

SCHOOL _____

STUDENT ID# _____

CHEROKEE COUNTY SCHOOL DISTRICT ATHLETIC INFORMATION AND CONSENT FORMS

(PLEASE PRINT)

Name _____ Male ____ Female ____
LAST FIRST MIDDLE

Address _____ STREET CITY STATE ZIP

Telephone (home) _____ Date of Birth _____

Date entered 9th grade _____ Your grade level for the current school year _____

Father's Name _____ Father's Work Number _____ Cell _____

Mother's Name _____ Mother's Work Number _____ Cell _____

Student resides with (Names of Parent(s)/Guardian) _____
(If Guardian, submit copies of Court Order for Guardianship)

The student is domiciled at the above address located in the _____ high school district (school must be notified if student moves from the above address).

Have you attended this Cherokee County School for at least one full school year? Yes ____ No ____

EMERGENCY CONTACT INFORMATION

In an event the father or mother cannot be reached, these persons should be contacted regarding any situations which any officer, agent, or employee of the Cherokee County School District finds to be an emergency situation involving the student

Name Relationship Home Phone Work Phone

Name Relationship Home Phone Work Phone

PARENTAL CONSENT FOR PARTICIPATION

WARNING: Although participation in supervised inter-scholastic athletics and activities and intra-scholastic athletic clubs and activities may be one of the least hazardous in which students will engage, **BY ITS NATURE, PARTICIPATION IN INTER-SCHOLASTIC ATHLETICS AND INTRA-SCHOLASTIC SPORTS CLUBS INCLUDE A RISK OF INJURY WHICH MAY RANGE IN SEVERITY FROM MINOR TO LONG TERM CATASTROPHIC, INCLUDING PERMANENT PARALYSIS FROM THE NECK DOWN OR DEATH.** Although serious injuries are not common in supervised athletic programs or athletic clubs, it is possible only to minimize, not eliminate this risk.

Participants can and have the responsibility to help reduce the chance of injury. **PARTICIPANTS MUST OBEY ALL SAFETY RULES, REPORT ALL PHYSICAL PROBLEMS TO THEIR COACHES OR CLUB SUPERVISORS, FOLLOW A PROPER CONDITIONING PROGRAM AND INSPECT THEIR EQUIPMENT DAILY.**

By signing this permission form, you acknowledge that you have read and understand the warning. PARENTS OR STUDENTS WHO DO NOT WISH TO ACCEPT THE RISKS DESCRIBED IN THIS WARNING SHOULD NOT SIGN THIS PERMISSION FORM AND MAY NOT PARTICIPATE IN THE ACTIVITY.

We hereby consent for _____ to:

- 1. Compete in athletics at _____ School of the Cherokee County School District in Georgia High School Association approved sports except those **CROSSED** out below:

Baseball Basketball Cheerleading Cross Country Football Golf Gymnastics Lacrosse
Soccer Softball Swimming Tennis Track Weight Training Wrestling Volleyball

- 2. To accompany any school team or sports club of which the student is a member on any of its local or out of town trips.
- 3. I hereby verify that the information contained within this form is correct and understand that any false information may result in my son/daughter being declared ineligible for participation in sports.
- 4. Students found illegally enrolled out of their school attendance zone could be ruled ineligible for GHSA competition for one (1) full year.
- 5. By execution hereof I hereby release and forever discharge the Cherokee County School District its agents and employees from any and all liability resulting from the intentional or negligent acts or conduct of the District its agents and/or employees.

This acknowledgement of risk and consent to allow participation shall remain in effect until revoked in writing.

Signature(s) of Parent(s) or Guardians(s)

Date

Signature of Student – Athlete

Date

STUDENT TRANSPORTATION RELEASE AND CONSENT FORM

While the Cherokee County School District provides transportation through the utilization of the District bus fleet for many extracurricular events, in some cases school sponsored transportation is not available. In those instances, it is necessary for the parent/guardian to make arrangements for transportation. The Cherokee County School District strongly discourages students from riding with other students to and from extracurricular events.

I, _____, parent or guardian of _____ (student) hereby give my permission for my student to provide his/her own transportation to/from extracurricular events, and I, parent/guardian of the student listed above, hereby give my permission for my student to ride with another parent, including coach/sponsor to/from extracurricular events.

CONSENT AND RELEASE

I hereby consent on behalf of the student named above to participate in school-sponsored trips. I understand that transportation may or may not be provided by the Cherokee County School District. In the event transportation is not provided by the Cherokee County School District, transportation will be the student's and parent's/guardian's responsibility. If any emergency medical procedure or treatments are required by the student during the trip, I consent to the trip's supervisor taking, arranging for or consenting to the procedures or treatment in his or her discretion. I further release and waive and further agree to indemnify and hold harmless and reimburse the Cherokee County School District, the Board of Education, its successors and assigns, its members, agents, employees, and representatives thereof, as well as the trip supervisor from and against any claim which I, any other person, firm, corporation, or entity may have or claim to have, known or unknown, directly or indirectly, from any losses, damages or injuries arising out of, during, or in connection with the student's participation in the activity, any trip associated with the activity, or the rendering or emergency medical procedures or treatment, if any.

Signature(s) of Parent(s) or Guardian(s) _____
Date

RELEASE OF INFORMATION

I hereby authorize the release of any and all information relating to the athletic participation of the above named student to the media and to all college recruiters, including any medical information concerning injury or illness, any biographical information, and any other information related to the athletic participation, including ability, attitude and conduct.

Signature of Student _____
Signature of Parent/Guardian _____
Date

GUIDELINES FOR OUTDOOR EXTRACURRICULAR ACTIVITIES DURING EXTREME HOT AND HUMID WEATHER

I hereby verify that I have received and reviewed the Cherokee County School District Guidelines for Outdoor Extracurricular Activities During Extreme Hot and Humid Weather.

Signature of Student _____
Signature of Parent/Guardian _____
Date

STUDENT ATHLETE CONCUSSION DIAGNOSIS AND MANAGEMENT PROGRAM

I have read the information concerning usage of the Immediate Post-Concussion Assessment and Cognitive Testing (ImPACT™) and understand its contents. I have been given an opportunity to ask questions and all have been answered to my satisfaction. I understand that participation in the ImPACT™ concussion baseline testing is highly recommended but not required for athletes in Cherokee County schools. I also understand that the ImPACT™ testing is merely a tool to assist Medical Professionals in the diagnosis and subsequent treatment of potentially serious injuries, the ImPACT™ testing IS NOT a substitute for treatment by a medical professional. **I acknowledge that if my child is suspected of receiving a concussion causing injury, my child WILL NOT be allowed to participate in athletics until cleared by a medical doctor.**

Please INITIAL one of the choices below, sign and date:

- _____ YES, I give permission for my child, _____, to participate in baseline testing with the ImPACT™ program.
- _____ NO, I do not give permission for my child, _____, to participate in baseline testing.

Signature(s) of Parent(s) or Guardian(s) _____
Date

PREPARTICIPATION PHYSICAL EVALUATION HISTORY FORM

(Note: This form is to be filled out by the patient and parent prior to seeing the physician. The physician should keep this form in the chart.)

Date of Exam _____

Name _____ Date of birth _____

Sex _____ Age _____ Grade _____ School _____ Sport(s) _____

Medicines and Allergies: Please list all of the prescription and over-the-counter medicines and supplements (herbal and nutritional) that you are currently taking

Do you have any allergies? Yes No If yes, please identify specific allergy below.

Medicines Pollens Food Stinging Insects

Explain "Yes" answers below. Circle questions you don't know the answers to.

GENERAL QUESTIONS	Yes	No
1. Has a doctor ever denied or restricted your participation in sports for any reason?		
2. Do you have any ongoing medical conditions? If so, please identify below: <input type="checkbox"/> Asthma <input type="checkbox"/> Anemia <input type="checkbox"/> Diabetes <input type="checkbox"/> Infections Other: _____		
3. Have you ever spent the night in the hospital?		
4. Have you ever had surgery?		
HEART HEALTH QUESTIONS ABOUT YOU	Yes	No
5. Have you ever passed out or nearly passed out DURING or AFTER exercise?		
6. Have you ever had discomfort, pain, tightness, or pressure in your chest during exercise?		
7. Does your heart ever race or skip beats (irregular beats) during exercise?		
8. Has a doctor ever told you that you have any heart problems? If so, check all that apply: <input type="checkbox"/> High blood pressure <input type="checkbox"/> A heart murmur <input type="checkbox"/> High cholesterol <input type="checkbox"/> A heart infection <input type="checkbox"/> Kawasaki disease Other: _____		
9. Has a doctor ever ordered a test for your heart? (For example, ECG/EKG, echocardiogram)		
10. Do you get lightheaded or feel more short of breath than expected during exercise?		
11. Have you ever had an unexplained seizure?		
12. Do you get more tired or short of breath more quickly than your friends during exercise?		
HEART HEALTH QUESTIONS ABOUT YOUR FAMILY	Yes	No
13. Has any family member or relative died of heart problems or had an unexpected or unexplained sudden death before age 50 (including drowning, unexplained car accident, or sudden infant death syndrome)?		
14. Does anyone in your family have hypertrophic cardiomyopathy, Marfan syndrome, arrhythmogenic right ventricular cardiomyopathy, long QT syndrome, short QT syndrome, Brugada syndrome, or catecholaminergic polymorphic ventricular tachycardia?		
15. Does anyone in your family have a heart problem, pacemaker, or implanted defibrillator?		
16. Has anyone in your family had unexplained fainting, unexplained seizures, or near drowning?		
BONE AND JOINT QUESTIONS	Yes	No
17. Have you ever had an injury to a bone, muscle, ligament, or tendon that caused you to miss a practice or a game?		
18. Have you ever had any broken or fractured bones or dislocated joints?		
19. Have you ever had an injury that required x-rays, MRI, CT scan, injections, therapy, a brace, a cast, or crutches?		
20. Have you ever had a stress fracture?		
21. Have you ever been told that you have or have you had an x-ray for neck instability or atlantoaxial instability? (Down syndrome or dwarfism)		
22. Do you regularly use a brace, orthotics, or other assistive device?		
23. Do you have a bone, muscle, or joint injury that bothers you?		
24. Do any of your joints become painful, swollen, feel warm, or look red?		
25. Do you have any history of juvenile arthritis or connective tissue disease?		

MEDICAL QUESTIONS	Yes	No
26. Do you cough, wheeze, or have difficulty breathing during or after exercise?		
27. Have you ever used an inhaler or taken asthma medicine?		
28. Is there anyone in your family who has asthma?		
29. Were you born without or are you missing a kidney, an eye, a testicle (males), your spleen, or any other organ?		
30. Do you have groin pain or a painful bulge or hernia in the groin area?		
31. Have you had infectious mononucleosis (mono) within the last month?		
32. Do you have any rashes, pressure sores, or other skin problems?		
33. Have you had a herpes or MRSA skin infection?		
34. Have you ever had a head injury or concussion?		
35. Have you ever had a hit or blow to the head that caused confusion, prolonged headache, or memory problems?		
36. Do you have a history of seizure disorder?		
37. Do you have headaches with exercise?		
38. Have you ever had numbness, tingling, or weakness in your arms or legs after being hit or falling?		
39. Have you ever been unable to move your arms or legs after being hit or falling?		
40. Have you ever become ill while exercising in the heat?		
41. Do you get frequent muscle cramps when exercising?		
42. Do you or someone in your family have sickle cell trait or disease?		
43. Have you had any problems with your eyes or vision?		
44. Have you had any eye injuries?		
45. Do you wear glasses or contact lenses?		
46. Do you wear protective eyewear, such as goggles or a face shield?		
47. Do you worry about your weight?		
48. Are you trying to or has anyone recommended that you gain or lose weight?		
49. Are you on a special diet or do you avoid certain types of foods?		
50. Have you ever had an eating disorder?		
51. Do you have any concerns that you would like to discuss with a doctor?		
FEMALES ONLY		
52. Have you ever had a menstrual period?		
53. How old were you when you had your first menstrual period?		
54. How many periods have you had in the last 12 months?		

Explain "yes" answers here

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

Signature of athlete _____ Signature of parent/guardian _____ Date _____

■ PREPARTICIPATION PHYSICAL EVALUATION

THE ATHLETE WITH SPECIAL NEEDS: SUPPLEMENTAL HISTORY FORM

Date of Exam _____

Name _____ Date of birth _____

Sex _____ Age _____ Grade _____ School _____ Sport(s) _____

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

Explain "yes" answers here

Please indicate if you have ever had any of the following.

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

Explain "yes" answers here

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

Signature of athlete _____ Signature of parent/guardian _____ Date _____

PREPARTICIPATION PHYSICAL EVALUATION PHYSICAL EXAMINATION FORM

Name _____ Date of birth _____

PHYSICIAN REMINDERS

- Consider additional questions on more sensitive issues
 - Do you feel stressed out or under a lot of pressure?
 - Do you ever feel sad, hopeless, depressed, or anxious?
 - Do you feel safe at your home or residence?
 - Have you ever tried cigarettes, chewing tobacco, snuff, or dip?
 - During the past 30 days, did you use chewing tobacco, snuff, or dip?
 - Do you drink alcohol or use any other drugs?
 - Have you ever taken anabolic steroids or used any other performance supplement?
 - Have you ever taken any supplements to help you gain or lose weight or improve your performance?
 - Do you wear a seat belt, use a helmet, and use condoms?
- Consider reviewing questions on cardiovascular symptoms (questions 5–14).

EXAMINATION		
Height _____	Weight _____	<input type="checkbox"/> Male <input type="checkbox"/> Female
BP _____ / _____ (_____ / _____)	Pulse _____	Vision R 20/ _____ L 20/ _____ Corrected <input type="checkbox"/> Y <input type="checkbox"/> N
MEDICAL	NORMAL	ABNORMAL FINDINGS
Appearance • Marfan stigmata (kyphoscoliosis, high-arched palate, pectus excavatum, arachnodactyly, arm span > height, hyperlaxity, myopia, MVP, aortic insufficiency)		
Eyes/ears/nose/throat • Pupils equal • Hearing		
Lymph nodes		
Heart ^a • Murmurs (auscultation standing, supine, +/- Valsalva) • Location of point of maximal impulse (PMI)		
Pulses • Simultaneous femoral and radial pulses		
Lungs		
Abdomen		
Genitourinary (males only) ^b		
Skin • HSV, lesions suggestive of MRSA, tinea corporis		
Neurologic ^c		
MUSCULOSKELETAL		
Neck		
Back		
Shoulder/arm		
Elbow/forearm		
Wrist/hand/fingers		
Hip/thigh		
Knee		
Leg/ankle		
Foot/toes		
Functional • Duck-walk, single leg hop		

^aConsider ECG, echocardiogram, and referral to cardiology for abnormal cardiac history or exam.

^bConsider GU exam if in private setting. Having third party present is recommended.

^cConsider cognitive evaluation or baseline neuropsychiatric testing if a history of significant concussion.

- Cleared for all sports without restriction
- Cleared for all sports without restriction with recommendations for further evaluation or treatment for _____

- Not cleared
- Pending further evaluation
- For any sports
- For certain sports _____
- Reason _____

Recommendations _____

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

Name of physician (print/type) _____ Date _____

Address _____ Phone _____

Signature of physician _____, MD or DO

■ PREPARTICIPATION PHYSICAL EVALUATION CLEARANCE FORM

Name _____ Sex M F Age _____ Date of birth _____

Cleared for all sports without restriction

Cleared for all sports without restriction with recommendations for further evaluation or treatment for _____

Not cleared

Pending further evaluation

For any sports

For certain sports _____

Reason _____

Recommendations _____

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

Name of physician (print/type) _____ Date _____

Address _____ Phone _____

Signature of physician _____, MD or DO

EMERGENCY INFORMATION

Allergies _____

Other information _____

ATHLETIC EMERGENCY INFORMATION

Student's Legal Last Name First Name Middle Name Name Called

Home Address: Street (Lot #, Apt. #) City Zip

Emergency Contact: HOME PHONE

NAME Father, Stepfather, Guardian (circle) Employer/Address Work Number / Extension Beeper # or Cell #

NAME Mother, Stepmother, Guardian (circle) Employer/Address Work Number / Extension Beeper # or Cell #

PARENT EMAIL ADDRESS

ANY ALLERGIES OR MEDICAL CONDITION: YES ___ NO ___ IF YES, EXPLAIN:

Doctor name: Phone #:

Insurance Carrier: Policy #:

EMERGENCY CONTACT INFORMATION
OTHER THAN PARENTS

Contact 1: Name Home/Work Cell

Contact 2: Name Home/Work Cell

I do ___ DO NOT ___ grant consent and desire emergency treatment to my child
_____ with the nearest available doctor or hospital, and

I understand that the doctor or hospital bill is my responsibility.

PARENT SIGNATURE: DATE:

WEATHER CONDITIONS

In compliance with GHSA Rules and By-Laws, Heat Policy Procedures and Guidelines will be distributed each year to all student athletes. These guidelines are contained in the CCSD Physical and Consent Form package. (*Appendix D*)

In addition to distributing these guidelines, coaches/sponsors will work with students and parents to provide information regarding heat stress possibilities and make suggestions for proper precautions. For the student's safety and well being, students and/or parents will make the coach/sponsor aware of any medical conditions or problems the student may be experiencing.

A coach who supervises practices shall exercise good judgment in responding to a student who, at any heat index level, requests an unscheduled rest or hydration break. Additionally, a scientifically approved instrument that measures the heat index must be utilized at each practice to ensure that the written procedures and guidelines are being followed.

GUIDELINES-OUTDOOR EXTRACURRICULAR ACTIVITIES DURING EXTREME HOT AND HUMID WEATHER

Each school shall have and use a digital psychrometer, or a similar device for measuring environmental factors. The digital psychrometer is used to measure the Wet Bulb Temperature (WBT), which is derived by evaluating the combined dry air temperature, humidity, ground radiated heat and the wind speed at that particular location. Conditions are subject to change during the practice/activity; therefore, measurements should be taken at regular intervals throughout the practice/activity. Measurements should be taken at the practice/activity site.

- All Activities: Monitor and follow all guidelines.
- Football Only: Will be required to measure and document the Wet Bulb Temperature (WBT) prior to outdoor practice through the month of August, during spring practice in May, and other times when conditions warrant. This can be done by the school athletic director, athletic trainer or a football coach.
- Practices and games should be held early in the morning and later in the evening to avoid times when environmental conditions are generally more severe.
- An unlimited supply of cold water shall be available to participants during practices and games.
 - Coaches/Supervisors shall inform all students participating that cold water is always available and accessible and they will be given permission anytime he/she asks for water.
 - Hydration and fluid replacement is a daily process. Students should hydrate themselves before, during, and after practice. Meals should include an appropriate amount of fluid intake in addition to a healthy diet.
- Give adequate rest periods. Remove appropriate equipment or clothing when possible. Exposed skin cools more efficiently.
 - Football players shall be allowed to remove helmets.
 - Shoulder pads should be removed if conditions warrant.
- Gradually acclimatize participants to the heat.
 - Research indicates 80% acclimatization may be achieved in 7-10 days, but could take to 14 days. In some cases, it may take several weeks to become fully acclimated.
 - The length and intensity of practice should be adjusted according to the WBT until acclimatization occurs.
- Athletic participants should weigh in before practice and weigh out after practice to monitor water loss and to identify those who are becoming dehydrated.
- Participants should wear clothes that are light in weight and color.
- Students who need careful monitoring include:
 - Overweight students
 - Weight control problems (fluctuation)
 - Those taking over-the-counter and prescription medication
 - Students who have done absolutely no exercise at all
- Be familiar with all heat related symptoms and corresponding treatments.
- Be familiar with any emergency and 911 procedures.
- Be familiar with the Wet Bulb Temperature Chart and utilize these guidelines determining length of practice and rest periods.
- Any directives from the Central Office must be strictly followed.

Heat Index Chart

This Heat Index Chart provides general guidelines for assessing the potential severity of heat stress. Individual reactions to heat will vary. It should be remembered that heat illness can occur at lower temperatures than indicated on the chart. In addition, studies indicate that susceptibility to heat illness tends to increase with age.

How to Use the Heat Index Chart

1. Across the top of the chart locate the ENVIRONMENTAL TEMPERATURE.
2. Down the left side of the chart, locate the RELATIVE HUMIDITY.
3. Follow across and down to find the APPARENT TEMPERATURE. Apparent Temperature is the combined index of heat and humidity. It is an index of the body's sensation of heat caused by the temperature and humidity (the reverse of the "wind chill factor").

Note: Exposure to Full Sunshine Can Increase Heat Index Values by up to 15 °F

HEAT INDEX											
ENVIRONMENTAL TEMPERATURE (F°)											
	70°	75°	80°	85°	90°	95°	100°	105°	110°	115°	120°
RELATIVE HUMIDITY	APPARENT TEMPERATURE*										
0%	64°	69°	73°	78°	83°	87°	91°	95°	99°	103°	107°
10%	65°	70°	75°	80°	85°	90°	95°	100°	105°	111°	116°
20%	66°	72°	77°	82°	87°	93°	99°	105°	112°	120°	130°
30%	67°	73°	78°	84°	90°	96°	104°	113°	123°	135°	148°
40%	68°	74°	79°	86°	93°	101°	110°	123°	137°	151°	
50%	69°	75°	81°	88°	96°	107°	120°	135°	150°		
60%	70°	76°	82°	90°	100°	114°	132°	149°			
70%	70°	77°	85°	93°	106°	124°	144°				
80%	71°	78°	86°	97°	113°	136°					
90%	71°	79°	88°	102°	122°						
100%	72°	80°	91°	108°							

* Combined index of heat and humidity... what it "feels like" to the body
 Source: National Oceanic and Atmospheric Administration

Apparent Temperature
90° - 105° (F°)
105° - 130° (F°)
130° and Up (F°)

Heat Stress Risk with Physical Activity and/or Prolonged Exposure

Heat Cramps or Heat Exhaustion Possible

Heat Cramps or Heat Exhaustion Likely, Heat Stroke Possible

Heat Stroke Highly Likely

Note: This Heat Index Chart is designed to provide general guidelines for assessing the potential severity of heat stress. Individual reactions to heat will vary. It should be remembered that heat illness can occur at lower temperatures than indicated on the chart. In addition, studies indicate that susceptibility to heat disorders tends to increase with age.

HEAT ILLNESS SYMPTOMS AND TREATMENTS
(As Recommended by the National Athletic Trainers Association, July 1999)

Heat Cramps	Definition	Symptoms	Treatment
Heat Cramps	Muscle spasms caused by an imbalance of water and electrolytes in muscles	<ul style="list-style-type: none"> Usually affects the legs and abdominal muscles 	<ul style="list-style-type: none"> Rest in a cool place Drink plenty of fluids Proper stretching and massaging Application of ice in some cases
Heat Exhaustion	Can be a precursor to heat stroke	<ul style="list-style-type: none"> Normal to high temperature Heavy sweating Skin is flushed or cool and pale Headaches, dizziness Rapid pulse, nausea, weakness Physical collapse may occur Can occur without prior symptoms, such as cramps 	<ul style="list-style-type: none"> Get to a cool place immediately and out of the heat Drink plenty of fluids Remove excess clothing In some cases, immerse body in cool water
Heat Stroke	Body's cooling system shuts down	<ul style="list-style-type: none"> Increased core temperature of 104°F or greater It untreated it can cause brain damage, internal organ damage, and even death Sweating stops Shallow breathing and rapid pulse Possible disorientation or lose consciousness Possible irregular heartbeat and cardiac arrest 	<ul style="list-style-type: none"> Call 911 immediately Cool bath with ice packs near large arteries, such as neck, armpits, groin Replenish fluids by drinking, or intravenously if needed

FLUID REPLACEMENT
(From the NATA)

Weight Lost During Workout	Fluid Amount Needed to Refuel
2 pounds	32 oz. (4 cups or one sports drink bottle)
4 pounds	64 oz. (8 cups or two bottles)
6 pounds	96 oz. (12 cups or three bottles)
8 pounds	128 oz. (16 cups or four bottles)

GUIDELINES FOR HYDRATION DURING EXERCISE
(From the NATA)

- Drink 16-24 oz. of fluid one to two hours before the workout or competition.
- Drink 4-8 oz. of water or sports drink during every 20 minutes of exercise.
- Drink before you feel thirsty. When you feel thirsty, you have already lost needed fluids.

GUIDELINES FOR EXTREME COLD TEMPERATURES

1. The local school principal, or designee, will make the final decision as to whether outdoor practice will be allowed. The health, safety, and welfare of the students should be the determining factors.
2. The wind chill factor should be used to determine the severity of the cold temperature, NOT just the temperature alone.
3. Warm-up and stretch properly until immediately before the competition or practice.
4. Clothing should be selected for comfort. Do not overdress. Multiple layers provide good insulation.
5. Properly cover the head, neck, legs, and hands. Much of your body heat is lost through these areas.
6. Extreme cold blocks some sensations of pain. Thus, frostbite can easily affect the fingers, toes, ears, and facial areas. Check these areas regularly.
7. Hypothermia is a dangerous and severe level that can occur in cold temperatures. Add extra clothing and move to a warm environment immediately after exercising or practice. Drink warm fluids if possible. Hypothermia has occurred in air temperatures of 50°-65° F.
8. Early signs and symptoms of hypothermia include shivering, euphoria, confusion, and behavior similar to intoxication. Severe signs include lethargy, muscular weakness, disorientation, depression, hallucinations, and even combative behavior.

WIND CHILL CHART

Wind Speed MPH

Temperature Reading	0	10	20	30
30°	30	16	4	-2
20°	20	4	-10	-18
10°	10	-9	-25	-33
0°	0	-24	-39	-48
-10°	-10	-33	-53	-63
-20°	-20	-46	-67	-79

WET BULB TEMPERATURE GUIDELINES

The different stages will be numbered as levels 1- 7. These are guidelines for outdoor practices.

LEVEL	FAHRENHEIT WBT	CELSIUS WBT	PRACTICE HOURS	BREAKS	FLUIDS
1 <i>Very Low Risk</i>	59° and lower	15° and lower	Reasonable	As Needed	As Desired
2 <i>Low Risk</i>	60° - 64°	16° - 17°	Reasonable	Five minute break every 30 minutes	Cold Water
3 <i>Moderate Risk</i>	65° - 72°	18° - 22°	Use Caution	Five minute break every 20-30 minutes	Cold Water
4 <i>High Risk</i>	73° - 75°	23° - 24°	Use Caution	Remove Helmet Five minute break every 20 minutes	Cold Water
5 <i>High Risk</i>	76° - 78°	24° - 25°	Use Extreme Caution	Remove Helmet Five minute break every 15-20 minutes	Cold Water
6 <i>Very High Risk</i>	79° - 81°	26° - 27°	Practice time should be shortened with low intensity.	Helmets Only Five minute break every 10-15 minutes	Cold Water
7 <i>Extremely High Risk</i>	82° and higher	28° and higher	NO PRACTICE	NO PRACTICE	Normal