

**ROCKWOOD AREA SCHOOL DISTRICT  
DEPARTMENT OF ATHLETICS**

**To: Parents of Participants in Athletics Program for Rockwood Area School District**  
**Subject: Athletics Policies/Equipment/Insurance**

Before you give your child permission to participate in the athletic program you need to understand a few important policies:

1. Your son or daughter will be issued the necessary equipment for which he or she will be responsible. If any of the equipment is not returned at the end of the season, the fair cost of that equipment will be charged to the athlete. You will be notified as soon as possible after the assessment for the condition of the equipment is made. If there is a problem with the equipment your athlete returns, he or she will not be permitted to participate in any other athletic activities until the issue is satisfied.
2. It is understood that the school district is not legally responsible for the result of any injury to the student while participating in an athletic program. The school will always provide proper equipment and careful supervision to reduce injuries to a minimum. It is **REQUIRED** that all athletes have health-accident insurance, hospitalization, or family medical coverage prior to participating in an athletic event. The school district **WILL NOT PROVIDE** accident insurance to any athlete. It is understood that it is the responsibility of the parent/guardian of the athlete to provide proof of insurance to the school district prior to the beginning of the season. **ALL MEDICAL BILLS WILL BE THE RESPONSIBILITY OF THE PARENT/GUARDIAN.**

**ROCKWOOD ATHLETIC INJURY PROTOCOL FOR RETURN TO PLAY**

Any athlete who sees a licensed medical professional must secure a written release to return to athletic participation. This is in accordance with the PIAA. Approved licensed medical professionals: Medical Doctor (MD, DO)

- May include any specialist with the credentials MD or DO Dentist (DMD)
- May include any specialists with the credentials MD or DMD Podiatrist (DPM)
- If an athlete's participation is restricted by a healthcare professional not listed above the athlete must obtain a release to return to participate from an approved Licensed medical professional.
- Healthcare professionals that cannot return an athlete to participate: Chiropractors, Physical Therapists, Massage Therapists, Sports Performance Specialists.
- Any athlete participating in a school – sponsored activity must adhere to these policies.

**CONCUSSION TESTING**

ROCKWOOD AREA SCHOOL DISTRICT currently uses ImPACT (Immediate Post Concussion Assessment and Cognitive Testing) to assist our Athletic Trainer in evaluating and treating head injuries (e.g. concussion). ImPACT is a computerized exam utilized in many professional, collegiate and high school programs across the country to successfully diagnose and manage concussions. If an athlete is believed to have suffered a head injury during competition, ImPACT is used to help determine the severity of head injury and when the injury has fully healed.

The computerized exam is given to athletes before beginning contact sport practice and competition. This non-invasive test is set up in "video-game" type format and takes 15 – 20 minutes to complete. It is simple, and actually many athletes enjoy the challenge of taking the test. Essentially, the ImPACT test is a preseason physical of the brain. It tracks information such as memory, reaction time, speed and concentration. It, however, is not an IQ test. This test must be given to each athlete and will be repeated every two (2) years.

If a concussion is suspected, the athlete will be required to re-take the test. Both the preseason and post-injury test data is needed to help evaluate the injury. The test data will enable health professionals to determine when return-to-play is appropriate and safe for the injured athlete. If an injury of this nature occurs to your child, you will be promptly contacted with all the details.

**ROCKWOOD HIGH SCHOOL CONCUSSION MANAGEMENT PROTOCOL**  
**FOR RETURN TO PLAY**

- Any athlete suspected of having signs and symptoms of a head injury during athletic practices and/or games are to be directed for further evaluation by proper medical person who is trained in management of head injuries/concussions (in accordance with State Senate Bill 22, Safety in Youth Sports Act).
- The Certified Athletic Trainer and/or School Nurse will evaluate and refer the athlete for further medical evaluation if necessary.
- The athlete will perform a post-injury impact test to be compared to their baseline impact examination for cognitive results.
- If the athlete's baseline score is reached and the athlete is symptom free, the athlete may return to ejectional activities.
- If the athlete does not meet baseline Impact score and is not symptom free, he/she will be placed on academic accommodations and may not attend practices/ competition until symptoms resolve. This is recommended so that the athlete can rest their brain and also to prevent further injury.
- The athlete will perform a 2<sup>nd</sup> post injury test once asymptomatic. Once the athlete is asymptomatic for 24 hours, he/she may begin a 3 – 5 day protocol predetermined by the medical professionals (ATC and MD)

**STEP-WISE return – to – play:**

1. NO activity – rest until asymptomatic
2. Light aerobic exercise (supervised )
3. Sport Specific training
4. Non-contact drills
5. Full contact Drills (MUST HAVE PHYSICIAN CLEARANCE)
6. Game Play (MUST HAVE PHYSICIAN CLEARANCE) (If symptoms return during any step return – to – pay protocol, begin at step one again symptom free for 24 hours).

**THE ATHLETE MAY RETURN TO PLAY ONLY WHEN THE FOLLOWING CRITERIA HAVE BEEN MET:**

1. Symptom free and symptom free upon exertion (STEP – WISE return – to – play protocol).
2. Impact post injury test and meets baseline scores requirements.
3. MD or DO (which may not be a Med Express or Med Well doctor) complete PIAA section 7 return to play form, specially stating that they are current in managing head injuries and concussion management.

**PIAA EMERGENCY CARD FOR ATHLETES**

**This form should be completed and returned to the athletes coach. This form will be readily available for emergency purposes only. This form gives permission to treat your child in your absence if necessary. Your child will not be allowed to compete until this form is received by the head coach.**

DATE: \_\_\_\_\_

STUDENT NAME: \_\_\_\_\_

SPORT \_\_\_\_\_

**BY INITIALING, I ACKNOWLEDGE THAT I HAVE READ AND UNDERSTAND THE FOLLOWING POLICES AND HAVE RECEIVED AND RETAIN A COPY OF:**

\_\_\_\_\_ **Rockwood Athletic Injury Protocol for Return to Play**

\_\_\_\_\_ **Concussion Testing**

\_\_\_\_\_ **Concussion Management Protocol for Return to Play**

\_\_\_\_\_ **Insurance Information/Sign-off Form to Head Coach**

\_\_\_\_\_ **Athletic Code of Conduct to Head Coach**

\_\_\_\_\_ **PIAA Emergency Card for Athletes to Head Coach**

\_\_\_\_\_  
NAME OF INSURANCE COMPANY

\_\_\_\_\_  
POLICY NUMBER

**I HEREBY ACKNOWLEDGE THAT I AM AWARE THAT ROCKWOOD AREA SCHOOL DISTRICT WILL NOT PROVIDE ACCIDENT INSURANCE FOR MY ATHLETE AND IT IS MY RESPONSIBILITY TO PROVIDE INSURANCE COVERAGE FOR MY SON/DAUGHTER. THEY CANNOT PARTICIAPTE UNLESS THEY ARE PROPERLY INSURED. I AGREE THAT ROCKWOOD AREA SCHOOL DISTRICT WILL NOT BE RESPONSIBLE FOR ANY INJURY MY ATHLETE MAY SUSBAIN DURING ANY ATHLETIC EVENT.**

\_\_\_\_\_  
PARENT SIGNATURE

\_\_\_\_\_  
PHONE NUMBER

**\*\*\*THIS PAGE MUST BE RETURNED TO ATHLETIC OFFICE\*\*\***

**ROCKWOOD AREA SCHOOL DISTRICT  
ATHLETIC CODE OF CONDUCT**

1. Every student who represents the Rockwood Area School District on an athletic team is expected to conduct himself/herself in such a manner as to reflect credit upon the Rockwood Area.
2. Every athlete must remember that they are a student first, and an athlete second. Participation in athletics is a privilege granted to a student, not a right guaranteed to them.
3. Being a member of an athletic team does not entitle a student to any special privileges in school. Rather, it may carry a burden of being a good school citizen in the face of peer pressure to be a participant in some action which violates school rules. Our athletes are expected to set examples of good school citizenship and cooperation which reflects upon them as an individual and all the athletes in general.
4. Students afforded these privileges must assume the responsibilities which accompany them at all times.

**The following procedures will apply to all student athletes:**

- A. Possession and/or use of **controlled substances, anabolic steroids, alcoholic beverages** by an athlete on school grounds, at the school sponsored event, or if the athlete plead guilty or was found guilty of such an out of school violation, will result in a minimum, automatic three (3) week suspension or until the end of the sport season, whichever comes first, from his/her team. The student-athlete will also be referred to the Student Support Team. During this time, the suspended player may not have any involvement with the team. A repeated offense will automatically result in exclusion from athletic participation for two (2) successive sport seasons (including the current season) not to exceed one (1) calendar year following the end of the sport season of occurrence. Any athlete dismissed or suspended from a team for violation of this policy will be denied the privilege of participating on any team during that season.
- B. Possession and/or use of **tobacco** by an athlete on school grounds, or at a school sponsored event, will result in a minimum, automatic three (3) day suspension. A second offense will result in a minimum, automatic ten (10) day suspension. A third offense will result in a minimum, automatic three (3) week suspension. During this time, the suspended player may not have any involvement with the team. A repeated offense will automatically result in exclusion from athletic participation for two (2) successive sport seasons (including the current season) not to exceed one (1) calendar year following the end of the sport season of occurrence. Any athlete dismissed or suspended from a team for violation of this policy will be denied the privilege of participation on any team during that season. The ten (10) day suspension can be replaced with a tobacco cessation program, if the athlete agrees to participate. If the athlete fails to participate in the program, post season recognition and honors would be forfeited.
- C. The following offenses will require the student to submit a written request to the building principal for review before the student may participate in the next sport season, or continue in their present sport season:
  - I. Dismissal or suspension from an athletic team resulting from the use of controlled substances, anabolic steroids, and/or alcoholic beverages.
  - II. Suspension from school for three (3) or more days.
  - III. Violation of the Tobacco Use Policy.
- D. The coach of each athletic team may establish additional rules and procedures which he/she expects his/her team members to follow. The coach may also establish disciplinary action for breach of these rules or procedures.

\_\_\_\_\_  
Sport

\_\_\_\_\_  
Signature of Athlete

\_\_\_\_\_  
\*Signature of Parent

\_\_\_\_\_  
\*Signature of Parent

**\*By signing this agreement, the student and parent/guardian agree to adhere to the Athletic Code of Conduct, the Rockwood Area School District policies, procedures and guidelines, the P.I.A.A. rules and regulations and by-laws.**

**PLEASE RETURN THIS PAGE TO ATHLETIC OFFICE**