Parents of Student Athletes:

Your son/daughter has indicated an interest in participating in the interscholastic athletic program. Please take a few minutes to read and reflect on the material in this packet and review the information with your son/daughter. You and your son/daughter need to sign the consent form on page 6 and return it to his/her coach before he/she can continue to practice. Please keep the rest of the packet as a reference. **The information in this packet is only effective when we all work together promoting healthy lifestyles for our student athletes.**

Brighton is a member of the Monroe County Athletic Association, Section V, and the New York State Public High School Athletic Association. Brighton is required to follow the rules and regulations set forth by these governing bodies pertaining to the interscholastic sports programs.

If you have any questions or concerns, please feel free to contact me at the BHS Athletic Office, 242-5000 X 5070
Philosophy and Beliefs

It is the belief of the Brighton School District that athletes will grow mentally, physically, and socially through their involvement in sport. Hopefully, this growth will result in a healthy lifestyle, which will be prevalent throughout their lives.

To be part of the Brighton athletic program is a privilege and it is the expectation that each athlete, as a representative of Brighton Central Schools, will adhere to the Student/Athlete Responsibility Code set forth by the District. If a student violates any part of the following code, he/she will be in jeopardy of losing his/her eligibility to participate for a part and/or an entire sports season. This will depend upon the severity of the violation. The loss of the student's athletic eligibility may be imposed by a school administrator and/or coach.

Working toward a common goal involves maximum performance and consistent effort for a "successful experience." Each level of our athletic program develops a certain outcome for each participant.

Note: The following competitive situations are limited in size and space. As a result, cuts may occur. At all levels, each individual will be given an equal opportunity to compete for a roster spot.

Modified B (7th & 8th Grades)

The 7th and 8th grade modified interscholastic athletic program is the beginning level of athletic competition. Participation is the priority, as these student/athletes will begin to practice with a purpose and develop skills of teamwork, sportsmanship and discipline. These safe and supervised activities require an athletic code of responsibilities and its ensuing appropriate behavior to facilitate role models in our school.

Modified A (7th, 8th & 9th Grades)

The emphasis at this level is for the continued development of an athlete both physically and mentally. The "winning" aspect is de-emphasized, but the competition level increases from the 7th and 8th grade level. Each athlete will be given an opportunity to play in regular game situations throughout the season. This will be left to the discretion of the coach.

Junior Varsity

As development continues for the athlete, he/she will become more familiar with the system used at the varsity level. Learning how to compete, becoming a member of a team, and understanding how the individual fits in a team role is emphasized. Winning and success become more focused. Each individual will be given the opportunity to play during the season at the discretion of the coach.
Varsity

Varsity athletics is the culmination of continuous commitment and dedication to a particular sport. Athletes in these sports participate in a highly competitive atmosphere at the interscholastic level. The athlete will be involved in league and possibly sectional and state competition. Playing time is at the discretion of the coach.

RESPONSIBILITIES OF THE ATHLETE

A. Academic Ineligibility

1. One Failure (Participation):
Student may compete/participate/practice while on watch list for 3 weeks, or until next report card/progress report, whichever comes first. Written notification is sent to parent/guardian. The coach/advisor/director meets with the student. Student must complete run-around sheet and submit to coach/advisor/director

2. Two Failures (Limited Participation):
Student is on notice for 2 weeks. Student may participate/practice, but not compete in competition. Written notification is sent to parent/guardian. The coach/advisor/director meets with the student. Student must complete run-around sheet and submit to coach/advisor/director. Student must be passing all courses in order to return to full participation. Consequence for non-compliance (meaning grades for a minimum of one course have not been brought up to passing): Student moves to non-participation (no competition/participation/practice/performance) for an additional 5 weeks. All requirements apply. Letter to parent, meeting with student, coach/director/advisor follow-up expected.

3. Three Failures (Nonparticipation):
No competition/participation/practice for 5 weeks. After 5 weeks student must be passing all classes. Academic support options (help rooms assigned, after school study hall assigned, meeting with the classroom teacher before/after school and during office hours) will be accessed.

Attendance Policy

All athletes are expected to attend a full day of school. In order to practice or compete, an athlete must be in school for a full school day. This includes homeroom. Conversely, if an athlete chooses not to attend school, or is frequently tardy, he/she will not be able to practice or compete. Occasionally, unforeseen circumstances may prevail which will be documented and addressed by the coach or Athletic Director. Daily attendance sheets will be checked by individual coaches.
Practices

Every athlete is expected to participate for a complete sports season. All teams need a full squad for practice. The student/athlete must make all practice sessions and athletic contests. There may be practices and contests on Saturdays, holidays and over school vacations. If an athlete elects to leave one sport during a season to start another, the move must be approved by the Athletic Director. Practices only count for a specific sport. An athlete, who quits a team before the season has been completed, may not practice or be involved with informal workouts with another out of season school team.

Equipment

Athletic equipment issued to the student/athlete meets certified rulebook specifications and must not be altered. Equipment that has been altered without authorization becomes illegal and unusable. School issued equipment must be returned immediately to the coach upon completion of the season. Any item that is altered or not returned by the athlete must be paid for at its replacement value.

EQUIPMENT SECURITY

Student/athletes are responsible for locking up their equipment and uniforms in their team locker. Locker room doors are normally locked, but there are certain times of the day when they are unlocked. Student/athletes must be aware that equipment left on the floor of the locker room and not locked up in a locker is not secure. Leaving equipment in any place other than a locked locker is at your own risk. Valuables unrelated to the sport such as CD players, calculators, jewelry, etc. should not be brought to team locker rooms.

BEHAVIORAL EXPECTATIONS

Student/athletes are representatives of the Brighton Community. The behavior they demonstrate is a direct reflection upon their school. His/her conduct on and off the field of play can result in either positive or negative consequences. It is the expectation that all athletes exemplify good citizenship at all times both in and out of school. An athlete failing to do so may be suspended from interscholastic sports. An athlete serving an in or out of school suspension will not be allowed to practice or participate with their team during the suspension. Frequent suspensions may result in an athlete being removed from the team permanently. The competitive edge common to all athletes needs to be kept under control. Individuals who willfully use inappropriate behavior will receive a one-game suspension. The following behaviors are a sampling of activities that would warrant such a response: inappropriate language or actions, head butting, stick swinging, taunting or hazing (classmates, other teammates or the opposing team), disrespect to officials, throwing of equipment, spitting, inappropriate behavior in school or on the bus. If a suspension* occurs, the parent(s)/guardian will be notified. *Suspension means the athlete may not participate with the team in practice or games while the suspension is in force. He/she may, however, attend games and practices as a spectator.
Athletic/Co-Curricular Behavioral Expectations - Substance Abuse Policy (former "Training Rules")

The training rules will be in effect from the beginning of the student-athletes' interscholastic participation through the student-athletes' high school graduation. The beginning of the season is defined as the first day of practice. This means it is 365 days a year. As an example, a 7th grader first participates in sports in the winter season, the first day of practice that season begins the 365 days a year until graduation for adhering to these training rules. Example 2- A sophomore fall season begins interscholastic athletics; the first day of practice begins the 365 days a year until graduation for adhering to these training rules. If a student-athlete attends a party where alcohol or drugs are illegally present, the student-athlete must leave the party within a reasonable amount of time of learning that alcohol or drugs are present. A reasonable amount of time is defined as 15 minutes. Students are encouraged to contact a coach or administrator to establish their role in connection with the event. If such an event occurs during the summer or off season the student athlete should contact Athletic Director Fritz Kilian (242-5200 ext. 5070). The purpose of the call is to protect students who have made the right choice from future allegations regarding the specific event.

Code of Conduct Actions:

1. First Offense (Suspension):
   The student will be suspended 25% of his/her regular scheduled events as stated at the beginning of the season.
   Example- 16 scheduled games-25%= 4.
   D Athletic Director/Director for VPA/BHS Assistant Principal gives written notification to parent/guardian, counselor and coach/director/advisor
   D Student meets with Athletic Director/ VPA Director/BHS Assistant Principal
   D Automatic Brighton Support Team (BST) referral

2. Second Offense (Suspension):
   A second violation of these training rules will result in the suspension of the student for 50% of scheduled events.
   D Athletic Director/Director for VPA/BHS Assistant Principal gives written notification to parent/guardian, counselor and coach/director/advisor
   D Student meets with Athletic Director/ VPA Director/BHS Assistant Principal
   D Automatic Brighton Support Team (BST) referral
   D Any subsequent offense will be dealt with on an individual basis
3. **Third Offense (Suspension):**
   A third violation of these rules will result in the suspension from interscholastic athletics PA/Activities of that student for one calendar year.
   D Athletic Director/Director for VPA/BHS Assistant Principal gives written notification to parent/guardian, counselor and coach/director/advisor
   D Student meets with Athletic Director/ VPA Director/BHS Assist. Principal
   D Automatic Brighton Support Team (BST) referral
   D Any subsequent offense will be dealt with on an individual basis

Brighton Support Team (BST) is a diverse group of trained staff members who discuss and plan intervention strategies for students who have been referred because they are struggling with various issues, which may include academic, alcohol, tobacco, and/or drugs.

**D. Definitions/Notes**
1. An event is defined as a regular scheduled game. Scrimmages are not considered an event.
2. If the duration of the consequence goes beyond the end of the current season, it will carry over into the next season in which the student athlete participates. It will not affect the tryout for the next season.
3. Any violation of Category II rules will result in loss of team captaincy and other leadership positions.

**E. Appeal Process for Reinstatement:**

1. **Student appeals:**
   D "If the student agrees to participate in an approved program, as recommended by the school’s prevention coordinator, he/she can make a written request to the Athletic Director/VPA Director/BHS Assistant principal for reinstatement as an active member of an athletic team/production/club. The written request can be made 90 days after the initial meeting with the athlete and his/her parents."

2. **Parent appeals:**
   D The parent/guardian can request an appeal of the decision. If an appeal is requested a review board will be formed to consider and resolve the situation. The student will remain ineligible until the review board has reached a decision. The review board will be an objective committee consisting of the following members:

   1. Director of Athletics/Director for Visual & Performing Arts/BHS Assistant Principal
   2. Member of the school’s (Care) Team
   3. Teacher/Coach/Artistic Director/Advisor
   D Other areas of concern will be discussed with the school administration, Director of Athletics/Director for Visual & Performing Arts/BHS Assistant Principal and coaches/directors/advisors. The administrative leadership reserves the right to act promptly and with the best interest of the student in mind.
MEDICAL INFORMATION

Participation in all sports, contact or noncontact, involves a certain amount of risk for injury. Training and conditioning are essential elements that will help athletes to minimize injuries. Please make your son/daughter is aware of these risks.

To participate in any sport, the athlete must have:

A. an updated physical each year that is on file in the school nurse's office
B. a medical recertification form that has been signed by a parent/guardian and returned to the school nurse's office for each sport player.

Procedure to follow in the event of injury

A. Any injury should be reported to the coach immediately.
B. An accident report will be filled out by the coach or athletic trainer as soon as possible, and turned in to the nurse's office.
C. Any medical expenses incurred by the athlete must first be submitted to your own private insurance company.
D. Whatever expenses your personal coverage does not handle, the parent must submit a claim for full or partial reimbursement of the remaining amount. The claim should be submitted to the district’s carrier on the form sent to the parent by the district once the accident report is filed.

Brighton currently employs a certified Athletic Trainer. His/her responsibilities include: medical advice, first aid for injuries, and rehabilitation. Initial care and rehabilitation requires written referral from the coach.

Injured Athlete Returning to Action

If an athlete has been removed from a practice or contest because of an injury requiring a physician's attention, the athlete cannot return to practice or compete until he/she is given a medical release. A medical release needs to be obtained from your family physician and handed to the school nurse for approval.
BRIGHTON CENTRAL SCHOOL DISTRICT
ATHLETIC PERMISSION FORM

The District's athletic program provides opportunities for students to be involved in various levels of athletic competition. As a District student-athlete, I:

1) Have read and agree to abide by the Code of Conduct, athletic handbook, and all applicable rules.
2) Have read the information provided about concussions. I will follow all rules and protocols regarding the care and treatment of concussions and returning to play.
3) Understand that I am responsible for all uniforms, equipment, and supplies provided by the District. I will assume financial responsibility for any items lost or damaged beyond normal use, wear, and tear.
4) Agree to notify the school nurse and my coach of any medical, health, physical, or other issue that could jeopardize my participation, even if it happens outside of school.
5) Understand that there is an inherent risk of injury while participating in athletics, which includes sustaining a concussion or other serious injury, and even death. I agree to assume all risks of participating in District athletics.

Student-Athlete Name ___________________________ Date _____________ Student-Athlete Signature ___________________________

I understand that there are inherent risks associated with athletics, which include sustaining concussions and death. As the parent or guardian of a District student-athlete, I give permission for my child to participate in athletics for the 2016-2017 school year. I have read the Code of Conduct, athletic handbook, and concussion information provided, and I will do everything possible to help my child abide by all codes, protocols, and rules. I further understand that the District provides secondary, excess insurance for student injuries that may not pay any costs related to an injury sustained by my child; my family insurance is primary and I will file any claim with my insurance first.

Parent/Guardian Name ___________________________ Date _____________ Parent/Guardian Signature ___________________________

Emergency Medical Treatment

In the event that I cannot be reached and my child requires emergency medical attention, I grant permission to a licensed physician or other emergency health care professional designated by the District athletic staff to attend to my son or daughter in an appropriate medical setting.

Parent/Guardian Signature ___________________________ Date _____________

(Continued)
Concussions

A concussion is a mild traumatic brain injury. Concussions occur when normal brain functioning is disrupted by a blow or jolt to the head or body that causes the head and brain to move rapidly back and forth. Symptoms of a concussion may include: amnesia; confusion or appearing dazed; headache or head pressure; loss of consciousness; balance difficulty, dizziness, or clumsy movements; double or blurry vision; sensitivity to light or sound; nausea, vomiting, or loss of appetite; irritability, sadness or other changes in personality; feeling sluggish, foggy, groggy, or lightheaded; concentration or focusing problems; slowed reaction times; drowsiness; fatigue; or sleep issues.

In the event a student has suffered a concussion, a private medical provider may choose to clear the student to begin a graduated return to activities once he or she has been symptom-free and at rest for 24 hours. The District's Medical Director, however, will give final clearance for return to activity. This return to activity will, generally, consist of the following progression:

Phase 1 - Low impact, non-strenuous, light aerobic activity such as walking or riding a stationary bike. If tolerated without return of symptoms over a 24-hour period, proceed to;

Phase 2 - Higher impact, higher exertion, and moderate aerobic activity such as running or jumping rope. No resistance training. If tolerated without return of symptoms over a 24-hour period, proceed to;

Phase 3 - Sport-specific, non-contact activity. Low resistance weight training with a spotter. If tolerated without return of symptoms over a 24-hour period, proceed to;

Phase 4 - Sport-specific activity, non-contact drills. Higher resistance weight training with a spotter. If tolerated without return of symptoms over a 24-hour period, proceed to;

Phase 5 - Full-contact training drills and intense aerobic activity. If tolerated without return of symptoms over a 24-hour period, proceed to;

Phase 6 - Return to full activities without restrictions.

Students may be required to meet additional benchmarks required by their treating physician or the District Medical Director before returning to activities.
**Concussion/Head Injury/Mild Traumatic Brain Injury (TBI) Information**

**Definition:** A concussion is a type of traumatic brain injury (TBI) which alters the functioning of the brain. A concussion can occur with any bump, blow, or jolt to the head or body that causes the brain to quickly move back and forth. Concussions can occur as a result of a fall, motor vehicle accident, accident on the playground, during athletic participation, or during many other activities. All concussions are serious and need to be evaluated by a health care professional.

**Signs and Symptoms:** Look for the following signs and symptoms of concussion for any student who suffered a bump, blow, or jolt to their head or body:

- Headache or head "pressure"
- Nausea and/or vomiting
- Dizzy and/or problems with balance
- Blurry vision or double vision
- Light and/or noise sensitivity
- Feels "foggy"
- Hard time concentrating
- Hard time remembering
- Confused
- Just "doesn't feel right"
- Unable to remember events before or after the injury
- Loss of consciousness
- Appears dazed or out of it

**Prevention:** Below are ways to help reduce the risk of sustaining a concussion:

- Wear a seat belt every time you are driving or riding in a motor vehicle.
- Never drive or ride in a vehicle with someone who is under the influence of drugs or alcohol.
- Wear appropriate safety equipment, including properly fitted helmets, such as, but not limited to, when:
  - riding a bike, motorcycle, snow mobile, or ATV;
  - playing contact sports (examples include football, soccer, hockey, and lacrosse);
  - skiing, snowboarding, and sledding;
  - horseback riding; or
  - batting during baseball or softball
- During any athletic participation including practices and games:
  - Always use the recommended protective equipment for that sport (all equipment should be fitted appropriately and maintained according to manufacturer’s recommendations);
  - Safety rules need to be followed by all participants as well as proper techniques for safe playing;
  - Learn and follow the rules of the sport being played and promptly and honestly report injuries to an adult; and
  - Any student with a head injury must be removed from participation, will be referred to their healthcare provider for follow-up, and will remain out of play until proper medical documentation is submitted.

**Returning to Sports/Athletics:** The District follows the International Consensus Conference Guidelines for Return to Play (RTP) to team sports in a monitored and graduated progression of activity over six phases once the athlete is symptom free for at least 24 hours and medically cleared by their physician*. The process is detailed below.

**International Consensus Conference Guidelines for Return to Play Following Head Injury/Concussion**

**Phase 1**
- low impact non-strenuous light aerobic activity for short intervals, such as easy walking, biking, swimming in three ten minute intervals with rest in between; no resistance training

**Phase 2**
- higher impact, higher exertion activity in two 15 minute intervals, with rest in between, such as running/jumping rope, skating, or other cardia exercise; may be sports specific if available (e.g. skating without collision meaning suited up, but skating when the team is not doing drills; running without impact in soccer or football, suited up), no resistance training

**Phase 3**
- repeat phase 2 progressing with shorter breaks, and add additional 10 to 15 min. stationary skill work, such as dribbling, serving, tossing a ball (balls should not be thrown or kicked in the direction of the student); low resistance training if available with spotting

**Phase 4**
- repeat of phase 3 without breaks in cardia, but add skill work with movement (allowing balls to be thrown/kicked in the direction of student) and add additional 10-15 minutes; non-contact training drills

  *Student will complete post-injury ImPACTcomputer-based neuro-cognitive testing to compare with baseline pre-injury test results in combination with the athlete’s current overall neuro-cognitive symptoms and physical presentation. Collaboration between the ATC, RN, District Physician and/or NP, and private medical provider, as needed, will determine plan to either advance to Phase 5, hold at Phase 4, or regress to a previous phase of exertion.*

**Phase 5**
- repeat phase 4 as a warm up; weight lifting with spotting; full contact training drills for full practice session

**Phase 6**
- warm up followed by full participation as tolerated

*For purposes of the head injury RTP protocol, an appropriate physician evaluation is completed by a practicing MD or DO within the following specialties: family medicine, pediatrics, sports medicine, neurology, or neurosurgery, with preference given to the individual’s primary care physician. Family members and friends of the family who are medical providers may not serve as an appropriate physician. The physician completing the physician's evaluation form should document name, degree, specialty, practice name (if applicable), address, and phone number.

For additional information on traumatic brain injuries (TBIs), please visit the following websites:

http://www.cdc.gov/concussion/HeadsUp/ or http://www.cdc.gov/TraumaticBrainInjury/ or
What is a concussion? 
A concussion is a brain injury that:
• Is caused by a bump, blow, or jolt to the head or body.
• Can change the way your brain normally works.
• Can occur during practices or games in any sport or recreational activity.
• Can happen even if you haven't been knocked out.
• Can be serious even if you’ve just been "dinged" or "had your bell rung."

All concussions are serious. A concussion can affect your ability to do schoolwork and other activities (such as playing video games, working on a computer, studying, driving, or exercising). Most people with a concussion get better, but it is important to give your brain time to heal.

What are the symptoms of a concussion? 
You can't see a concussion, but you might notice one or more of the symptoms listed below or that you "don't feel right" soon after, a few days after, or even weeks after the injury.
• Headache or "pressure" in head
• Nausea or vomiting
• Balance problems or dizziness
• Double or blurry vision
• Bothered by light or noise
• Feeling sluggish, hazy, foggy, or groggy
• Difficulty paying attention
• Memory problems
• Confusion

What should I do if I think I have a concussion? 
• Tell your coaches and your parents. Never ignore a bump or blow to the head even if you feel fine. Also, tell your coach right away if you think you have a concussion or if one of your teammates might have a concussion.
• Get a medical check-up. A doctor or other health care professional can tell if you have a concussion and when it is OK to return to play.
• Give yourself time to get better. If you have a concussion, your brain needs time to heal. While your brain is still healing, you are much more likely to have another concussion. Repeat concussions can increase the time it takes for you to recover and may cause more damage to your brain. It is important to rest and not return to play until you get the OK from your health care professional that you are symptom-free.

How can I prevent a concussion? 
Every sport is different, but there are steps you can take to protect yourself.
• Use the proper sports equipment, including personal protective equipment. In order for equipment to protect you, it must be:
  - The right equipment for the game, position, or activity
  - Worn correctly and the correct size and fit
  - Used every time you play or practice
• Follow your coaches’ rules for safety and the rules of the sport.
• Practice good sportsmanship at all times.

If you think you have a concussion; 
Don’t hide it. Report it. Take time to recover.
Transportation to Away Contests

All athletes must travel to and from away contests in transportation provided by the Brighton Central School District. In special cases, a parent may request to provide transportation for their child only. In such a case, a request must be made in writing to the coach or Athletic Director.

Commencing in the 2011-12 school year, the following teams will only have one-way transportation provided to out-of-district athletic contests:

- Boys and Girls Varsity and Junior Varsity Tennis
- Boys and Girls Varsity and Junior Varsity Volleyball
- Boys and Girls Varsity and Junior Varsity Basketball
- Boys and Girls Varsity and Junior Varsity Baseball/Softball
- Boys Wrestling

Transportation for these teams is based on the number of participants and/or nature of the sport. In such cases, parents will be responsible for travel from away contests. Carpooling is encouraged. A Transportation Consent for Athletics form, attached to this policy shall be completed by parents/guardians of athletes to whom this policy applies and returned to the Athletic Director. This request will be maintained on file with the Athletic Director.

In the case that a child does not have transportation from the away contest and prior arrangements have not been made, the following actions will be taken:

1. The coach will call the family contact phone numbers to notify the family that the child needs to be transported from the away contest.
2. The coach will wait with the child.
3. In the event that the waiting exceeds 30 minutes and contact with the family is not met, the coach will call the Athletic Director and request permission to provide travel from the away contest.
4. Repeated occurrences of parents not making arrangements or failing to pick up a child after being called may jeopardize the child’s future participation in athletic contests and opportunities.
BRIGHTON CENTRAL SCHOOL
TRANSPORTATION CONSENT FOR ATHLETICS

PERMISSION TO TRAVEL WITH ANOTHER PARENT TO/FROM ATHLETIC CONTESTS

Athlete's Name:  ____________________________________________________________

Sport: _______________ Level: ________________________________

I grant permission for my son/daughter, __________________________ , to travel with another parent to/from athletic contests as may be needed and appropriate. This consent and permission is for the period commencing from __________________________ and ending no later than __________________________

I further understand and agree that the Brighton Central School District has no responsibility or liability with respect to the exercise of this privilege, including, but not limited to, any claims by any person or entity for property damage, property loss, personal injury, or death resulting from the exercise of this privilege. I understand that all issues of responsibility or liability for any claim shall be determined by the responsibility and liability of the driver, the rider, and/or any person involved in the actions giving rise to any claim.

I understand this form and have read the rules and policies as set forth in the Brighton interscholastic athletic program information. In the event the coach is required to transport, I agree to hold harmless and defend the coach and school district from any harm and or suit filed in relation to such transportation.

This consent form must be completed and submitted to the Coach and/or Athletic Director prior to another parent being permitted to transport my child to/from athletic contests.

_________________________________________  __________________________
Parent Signature  Date

_________________________________________  __________________________
Coach Signature  Date

_________________________________________  __________________________
Athletic Director  Date