual kicking. |
| 3. Heavy General conditioning, skill work; individually and with teammate. NO CONTACT (Goal: Add Movement, teammate skill work) | | Continue with general conditioning up to 60 minutes. Increase intensity and duration. Begin interval training. | - Begin drills with a partner but with no contact.  
- Continue with individual skill work as per Step 2.  
- Begin partner passing and kicking on goalie drills.  
- Begin walk-throughs on offense and defense. |
| 4. Heavy General conditioning, skill work and team drills. No live scrimmages. VERY LIGHT CONTACT. (Goal: Team skill work, light static contact) | | Resume regular conditioning and duration of practice. | - Practice passing shell drills (8 or 8) with no contact.  
- Practice team passing and kicking drills, practice offensive, defensive and counter attack tactical schemes with no contact to the player.  
- Review heading the ball techniques. Do a few reps of low intensity with limited height and distance. |
| 5. Full Team Practice with Body Contact | | - Participate in a full practice.  
- If a full practice is completed with no symptoms, return to competition is appropriate. Discuss with the coach about getting back in the next game. | |
Step 1: Light General Conditioning Exercises:
- Begin with a sport specific warm up.
- Do a (15-20 minute) workout which can include: stationary bicycle, fast paced walking or light jog, rowing or freestyle swimming.

Step 2: General Conditioning and Sport Specific Skill Work: Individually:
- Continue with the sport specific warm-up.
- Slowly increase intensity and duration of workout (20-30 minutes).
- Begin skill work within the workout.
- Begin running drills, static and dynamic foot dribbling, use cones, individual kicking.

STEP 3: General conditioning, skill work: individually and with a team-mate:
- NO CONTACT
- Continue with general conditioning (up to 60 minutes). Increase intensity and duration. Begin interval training.
- Begin drills with a partner but with no contact. Continue with individual skill work as per Step 2.
- Begin partner passing and kicking on goalie drills.
- Begin walk-throughs on offense and defense.

STEP 4: General conditioning, skill work and team drills:
- Do not play live scrimmages. NO CONTACT
- Resume regular conditioning and duration of practice.
- Practice team passing and kicking drills, practice offensive, defensive and counter attack tactical schemes with no contact to the player.
- Review heading the ball techniques. Do a few reps of low intensity with limited height and distance.

Step 5: Full Team Practice with Body Contact:
- Join team in a full practice to get yourself back in the lineup. If a full practice is completed with no symptoms, you are ready to return to competition. Discuss with the coach about getting back in the next game.
Sudden Cardiac Arrest (SCA)
Information for Parents and Student Athletes

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

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

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

<table>
<thead>
<tr>
<th>Warning Signs of SCA</th>
<th>Emergency Response to SCA</th>
</tr>
</thead>
<tbody>
<tr>
<td>• SCA strikes immediately.</td>
<td>• Act immediately; time is most critical to increase survival rates.</td>
</tr>
<tr>
<td>• SCA should be suspected in any athlete who has collapsed and is unresponsive.</td>
<td>• Recognize SCA.</td>
</tr>
<tr>
<td>o No response to tapping on shoulders</td>
<td>• Call 911 immediately and activate EMS.</td>
</tr>
<tr>
<td>o Does nothing when asked if he/she is OK</td>
<td>• Administer CPR.</td>
</tr>
<tr>
<td>• No pulse</td>
<td>• Use Automatic External Defibrillator (AED).</td>
</tr>
</tbody>
</table>

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

- Family history of heart disease/cardiac arrest
- Fainting, a seizure, or convulsions during physical activity
- Fainting or a seizure from emotional excitement, emotional distress, or being startled
- Dizziness or lightheadedness, especially during exertion
- Exercise-induced chest pain
- Palpitations: awareness of the heart beating, especially if associated with other symptoms such as dizziness
- Extreme tiredness or shortness of breath associated with exercise
- History of high blood pressure

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

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

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

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

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

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

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

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

COVID-19 Infection Medical Clearance

The MPSSAA Medical Advisory Committee Physicians strongly recommends the use of this form by member schools as it relates to students who have tested positive for Covid-19. This form must be signed by one of the following examining Licensed Health Care Providers (LHCP) before the student-athlete is allowed to resume full participation in athletics: Licensed Physician (MD/DO), Licensed Physician Assistant (PA), Licensed Nurse Practitioner (NP). This form must be signed by the student-athlete’s parent/legal custodian giving their consent before their child resumes full participation in athletics.

Name of Student-Athlete: ___________________________ DOB: ___________________________

Participating Sport(s): ___________________________

Date COVID-19 Infection Diagnosed: ___________________________

If symptomatic, date symptoms resolved: ___________________________

COVID Case:

☐ Asymptomatic (no symptoms) or mild symptoms (fever, myalgia, chills, and lethargy < 4 days)
☐ Moderate symptoms (fever, myalgia, chills or lethargy lasting ≥4 days or hospitalized but not in ICU)
☐ Severe symptoms (hospitalized in ICU and/or MIS-C)

Some students, particularly those with moderate to severe illness, may require a graduated return-to-play (RTP) protocol once the student has been cleared by a LHCP (cardiologist for moderate to severe COVID-19 symptoms). The American Academy of Pediatrics COVID-19 Interim Guidance: Return to Sport provides a recommendation for RTP (page 2) if necessary.

As the examining LHCP, I attest that the above-named student-athlete is now reporting to be completely free of all signs and symptoms of COVID-19, at least 10 days from positive test, and afebrile for 24 hours and is either cleared for resumption of activity or recommended for cardiology referral.

☐ Cleared for return to athletics.
☐ Cleared for return to athletics after completion of a graduated return to play due to the severity of symptoms and/or hospitalization associated with the student’s positive COVID-19 diagnosis.
☐ Not Cleared: Cardiology consultation before clearance.

______________________________ ___________________________
Signature of Licensed Physician, Licensed Physician Assistant, Date
Licensed Nurse Practitioner (Please Circle)

Please Print Name

Please Print Office Address

Please Print Phone Number

*****************************************************************************

Parent/Legal Custodian Consent For Their Child to Resume Full Participation in Athletics

I am aware that ___________________________ (school name) requests the consent of a child’s parent or legal custodian prior to them resuming full participation in athletics after having been diagnosed with a COVID-19 infection. I am giving my consent for my child to resume full participation in athletics. By signing below, I hereby give my consent for my child to resume full participation in athletics. I understand if my child develops symptoms such as chest pain, shortness of breath, excessive fatigue, feeling lightheaded, or palpitations (racing heart), that my athlete should stop exercising immediately and consultation with LHCP will be necessary.

______________________________ ___________________________
Signature of Parent/Legal Custodian Date

Please Print Name and Relationship to Student-Athlete

PLEASE RETURN COMPLETED FORM TO YOUR SCHOOL NURSE
Graduated Return-to-Play Protocol After COVID-19 Infection

In participants who have had moderate or severe symptoms of COVID-19 or their provider has any concerns for rapid return to play (RTP), the athlete should complete the progression below without development of chest pain, chest tightness, palpitations, lightheadedness, pre-syncope, or syncope. If these symptoms develop, the participant should be referred back to the evaluating provider who signed the form.

- Stage 1: (2 Days Minimum) Light Activity (Walking, Jogging, Stationary Bike) for 15 minutes or less at intensity no greater than 70% of maximum heart rate. NO resistance training.

- Stage 2: (1 Day Minimum) Add simple movement activities (EG. running drills) for 30 minutes or less at intensity no greater than 80% of maximum heart rate.

- Stage 3: (1 Day Minimum) Progress to more complex training for 45 minutes or less at intensity no greater than 80% maximum heart rate. May add light resistance training.

- Stage 4: (2 Days Minimum) Normal Training Activity for 60 minutes or less at intensity no greater than 80% maximum heart rate.

- Stage 5: Return to full activity.

If required by health care provider, the participant has completed the 5 stage RTP progression under the supervision of a responsible adult:______________________________.

Estimated Probability of Competing in College Athletics

Methodology and Notes

High school to NCAA

- High school figures come from the 2015-16 High School Athletics Participation Survey conducted by the National Federation of State High School Associations. College numbers are from the NCAA’s 2015-16 Sports Sponsorship and Participation Rates Report. These college numbers account for participation in college athletics at NCAA-member schools only.

- High school-to-NCAA percentages were calculated by dividing the number of NCAA participants in 2015-16 by the number of HS participants in that same year. This assumes that high school and college rosters are turning over at roughly the same rate (e.g., both HS and college participation numbers include four classes of students and both sets of teams turn over roughly one-quarter of their rosters each year). In prior versions of this table, more complex calculations were used to estimate the number of HS departures and open college roster slots each year, however, these more involved calculations did not lead to substantially different percentages than the simple calculation used currently. Given several potential confounds (e.g., multi-sport participation in high school, frequency of redshirt in NCAA Division I football that would lead to a 5-year rather than 4-year college track), these calculations should be considered approximations and not exact accounting.

- The high school-to-NCAA divisional percentages were calculated by dividing the number of 2015-16 participants within each NCAA division by the total number of HS participants. For example, we estimate that approximately 3.4% of HS boys basketball participants go on to play at an NCAA school (Divisions I, II or III), but only 1.0% of HS participants do so at the Division I level.

- As the high school figures account only for participants on high school teams and not those competing exclusively on club teams or similar, the true pre-college to NCAA percentages could be lower in some sports (e.g., ice hockey, tennis). Data for several sports (e.g., rowing, skiing, gymnastics) are not shown due to the low number of high school programs in those sports relative to non-scholastic pre-college participation opportunities.
## Estimated Probability of Competing in College Athletics

<table>
<thead>
<tr>
<th>Gender</th>
<th>Sport</th>
<th>Participants at US High Schools</th>
<th>NCAA Participants</th>
<th>Overall % HS to NCAA</th>
<th>% HS to NCAA Division I</th>
<th>% HS to NCAA Division II</th>
<th>% HS to NCAA Division III</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Men</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Baseball</td>
<td>438,815</td>
<td>34,554</td>
<td>7.1%</td>
<td>2.1%</td>
<td>2.2%</td>
<td>2.6%</td>
</tr>
<tr>
<td></td>
<td>Basketball</td>
<td>546,438</td>
<td>18,684</td>
<td>3.4%</td>
<td>1.9%</td>
<td>1.4%</td>
<td>1.4%</td>
</tr>
<tr>
<td></td>
<td>Cross Country</td>
<td>257,921</td>
<td>14,412</td>
<td>5.6%</td>
<td>1.9%</td>
<td>2.3%</td>
<td>2.3%</td>
</tr>
<tr>
<td></td>
<td>Football</td>
<td>1,093,308</td>
<td>73,660</td>
<td>6.8%</td>
<td>2.8%</td>
<td>1.8%</td>
<td>2.4%</td>
</tr>
<tr>
<td></td>
<td>Golf</td>
<td>146,677</td>
<td>8,876</td>
<td>5.8%</td>
<td>2.0%</td>
<td>1.7%</td>
<td>2.2%</td>
</tr>
<tr>
<td></td>
<td>Ice Hockey</td>
<td>35,155</td>
<td>4,102</td>
<td>11.7%</td>
<td>4.6%</td>
<td>0.5%</td>
<td>5.5%</td>
</tr>
<tr>
<td></td>
<td>Lacrosse</td>
<td>109,522</td>
<td>13,446</td>
<td>12.3%</td>
<td>2.9%</td>
<td>2.3%</td>
<td>7.1%</td>
</tr>
<tr>
<td></td>
<td>Soccer</td>
<td>440,322</td>
<td>24,803</td>
<td>5.6%</td>
<td>1.3%</td>
<td>1.5%</td>
<td>2.6%</td>
</tr>
<tr>
<td></td>
<td>Swimming</td>
<td>133,470</td>
<td>8,455</td>
<td>7.1%</td>
<td>2.8%</td>
<td>1.1%</td>
<td>3.2%</td>
</tr>
<tr>
<td></td>
<td>Tennis</td>
<td>157,201</td>
<td>8,092</td>
<td>5.1%</td>
<td>1.7%</td>
<td>1.1%</td>
<td>2.4%</td>
</tr>
<tr>
<td></td>
<td>Track &amp; Field</td>
<td>591,133</td>
<td>28,334</td>
<td>4.8%</td>
<td>1.9%</td>
<td>1.2%</td>
<td>1.7%</td>
</tr>
<tr>
<td></td>
<td>Volleyball</td>
<td>55,417</td>
<td>1,899</td>
<td>3.4%</td>
<td>0.7%</td>
<td>0.8%</td>
<td>1.6%</td>
</tr>
<tr>
<td></td>
<td>Water Polo</td>
<td>21,857</td>
<td>1,014</td>
<td>4.6%</td>
<td>2.5%</td>
<td>0.7%</td>
<td>1.3%</td>
</tr>
<tr>
<td></td>
<td>Wrestling</td>
<td>250,053</td>
<td>7,075</td>
<td>2.8%</td>
<td>1.0%</td>
<td>0.8%</td>
<td>1.0%</td>
</tr>
<tr>
<td><strong>Women</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Basketball</td>
<td>429,380</td>
<td>16,593</td>
<td>3.8%</td>
<td>1.2%</td>
<td>1.1%</td>
<td>1.6%</td>
</tr>
<tr>
<td></td>
<td>Cross Country</td>
<td>222,516</td>
<td>10,688</td>
<td>7.2%</td>
<td>2.7%</td>
<td>1.8%</td>
<td>2.7%</td>
</tr>
<tr>
<td></td>
<td>Field Hockey</td>
<td>59,733</td>
<td>6,032</td>
<td>10.1%</td>
<td>3.0%</td>
<td>1.2%</td>
<td>5.8%</td>
</tr>
<tr>
<td></td>
<td>Golf</td>
<td>74,762</td>
<td>5,283</td>
<td>7.1%</td>
<td>2.9%</td>
<td>2.1%</td>
<td>2.1%</td>
</tr>
<tr>
<td></td>
<td>Ice Hockey</td>
<td>9,514</td>
<td>2,289</td>
<td>24.1%</td>
<td>9.0%</td>
<td>1.0%</td>
<td>14.0%</td>
</tr>
<tr>
<td></td>
<td>Lacrosse</td>
<td>88,050</td>
<td>11,375</td>
<td>12.9%</td>
<td>3.8%</td>
<td>2.6%</td>
<td>6.5%</td>
</tr>
<tr>
<td></td>
<td>Soccer</td>
<td>381,629</td>
<td>27,358</td>
<td>7.2%</td>
<td>2.4%</td>
<td>1.9%</td>
<td>2.3%</td>
</tr>
<tr>
<td></td>
<td>Softball</td>
<td>366,885</td>
<td>19,680</td>
<td>5.4%</td>
<td>1.5%</td>
<td>1.6%</td>
<td>2.1%</td>
</tr>
<tr>
<td></td>
<td>Swimming</td>
<td>196,747</td>
<td>12,356</td>
<td>7.4%</td>
<td>3.3%</td>
<td>1.1%</td>
<td>3.0%</td>
</tr>
<tr>
<td></td>
<td>Tennis</td>
<td>183,800</td>
<td>8,933</td>
<td>4.9%</td>
<td>1.6%</td>
<td>1.1%</td>
<td>2.2%</td>
</tr>
<tr>
<td></td>
<td>Track &amp; Field</td>
<td>485,699</td>
<td>26,048</td>
<td>6.0%</td>
<td>2.7%</td>
<td>1.5%</td>
<td>1.8%</td>
</tr>
<tr>
<td></td>
<td>Volleyball</td>
<td>436,039</td>
<td>17,119</td>
<td>3.9%</td>
<td>1.2%</td>
<td>1.1%</td>
<td>1.6%</td>
</tr>
<tr>
<td></td>
<td>Water Polo</td>
<td>20,230</td>
<td>1,136</td>
<td>5.6%</td>
<td>3.3%</td>
<td>1.0%</td>
<td>1.3%</td>
</tr>
</tbody>
</table>

**Sources:** High school figures from the 2015-16 High School Athletics Participation Survey conducted by the National Federation of State High School Associations; data from club teams not included. College numbers from the NCAA 2015-16 Sports Sponsorship and Participation Rates Report.

**Last Updated:** March 10, 2017
Estimated Probability of Competing in Professional Athletics

Methodology and Notes

General

- College participation numbers are from the NCAA's 2015-16 Sports Sponsorship and Participation Rates Report. These college numbers account for participation in college athletics at NCAA-member schools only.

- To estimate the number of NCAA student-athletes in a sport eligible for a particular year’s professional draft, the total number of NCAA student-athlete participants in the sport was divided by 4.5. This figure was used to provide a general estimate of the number of student-athletes in a draft cohort (single draft class) in a given year, accounting for redshirting, degree completion delays due to transfer, etc. that extend the average time to graduation to just beyond four years in all sports. In other words, we observe a year-to-year departure rate (whether due to graduation, dropout or departure for a professional sports opportunity) of just below one-quarter of the total number of student-athletes in each sport. Because the sports examined (MW basketball, football, baseball, men's ice hockey and men's soccer) have dramatically different rules for draft eligibility, these calculations should be treated as estimates only.

- Data on available professional opportunities are described below for each sport.

Baseball

- MLB draft data from 2016. There were 1,206 draft picks in that year. 695 of those picked were from NCAA schools (source: MLB Draft Tracker 2016). Of the 695, Division I student-athletes comprised 595 of those chosen. Division II provided 80 and Division III had 20.

- Percent NCAA to Pro calculated as number of NCAA student-athletes taken in the draft (n=695) divided by the approximate number draft eligible. Not all of the student-athletes drafted go on to play professional baseball and many draftees fail to reach the Major League.

Men's basketball

- NBA draft data from 2016. There were 60 draft slots in that year, but only 44 went to NCAA players (others chosen were international players not attending U.S. colleges). Percentage NCAA to Major Pro calculated using the 44 NCAA selections. Since 2006, 12 international players have been drafted on average each year.

- On 2016-17 opening day NBA rosters, former NCAA players filled 80% of roster spots (all were from Division I schools). (Source: Jim Sukup, College Basketball News)
Estimated Probability of Competing in Professional Athletics

<table>
<thead>
<tr>
<th></th>
<th>NCAA Participants</th>
<th>Approximate # Draft Eligible</th>
<th># Draft Picks</th>
<th># NCAA Drafted</th>
<th>% NCAA to Major Proa</th>
<th>% NCAA to Total Proa</th>
</tr>
</thead>
<tbody>
<tr>
<td>Baseball</td>
<td>34,554</td>
<td>7,579</td>
<td>1,206</td>
<td>695</td>
<td>9.1%</td>
<td>--</td>
</tr>
<tr>
<td>M Basketball</td>
<td>18,684</td>
<td>4,152</td>
<td>60</td>
<td>44</td>
<td>1.1%</td>
<td>19.1%</td>
</tr>
<tr>
<td>W Basketball</td>
<td>16,593</td>
<td>3,887</td>
<td>36</td>
<td>35</td>
<td>0.9%</td>
<td>4.9%</td>
</tr>
<tr>
<td>Football</td>
<td>73,860</td>
<td>16,369</td>
<td>253</td>
<td>251</td>
<td>1.5%</td>
<td>1.9%</td>
</tr>
<tr>
<td>M Ice Hockey</td>
<td>4,102</td>
<td>912</td>
<td>211</td>
<td>51</td>
<td>5.5%</td>
<td>--</td>
</tr>
<tr>
<td>M Soccer</td>
<td>24,803</td>
<td>5,512</td>
<td>81</td>
<td>75</td>
<td>1.4%</td>
<td>--</td>
</tr>
</tbody>
</table>

a Percent NCAA to Major Pro figures are based on the number of draft picks made in the NFL, NBA, WNBA, MLB, NHL and MLS drafts only. See methods notes for important details on the definition of NHL draftee in men’s ice hockey. Column percentages were calculated as (#NCAA Drafted) / (Approximate # Draft Eligible).

b Percent NCAA to Total Pro takes the number of pro opportunities from the “% NCAA to Major Pro” calculation and adds in some additional professional opportunities that we were able to quantify. So, for football, this calculation includes NFL, Canadian Football League and Arena League slots available to first-year professionals. For men’s basketball we accounted for NBA, NBA D-League and international opportunities. For women’s basketball, we assessed WNBA and international roster slots. See methods notes for details on these calculations. Data on full-time international professional opportunities available in baseball, men’s ice hockey and men’s soccer were not analyzed here.
2021-2022 School Year

Student Athletic Handbook Review and Receipt Verification Form

This signature form is effective for all sports in a given school year and is to be kept on file in the Athletic Director's Office for the designated school year. It is a record that signifies the coach did review its contents and the responsibilities of a Caroline County Public School athlete. It also verifies that the athlete did receive a copy of the handbook for future reference, and the athlete's parent/guardian is also aware of the handbook's contents.

Further, my signature below also acknowledges that I have received information on all of the following:

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

Additionally, my signature below indicates that I have read and understand the Sudden Cardiac Arrest (SCA) Information Sheet included in the handbook.

The contents of the Student Athletic Handbook have been reviewed with me and I have received a copy of it.

Print Student Name: _______________________________________________________________

Student Signature: ___________________________ Date: ________________

Parent/Guardian Name: ___________________________ Date: ________________

Parent/Guardian Signature: ___________________________ Date: ________________