



2025 GALT JUNIOR WARRIORS YOUTH FOOTBALL AND CHEER

Registration Required Document Checklist

Forms 1-11 on the list below are available in the GJW Reg Packet

- ☐ 1. MVFL Medical Consent Form
- ☐ 2. MVFL Code of Ethics Form, Athlete
- ☐ 3. MVFL Code of Ethics Form, Parent
- ☐ 4. GJW Volunteer Form
- ☐ 5. GJW Attendance Policy
- ☐ 6. Concussion Acknowledgement Form
- ☐ 7. Heat Illness Info Form
- ☐ 8. Cardiac Arrest Info Form
- ☐ 9. GJW Uniform Care Agreement
- ☐ 10. GJW Media Release Form
- ☐ 11. Physical Form (*Physician stamp required for current calendar year*)
- ☐ 12. Grade Verification (*Copy of report card or screen-shot of student profile needs to show picture, grade, and school name*)
- ☐ 13. Birth Certificate (*Copy only*)

Mother Lode Valley Football League (MVFL)
Parent or Guardian Medical Consent Form

Name of Player: _____ Grade 2025/2026 _____

Street Address: _____ Phone: _____

Mailing Address: _____ Cell Phone: _____

Parent or Guardian complete and sign:

1. Has the above-named player had any of the following:
(Check those that apply)

- a. Rheumatic fever _____
- b. Tuberculosis _____
- c. Recurrent muscle and joint pain _____
- d. Heart Disease _____
- e. Polio _____
- f. Serious injury (including fractures) _____
- g. Serious illness: _____
- h. Dental bridge or false teeth _____
- i. Has he or she ever been advised not to participate in competitive athletics? Yes _____ No _____
- j. Has he or she had any injury or physical condition that should be watched? Yes _____ No _____
- k. Asthma _____
- l. Take any medication? _____

2. Name and Address of Accident/Health Insurance:

Do you have Insurance? Yes _____ No _____

Name of Carrier: _____

Address: _____

Policy No. _____

Phone No. _____

3. I hereby give my consent for the above-named individual to:

- a. Be examined by the team physician, EMT, trainer or coach.
- b. Participate in football as a competitor for Galt Junior Warriors Football or Cheer Program.
- c. If necessary, travel with a representative of the team when participating in athletic practice or games.
- d. Be treated by a doctor or EMT in case of illness or injury while under the supervision of the Galt Junior Warriors Football or Cheer Program.

PRINT PARENT/GUARDIAN NAME: _____

Signature of Parent or Guardian

Date

MVFL ATHLETE CODE OF ETHICS

1. All Game Participants

- a. Treat all athletes, coaches, board members, league officials, refs and attendees with respect and dignity. The players and cheerleaders must conduct themselves in a respectable manner.
- b. No inappropriate behavior that is deemed an obstruction to the football game or sideline cheering.
- c. MVFL will not tolerate the use or influence of drugs and alcohol, including all tobacco products, e-cig, and vape pens during any organization function and in the presence of any minor child as a representative of the MVFL.
- d. No Profanity, Foul, derogatory language toward other players, refs, coaches, or board members will be tolerated.
- e. All players must adhere to the rules of the game location and practice site.
- f. No unauthorized players are allowed on the track in the cheer area, on sideline or field during field use without league reps approval.
- g. Targeting (illegal helmet contact, late hits) will not be tolerated. If behavior occurs this will be at the league discretion if violation needs to be enforced. Repetitive occurrence from a player of targeting toward another may result in expulsion from the season. MVFL will determine the severity of citation.
- h. Violation of the code of ethics may require a player to be removed from the game and/or practice and may also be unable to participate in the following games. This will be determined by the organization league rep and MVFL board. The child's parent or guardian will be notified immediately of the situation.
- i. Player ejection will be penalized as follows
 - i. 1st offense Player ejection rest of game and next game
 - ii. 2nd offense rest of game and 2 games
 - iii. 3rd offense rest of game and 3 games.

Player Signature: _____

Player Name: _____

Parent/Guardian: _____

Date: _____

MVFL PARENT CODE OF ETHICS

1. Parent/ Attendee Code of Ethics:

2. All Game Attendees, Volunteers, Chain Gangs, Field Crews, etc.

- a. Treat all athletes, coaches, board members, league officials, refs and other attendees of the event with respect and dignity.
- b. No inappropriate behavior that is deemed an obstruction to the football game or sideline cheering will be tolerated
- c. MVFL will not tolerate the use or influence of drugs and alcohol, including all tobacco products, e-cig, and vape pens during any organization function and in the presence of any minor child as a representative of the MVFL.
- d. MVFL Will not tolerate any form of abuse of children, should it be physical, verbal, emotional, ethical, or sexual, and will immediately report any such abuse to the proper authorities.
- e. No Profanity, Foul, derogatory language toward event attendees, players, refs, other coaches, or board members will be tolerated.
- f. All parents/ attendees must adhere to the rules of the game location and practice site.
- g. No parent/ attendees are allowed on the track in the cheer area, on sideline or field during use without a MVFL badge. (This includes before and after game times.)
- h. Violations to code of ethics will not be tolerated if a rule is violated a fine will be imposed on the violator payable to the MVFL. This will need to be paid to the league within 14 days of violation. In addition, violators may be ejected from the game and/or the next game. This will be determined by the organization board league representative and MVFL board. Violations will be a 3-strike rule, 1st offense \$100, 2nd offense \$150, 3rd offense permanently banned from MVFL events. MVFL may increase the citation due to severity of violation.

Signature: _____

Date: _____



2025 Galt Junior Warriors Football and Cheer Mandatory Volunteer Time

Player Name: _____

Football or Cheer Division: Jr. Novice / Novice / Jr. Varsity / Varsity

Volunteer time = 4 hours to be worked during the 2025 Galt Junior Warriors Football and Cheer Season

Volunteer must be 18yrs or older.

Hours will be tracked & signed off on a time sheet spreadsheet as they are worked.

You will be required to sign in/out on a time sheet provided by a Galt Jr Warriors Board Member.

Volunteer duties include: Snack Bar, Announcer Booth, Chain Gang, Gate Attendant, Setup/Cleanup. ** Plus, any other events throughout the season that the GJW board may require help with.

I hereby acknowledge my participation within the Galt Junior Warriors programs, to help fulfill my duty of working a minimum of 4 hours of volunteer time. I understand that if I do not sign up to fulfill my duties, I will be scheduled to work at a time not of my choosing.

Buy-out Option- You are able to pay for a buy-out option in lieu of volunteer hours for \$150.00

Parent/Guardian Printed Name:_____

Parent/Guardian Signature:_____

Cell Phone:_____

Email Address:_____

Special Certifications (CPR/First Aid):_____



ATTENDANCE POLICY

Football/Cheer Attendance Policy

Practice

- o Football players/ Cheerleaders are expected to be at practice every scheduled day from 6:00pm to 8:00pm, starting Monday of Conditioning Week through the end of the season, including playoffs, MVFL cheer competition and All-Stars, if chosen.
- o All players need to be at practice with enough time to gear up and be on the field at 6:00. Exceptions will be made without penalty, providing advance notice and Coach approval. (i.e. a doctor's note or Catechism)

Game Day

- o All Football players are expected to arrive at least 1 hour prior to game time or as specified by the Coach. They should arrive with all equipment, shoulder pads, cleats, helmet, mouth piece, and game uniform. Anyone missing a uniform element will sit out the entire game.
- o All Cheerleaders are expected to arrive at least 1 hour prior to game time or as specified by the Coach. They should arrive in full uniform, hair up with game day bow, and game shoes. Anyone missing a uniform element will sit out the entire game. Regular attendance guidelines (with NO doctor's note/Catechism/etc):
- o One missed practice sit out the first quarter of next game.
- o Two missed practices sit out first half of game. I agree to the GJW Football/Cheer Attendance Policies as stated above.

I agree to the GJW Football/ Cheer Attendance Policies as stated above.

Players Signature/Date _____

Parents Signature/Date_____

CIF Concussion Return to Play (RTP) Protocol

CA STATE LAW AB 2127 (Effective 1/1/15) STATES THAT RETURN TO PLAY (I.E., COMPETITION) CANNOT BE SOONER THAN 7 DAYS AFTER EVALUATION BY A PHYSICIAN (MD/DO) WHO HAS MADE THE DIAGNOSIS OF CONCUSSION.

Instructions:

- This *graduated return to play protocol* MUST be completed before you can return to FULL COMPETITION.
 - A certified athletic trainer (AT), physician, or identified concussion monitor (e.g., coach, athletic director), must initial each stage after you successfully pass it.
 - Stages I to II-D take a *minimum* of 6 days to complete.
 - You must be back to normal academic activities before beginning Stage II.
 - You must complete one full practice *without restrictions* (Stage III) before competing in first game.
- After Stage I, you cannot progress more than one stage per day (or longer if instructed by your physician).
- If symptoms return at any stage in the progression, IMMEDIATELY STOP any physical activity and follow up with your school's AT, other identified concussion monitor, or your physician. In general, if you are symptom-free the next day, return to the previous stage where symptoms had not occurred.
- Seek further medical attention if you cannot pass a stage after 3 attempts due to concussion symptoms, or if you feel uncomfortable at any time during the progression.

| You must have written physician (MD/DO) clearance to begin and progress through the following Stages as outlined below (or as otherwise directed by physician). | | | | |
|--|-------|---|--|--|
| Date & Initials | Stage | Activity | Exercise Example | Objective of the Stage |
| | I | No physical activity for at least 2 full symptom-free days <u>AFTER</u> you have seen a physician | No activities requiring exertion (weight lifting, jogging, P.E. classes) | Recovery and elimination of symptoms |
| | II-A | Light aerobic activity | <ul style="list-style-type: none"> 10-15 minutes of walking or stationary biking Must be performed under direct supervision by designated individual | <ul style="list-style-type: none"> Increase heart rate to no more than 50% of perceived max. exertion (e.g., < 100 beats per minute) Monitor for symptom return |
| | II-B | Moderate aerobic activity Light resistance training | <ul style="list-style-type: none"> 20-30 minutes jogging or stationary biking Body weight exercises (squats, planks, push-ups), max 1 set of 10, no more than 10 min total | <ul style="list-style-type: none"> Increase heart rate to 50-75% max. exertion (e.g., 100-150 bpm) Monitor for symptom return |
| | II-C | Strenuous aerobic activity Moderate resistance training | <ul style="list-style-type: none"> 30-45 minutes running or stationary biking Weight lifting ≤ 50% of max weight | <ul style="list-style-type: none"> Increase heart rate to > 75% max. exertion Monitor for symptom return |
| | II-D | Non-contact training with sport-specific drills No restrictions for weightlifting | <ul style="list-style-type: none"> Non-contact drills, sport-specific activities (cutting, jumping, sprinting) No contact with people, padding or the floor/mat | <ul style="list-style-type: none"> Add total body movement Monitor for symptom return |
| <u>Minimum</u> of 6 days to pass Stages I and II. Prior to beginning Stage III, please make sure that written physician (MD/DO) clearance for return to play, after successful completion of Stages I and II, has been given to your school's concussion monitor. | | | | |
| | III | Limited contact practice Full contact practice | <ul style="list-style-type: none"> Controlled contact drills allowed (no scrimmaging) Return to normal training (with contact) | <ul style="list-style-type: none"> Increase acceleration, deceleration and rotational forces Restore confidence, assess readiness for return to play Monitor for symptom return |
| MANDATORY: You must complete at least ONE contact practice before return to competition. (Highly recommend that Stage III be divided into 2 contact practice days as outlined above.) | | | | |
| | IV | Return to play (competition) | Normal game play | Return to full sports activity without restrictions |

Athlete's Name: _____ **Date of Concussion Diagnosis:** _____



Concussion Information Sheet



Why am I getting this information sheet?

You are receiving this information sheet about concussions because of California state law AB 25 (effective January 1, 2012), now Education Code § 49475:

1. The law requires a student athlete who may have a concussion during a practice or game to be removed from the activity for the remainder of the day.
2. Any athlete removed for this reason must receive a written note from a medical doctor trained in the management of concussion before returning to practice.
3. Before an athlete can start the season and begin practice in a sport, a concussion information sheet must be signed and returned to the school by the athlete and the parent or guardian.

Every 2 years all coaches are required to receive training about concussions (AB 1451), as well as certification in First Aid training, CPR, and AEDs (life-saving electrical devices that can be used during CPR).

What is a concussion and how would I recognize one?

A concussion is a kind of brain injury. It can be caused by a bump or hit to the head, or by a blow to another part of the body with the force that shakes the head. Concussions can appear in any sport, and can look differently in each person.

Most concussions get better with rest and over 90% of athletes fully recover, but, all concussions are serious and may result in serious problems including brain damage and even death, if not recognized and managed the right way.

Most concussions occur without being knocked out. Signs and symptoms of concussion (see back of this page) may show up right after the injury or can take hours to appear. If your child reports any symptoms of concussion or if you notice some symptoms and signs, seek medical evaluation from your team's athletic trainer and a medical doctor trained in the evaluation and management of concussion. If your child is vomiting, has a severe headache, is having difficulty staying awake or answering simple questions, he or she should be immediately taken to the emergency department of your local hospital.

On the CIF website is a ***Graded Concussion Symptom Checklist***. If your child fills this out after having had a concussion, it helps the doctor, athletic trainer or coach understand how he or she is feeling and hopefully shows progress. We ask that you have your child fill out the checklist at the start of the season even before a concussion has occurred so that we can understand if some symptoms such as headache might be a part of his or her everyday life. We call this a "baseline" so that we know what symptoms are normal and common. Keep a copy for your records, and turn in the original. If a concussion occurs, he or she should fill out this checklist daily. This Graded Symptom Checklist provides a list of symptoms to compare over time to make sure the athlete is recovering from the concussion.

What can happen if my child keeps playing with concussion symptoms or returns too soon after getting a concussion?

Athletes with the signs and symptoms of concussion should be removed from play immediately. There is NO same day return to play for a youth with a suspected concussion. Youth athletes may take more time to recover from concussion and are more prone to long-term serious problems from a concussion.

Even though a traditional brain scan (e.g., MRI or CT) may be "normal", the brain has still been injured. Animal and human studies show that a second blow before the brain has recovered can result in serious damage to the brain. If your athlete suffers another concussion before completely recovering from the first one, this can lead to prolonged recovery (weeks to months), or even to severe brain swelling (Second Impact Syndrome) with devastating consequences.

There is an increasing concern that head impact exposure and recurrent concussions contribute to long-term neurological problems. One goal of this concussion program is to prevent a too early return to play so that serious brain damage can be prevented.

| | |
|--|---|
| Signs observed by teammates, parents and coaches include: | |
| <ul style="list-style-type: none">• Looks dizzy• Looks spaced out• Confused about plays• Forgets plays• Is unsure of game, score, or opponent• Moves clumsily or awkwardly• Answers questions slowly | <ul style="list-style-type: none">• Slurred speech• Shows a change in personality or way of acting• Can't recall events before or after the injury• Seizures or has a fit• Any change in typical behavior or personality• Passes out |

| | |
|--|--|
| Symptoms may include one or more of the following: | |
| <ul style="list-style-type: none">• Headaches• "Pressure in head"• Nausea or throws up• Neck pain• Has trouble standing or walking• Blurred, double, or fuzzy vision• Bothered by light or noise• Feeling sluggish or slowed down• Feeling foggy or groggy• Drowsiness• Change in sleep patterns | <ul style="list-style-type: none">• Loss of memory• "Don't feel right"• Tired or low energy• Sadness• Nervousness or feeling on edge• Irritability• More emotional• Confused• Concentration or memory problems• Repeating the same question/comment |

What is Return to Learn?

Following a concussion, student athletes may have difficulties with short- and long-term memory, concentration and organization. They will require rest while recovering from injury (e.g., avoid reading, texting, video games, loud movies), and may even need to stay home from school for a few days. As they return to school, the schedule might need to start with a few classes or a half-day depending on how they feel. They may also benefit from a formal school assessment for limited attendance or homework such as reduced class schedule if recovery from a concussion is taking longer than expected. Your school or doctor can help suggest and make these changes. Student athletes should complete the Return to Learn guidelines and return to complete school before beginning any sports or physical activities. Go to the CIF website (cifstate.org) for more information on Return to Learn.

How is Return to Play (RTP) determined?

Concussion symptoms should be completely gone before returning to competition. A RTP progression involves a gradual, step-wise increase in physical effort, sports-specific activities and the risk for contact. If symptoms occur with activity, the progression should be stopped. If there are no symptoms the next day, exercise can be restarted at the previous stage.

RTP after concussion should occur only with medical clearance from a medical doctor trained in the evaluation and management of concussions, and a step-wise progression program monitored by an athletic trainer, coach, or other identified school administrator. Please see cifstate.org for a graduated return to play plan. [AB 2127, a California state law that became effective 1/1/15, states that return to play (i.e., full competition) must be **no sooner** than 7 days after the concussion diagnosis has been made by a physician.]

Final Thoughts for Parents and Guardians:

It is well known that high school athletes will often not talk about signs of concussions, which is why this information sheet is so important to review with them. Teach your child to tell the coaching staff if he or she experiences such symptoms, or if he or she suspects that a teammate has suffered a concussion. You should also feel comfortable talking to the coaches or athletic trainer about possible concussion signs and symptoms.

References:

- American Medical Society for Sports Medicine position statement: concussion in sport (2013)
- Consensus statement on concussion in sport: the 4th International Conference on Concussion in Sport held in Zurich, November 2012
- <http://www.cdc.gov/concussion/HeadsUp/youth.html>



Concussion Information Sheet



Please Return this Page

I hereby acknowledge that I have received the Concussion Information Sheet from my school and I have read and understand its contents. I also acknowledge that if I have any questions regarding these signs, symptoms and the "Return to Learn" and "Return to Play" protocols I will consult with my physician.

Student-athlete Name Printed

Student-athlete Signature

Date

Parent or Legal Guardian Printed

Parent or Legal Guardian Signature

Date



Parent/Student CIF Heat Illness Information Sheet



WHY AM I GETTING THIS INFORMATION SHEET?

You are receiving this information sheet about Heat Illness because of California state law AB 2800 (effective January 1, 2019), now Education Code § 35179 and CIF Bylaws 22.B.(9) and 503.K (Approved Federated Council January 31, 2019):

1. *CIF rules require a student athlete, who has been removed from practice or play after displaying signs and symptoms associated with heat illness, must receive a written note from a licensed health care provider before returning to practice.*
2. *Before an athlete can start the season and begin practice in a sport, a Heat Illness information sheet must be signed and returned to the school by the athlete and the parent or guardian.*

Every 2 years all coaches are required to receive separate trainings about concussions (AB 1451), sudden cardiac arrest (AB 1639), and heat illness (AB 2800), as well as certification in First Aid training, CPR, and AEDs (life-saving electrical devices that can be used during CPR).

WHAT IS HEAT ILLNESS AND HOW WOULD I RECOGNIZE IT?

Intense and prolonged exercise, hot and humid weather and dehydration can seriously compromise athlete performance and increase the risk of exertional heat injury. Exercise produces heat within the body and when performed on a hot or humid day with additional barriers to heat loss, such as padding and equipment, the athlete's core body temperature can become dangerously high. If left untreated, this elevation of core body temperature can cause organ systems to shut down in the body.

Young athletes should be pre-screened at their pre-participation physical evaluation for heat illness risk factors including medication/supplement use, cardiac disease, history of sickle cell trait, febrile or gastrointestinal illness, obesity, and previous heat injury. Athletes with non-modifiable risk factors should be closely supervised during strenuous activities in a hot or humid climate.

Sweating is one way the body tries to reduce an elevated core temperature. Once sweat (salt and water) leaves the body, it must be replaced. Water is the best hydration replacement, but for those athletes exercising for long periods of time where electrolytes may be lost, commercial sports drinks with electrolytes are available. Energy drinks that contain caffeine or other "natural" stimulants are not adequate or appropriate hydration for athletes and can even be dangerous by causing abnormal heart rhythms.

PREVENTION There are several ways to try to prevent heat illness:

ADEQUATE HYDRATION

Arrive well-hydrated at practices, games and in between exercise sessions. Urine appears clear or light yellow (like lemonade) in well-hydrated individuals and dark (like apple juice) in dehydrated individuals. Water/sports drinks should be readily available and served chilled in containers that allow adequate volumes of fluid to be ingested. Water breaks should occur at least every 15-20 minutes and should be long enough to allow athletes to ingest adequate fluid volumes (4-8 ounces).

GRADUAL ACCLIMATIZATION

Intensity and duration of exercise should be gradually increased over a period of 7-14 days to give athletes time to build fitness levels and become accustomed to practicing in the heat. Protective equipment should be introduced in phases (start with helmet, progress to helmet and shoulder pads, and finally fully equipped).

ADDITIONAL PREVENTION MEASURES

Wear light-colored, light-weight synthetic clothing, when possible, to aid heat loss. Allow for adequate rest breaks in the shade if available. Avoid drinks containing stimulants such as ephedrine or high doses of caffeine. Be ready to alter practice or game plans in extreme environmental conditions. Eat a well-balanced diet which aids in replacing lost electrolytes.

A **FREE** online course "Heat Illness Prevention" is available through the CIF and NFHS at <https://nfhslearn.com/courses/61140/heat-illness-prevention>.



Parent/Student CIF Heat Illness Information Sheet



HEAT EXHAUSTION

Inability to continue exercise due to heat-induced symptoms. Occurs with an elevated core body temperature between 97 and 104 degrees Fahrenheit.

- Dizziness, lightheadedness, weakness
- Headache
- Nausea
- Diarrhea, urge to defecate
- Pallor, chills
- Profuse sweating
- Cool, clammy skin
- Hyperventilation
- Decreased urine output

TREATMENT OF HEAT EXHAUSTION

Stop exercise, move player to a cool place, remove excess clothing, give fluids if conscious, COOL BODY: fans, cold water, ice towels, ice bath or ice packs. Fluid replacement should occur as soon as possible. The Emergency Medical System (EMS) should be activated if recovery is not rapid. When in doubt, CALL 911. Athletes with heat exhaustion should be assessed by a physician as soon as possible in all cases.

HEAT STROKE

Dysfunction or shutdown of body systems due to elevated body temperature which cannot be controlled. This occurs with a core body temperature greater than 107 degrees Fahrenheit. ***Signs observed by teammates, parents, and coaches include:***

- Dizziness
- Drowsiness, loss of consciousness
- Seizures
- Staggering, disorientation
- Behavioral/cognitive changes (confusion, irritability, aggressiveness, hysteria, emotional instability)
- Weakness
- Hot and wet or dry skin
- Rapid heartbeat, low blood pressure
- Hyperventilation
- Vomiting, diarrhea

TREATMENT OF HEAT STROKE

This is a MEDICAL EMERGENCY. Death may result if not treated properly and rapidly.

Stop exercise, Call 911, remove from heat, remove clothing, immerse athlete in cold water for aggressive, rapid cooling (if immersion is not possible, cool the athlete as described for heat exhaustion), monitor vital signs until paramedics arrive.

FINAL THOUGHTS FOR PARENTS AND GUARDIANS

Heat stress should be considered when planning and preparing for any sports activity. Summer and fall sports are conducted in very hot and humid weather across regions of California. While exertional heat illness can affect any athlete, the incidence is consistently highest among football athletes due to additional protective equipment which hinders heat dissipation. Several heatstroke deaths continue to occur in high school sports each season in the United States. Heatstroke deaths are preventable, if the proper precautions are taken.

You should also feel comfortable talking to the coaches or athletic trainer about preventative measures and potential signs and symptoms of heat illness that you may be seeing in your child.

I acknowledge that I have received and read the CIF Heat Illness Information Sheet.

Student-Athlete Name
Printed

Student-Athlete
Signature

Date

Parent or Legal Guardian Name
Printed

Parent or Legal Guardian
Signature

Date

Fact Sheet for Parents & Student Athletes



This sheet has information to help protect your student athlete from Sudden Cardiac Arrest

Why do heart conditions that put student athletes at risk go undetected?

While a student athlete may display no warning signs of a heart condition, studies do show that symptoms are typically present but go unrecognized, unreported, missed or misdiagnosed.

- Symptoms can be misinterpreted as typical in active student athletes
- Fainting is often mistakenly attributed to stress, heat, or lack of food or water
- Student athletes experiencing symptoms regularly don't recognize them as unusual – it's their normal
- Symptoms are not shared with an adult because student athletes are embarrassed they can't keep up
- Student athletes mistakenly think they're out of shape and just need to train harder
- Students (or their parents) don't want to jeopardize playing time
- Students ignore symptoms thinking they'll just go away
- Adults assume students are OK and just "check the box" on health forms without asking them
- Medical practitioners and parents alike often miss warning signs
- Families don't know or don't report heart health history or warning signs to their medical practitioner
- Well-child exams and sports physicals do not check for conditions that can put student athletes at risk
- Stethoscopes are not a comprehensive diagnostic test for heart conditions

Protect Your Student's Heart

Educate yourself about sudden cardiac arrest, talk with your student about warning signs, and create a culture of prevention in your school sports program.

- Know the warning signs
- Document your family's heart health history as some conditions can be inherited
- If symptoms/risk factors present, ask your doctor for follow-up heart/genetic testing
- Don't just "check the box" on health history forms—ask your student how they feel
- Take a cardiac risk assessment with your student each season
- Encourage student to speak up if any of the symptoms are present
- Check in with your coach to see if they've noticed any warning signs
- Active students should be shaping up, not breaking down
- As a parent on the sidelines, know the cardiac chain of survival
- Be sure your school and sports organizations comply with state law to have administrators, coaches and officials trained to respond to a cardiac emergency
- Help fund an onsite AED

What happens if my student has warning signs or risk factors?

- State law requires student athletes who faint or exhibit other cardio-related symptoms to be re-cleared to play by a licensed medical practitioner.
- Ask your health care provider for diagnostic or genetic testing to rule out a possible heart condition.

Electrocardiograms (ECG or EKG) record the electrical activity of the heart. ECGs have been shown to detect a majority of heart conditions more effectively than physical and health history alone. Echocardiograms (ECHO) capture a live picture of the heart.

- Your student should be seen by a health care provider who is experienced in evaluating cardiovascular (heart) conditions.
- Follow your providers instructions for recommended activity limitations until testing is complete.

What if my student is diagnosed with a heart condition that puts them at risk?

There are many precautionary steps that can be taken to prevent the onset of SCA including activity modifications, medication, surgical treatments, or implanting a pacemaker and/or implantable cardioverter defibrillator (ICD). Your practitioner should discuss the treatment options with you and any recommended activity modifications while undergoing treatment. In many cases, the abnormality can be corrected and students can return to normal activity.

What is Sudden Cardiac Arrest? Sudden Cardiac Arrest (SCA) is a life-threatening emergency that occurs when the heart suddenly stops beating. It strikes people of all ages who may seem to be healthy, even children and teens. When SCA happens, the person collapses and doesn't respond or breathe normally. They may gasp or shake as if having a seizure, but their heart has stopped. SCA leads to death in minutes if the person does not get help right away. Survival depends on people nearby calling 911, starting CPR, and using an automated external defibrillator (AED) as soon as possible.

What CAUSES SCA?

SCA occurs because of a malfunction in the heart's electrical system or structure. The malfunction is caused by an abnormality the person is born with, and may have inherited, or a condition that develops as young hearts grow. A virus in the heart or a hard blow to the chest can also cause a malfunction that can lead to SCA.

How COMMON is SCA?

As a leading cause of death in the U.S., most people are surprised to learn that SCA is also the #1 killer of student athletes and the leading cause of death on school campuses. Studies show that 1 in 300 youth has an undetected heart condition that puts them at risk.

Factors That Increase the Risk of SCA

- ✓ Family history of known heart abnormalities or sudden death before age 50
- ✓ Specific family history of Long QT Syndrome, Brugada Syndrome, Hypertrophic Cardiomyopathy, or Arrhythmogenic Right Ventricular Dysplasia (ARVD)
- ✓ Family members with known unexplained fainting, seizures, drowning or near drowning or car accidents
- ✓ Family members with known structural heart abnormality, repaired or unrepaired
- ✓ Use of drugs, such as cocaine, inhalants, "recreational" drugs, excessive energy drinks, diet pills or performance-enhancing supplements

Cardiac Chain of Survival

Their life depends on your quick action!
CPR can triple the chance of survival.
Start immediately and use the onsite AED.



CALL



PUSH



SHOCK

FAINTING IS THE #1 SYMPTOM OF A HEART CONDITION

RECOGNIZE THE WARNING SIGNS & RISK FACTORS

Ask Your Coach and Consult Your Doctor if These Conditions are Present in Your Student

Potential Indicators That SCA May Occur

- ▶ Fainting or seizure, especially during or right after exercise
- ▶ Fainting repeatedly or with excitement or startle
- ▶ Excessive shortness of breath during exercise
- ▶ Racing or fluttering heart palpitations or irregular heartbeat
- ▶ Repeated dizziness or lightheadedness
- ▶ Chest pain or discomfort with exercise
- ▶ Excessive, unexpected fatigue during or after exercise

KeepTheirHeartInTheGame.org

Fact Sheet for Parents & Student Athletes



This sheet has information to help protect your student athlete from Sudden Cardiac Arrest

To learn more, go to **KeepTheirHeartInTheGame.org**

Get free tools to help create a culture of prevention at home, in school, on the field and at the doctor's office.

Discuss the warning signs of a possible heart condition with your student athlete and have each person sign below.

Detach this section below and return to your school.

Keep the fact sheet to use at your students' games and practices to help protect them from Sudden Cardiac Arrest.

I learned about warning signs and talked with my parent or coach about what to do if I have any symptoms.

STUDENT ATHLETE NAME PRINTED

STUDENT ATHLETE SIGNATURE

DATE

I have read this fact sheet on sudden cardiac arrest prevention with my student athlete and talked about what to do if they experience any warning signs, and what to do should we witness a cardiac arrest.

PARENT OR LEGAL GUARDIAN PRINTED

PARENT OR LEGAL GUARDIAN SIGNATURE

DATE

While missing a game may be inconvenient, it would be a tragedy to lose a student athlete because warning signs were unrecognized or because sports communities were not prepared to respond to a cardiac emergency.

Keep Their Heart In the Game!





UNIFORM CARE AGREEMENT

FOOTBALL EQUIPMENT

Your child will be issued garments and equipment for use during the football season. It is your responsibility to take care of the garments and maintain the equipment.

- Home Game Jersey
- Home Game Pants
- Away Game Jersey
- Away Game Pants
- Practice Jersey
- Practice Pants
- Shoulder pads
- Helmet

Upon completion of the season the reversible home jersey issued to your child will be theirs to keep.

Should any equipment be damaged, subject to normal wear, you will be responsible for the replacement cost prices subject to manufacturer increase:

- Helmet \$400
- Shoulder Pads \$100
- Game Pants \$50
- Practice Pants \$50
- Practice Jersey \$30
- Jersey \$80

• **Additional/Optional equipment:** It is the choice of participants to wear long sleeve, Under Armour type clothing, under their jersey; The league will not provide the garments.

Long Sleeves/short sleeves shirts (must be team colors, red, black, or white)

- No tinted visors
- No clear or white mouth pieces allowed, per MVFL rules

CHEER EQUIPMENT

Your child will be issued garments and equipment for use during the cheer season. It is your responsibility to take care of the garments and maintain the equipment.

Should any equipment be damaged, subject to normal wear, you will be responsible for the replacement cost prices subject to manufacturer increase:

- Game uniform (shell, skirt, liner, briefs)
- Shoes \$80
- Practice skirt & Practice Tank \$60
- Game bow (2) \$40
- Poms \$50
- Backpack \$ 60
- Warm up Jacket \$125
- Warm Up Leggings \$35
- Nike Socks 15
- Jersey \$40

Upon completion of the season the uniform issued to your child will be theirs to keep.

FOR ALL UNIFORMS, please adhere to the following washing instructions:

- Machine wash, gentle cycle
- No fabric softener
- AIR DRY ONLY

Items lost or misplaced during the season will need to be replaced. Without proper uniform player will not be permitted to participate, parent/ guardian will be financially responsible for replacement cost that league vendor provides. If this occurs parent/guardian is to notify the GJW Board.

I agree to the GJW Football & Cheer Uniform Care Agreement as stated above.

Athlete Name: _____

Parent Signature/Date: _____



Uniform Use Agreement

To ensure the longevity and integrity of our cheer uniforms:

I understand and agree that my child:

- May only wear the cheer uniform (shell, skirt, and shoes) during official team events, including games, competitions, parades, and approved photo sessions.
- May not wear any part of the uniform to school, social events, or non-team activities unless given written permission by the Cheer Coordinator.
- Is responsible for maintaining the uniform in clean, good condition throughout the season. If the uniform is damaged beyond normal wear and tear, I understand that a replacement fee may apply.

Cheerleader Name: _____

Parent/Guardian Signature: _____

Date: _____



MEDIA RELEASE FORM

During the course of the season, Galt Junior Warriors Youth Football & Cheer games and events will be photographed and videotaped in order to retain a living memory of the season, as well as publicize the Galt Junior Warriors Youth Football & Cheer Program.

In consideration of participation in the Galt Junior Warriors Youth Football & Cheer, I agree that my child may be photographed and videotaped during official Galt Junior Warriors Youth Football & Cheer events, and that the video and pictures may be published to promote or publicize Galt Junior Warriors Youth Football & Cheer, our Football/Cheerleading, League, or the Community.

Player Name: _____

Parent/Guardian Name: _____

Phone#: _____

Signature: _____

Date: _____



The American Academy of Family Physicians
Athletic Competition Health Screening Form

2025

ATHLETE

| | | |
|------------------|---------------|-----|
| LAST NAME | FIRST NAME | AGE |
| SCHOOL ATTENDING | DATE OF BIRTH | SEX |

PARENT/GUARDIAN (To Be Completed By Parent/Guardian)

| |
|---------|
| NAME |
| ADDRESS |
| PHONE |

| Answer Yes or No Only | Yes | No |
|--|-----|----|
| Chronic/Recurrent Illness? | | |
| Hospitalization? | | |
| Surgery other than tonsils? | | |
| Injuries treated by physician? | | |
| Current medications? | | |
| Organs missing? | | |
| Heat exhaustion/stroke? | | |
| Dizziness, fainting, convulsions and/or headaches? | | |
| Knocked out? | | |
| Concussion? | | |
| Wear glasses or contacts? | | |
| Hearing defects? | | |
| Dental appliances-bridge, braces, cap, plate? | | |
| Cough/pain? | | |
| Problems with blood pressure, heart or murmurs? | | |
| Problems with liver, spleen or kidney? | | |
| Hernia? | | |
| Recurrent skin disease? | | |
| Bone/joint injury? | | |
| Sprain/dislocation? | | |
| Injury that caused a missed practice or event? | | |
| Allergies? | | |
| Allergies to medications? | | |
| Other allergies? | | |
| Tetanus booster in last 10 years? | | |

Has player previously a contact sport? if so what sport? _____

**THE INFORMATION PROVIDED ABOVE IS CURRENT
AND TRUE TO THE BEST OF MY KNOWLEDGE**

PARENT/GUARDIAN SIGNATURE _____ DATE _____

PHYSICIAN (To Be Completed By Physician)

| |
|---------|
| NAME |
| ADDRESS |
| PHONE |

***INFORMATION BELOW IS TO BE COMPLETED BY PHYSICIAN**

| Vitals | SATISFACTORY | | Physical Evaluation Comments | Recommended Follow Up |
|-------------|--------------|----|---------------------------------|--------------------------|
| | Yes | No | | |
| Height | | | | |
| Weight | | | | |
| BP: _____ | | | | |
| General | | | | |
| Head | | | | |
| Eyes | | | Acuity: L R | |
| Ent | | | | |
| Dental | | | | |
| Chest | | | | |
| Heart | | | | |
| Abdomen | | | | |
| Genitalia | | | | |
| Skin | | | | |
| Extremities | | | | |
| Back/Neck | | | | |

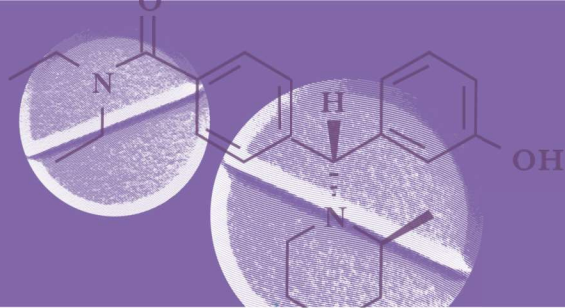
SPORT PARTICIPATION APPROVED: _____ Yes _____ No

Limitations: _____

Comments: _____

PHYSICIAN SIGNATURE _____ DATE _____

PRESCRIPTION OPIOIDS: WHAT YOU NEED TO KNOW



Prescription opioids can be used to help relieve moderate-to-severe pain and are often prescribed following a surgery or injury, or for certain health conditions. These medications can be an important part of treatment but also come with serious risks. It is important to work with your health care provider to make sure you are getting the safest, most effective care.

WHAT ARE THE RISKS AND SIDE EFFECTS OF OPIOID USE?

Prescription opioids carry serious risks of addiction and overdose, especially with prolonged use. An opioid overdose, often marked by slowed breathing, can cause sudden death. The use of prescription opioids can have a number of side effects as well, even when taken as directed:

- Tolerance—meaning you might need to take more of a medication for the same pain relief
- Physical dependence—meaning you have symptoms of withdrawal when a medication is stopped
- Increased sensitivity to pain
- Constipation
- Nausea, vomiting, and dry mouth
- Sleepiness and dizziness
- Confusion
- Depression
- Low levels of testosterone that can result in lower sex drive, energy, and strength
- Itching and sweating

As many as
1 in 4
PEOPLE*



receiving prescription opioids long term in a primary care setting struggles with addiction.

* Findings from one study

RISKS ARE GREATER WITH:

- History of drug misuse, substance use disorder, or overdose
- Mental health conditions (such as depression or anxiety)
- Sleep apnea
- Older age (65 years or older)
- Pregnancy

Avoid alcohol while taking prescription opioids. Also, unless specifically advised by your health care provider, medications to avoid include:

- Benzodiazepines (such as Xanax or Valium)
- Muscle relaxants (such as Soma or Flexeril)
- Hypnotics (such as Ambien or Lunesta)
- Other prescription opioids



U.S. Department of
Health and Human Services
Centers for Disease
Control and Prevention



American Hospital
Association®

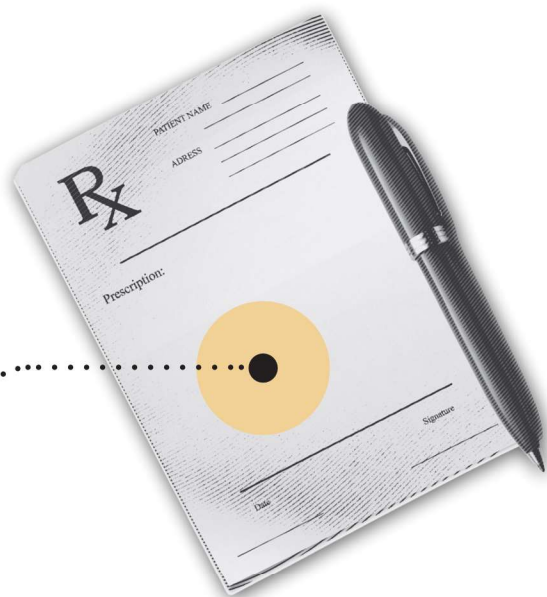
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May 9, 2016

KNOW YOUR OPTIONS

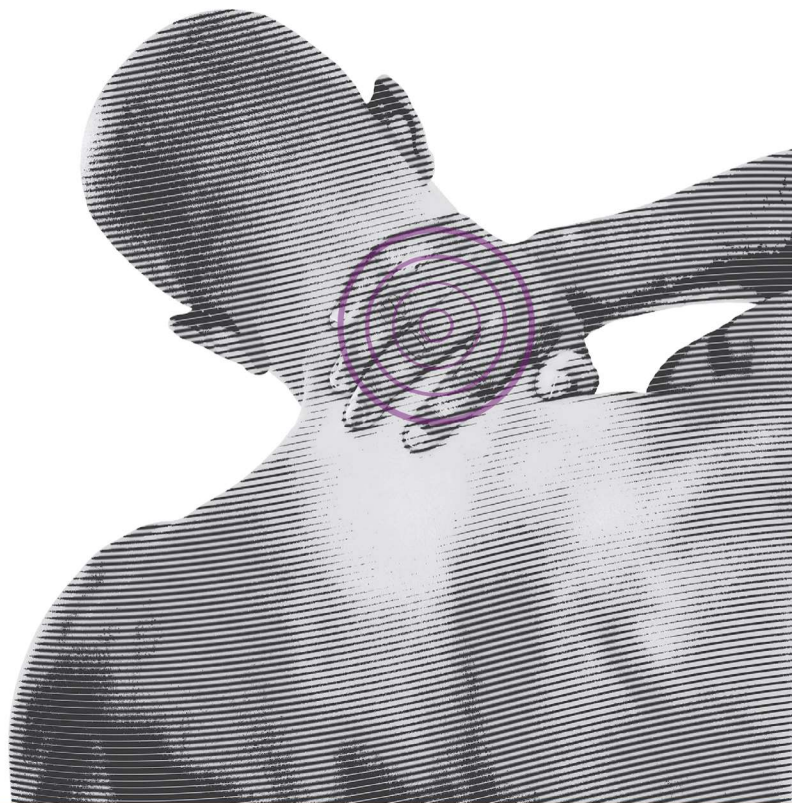
Talk to your health care provider about ways to manage your pain that don't involve prescription opioids. Some of these options **may actually work better** and have fewer risks and side effects. Options may include:

- ❑ Pain relievers such as acetaminophen, ibuprofen, and naproxen
- ❑ Some medications that are also used for depression or seizures
- ❑ Physical therapy and exercise
- ❑ Cognitive behavioral therapy, a psychological, goal-directed approach, in which patients learn how to modify physical, behavioral, and emotional triggers of pain and stress.



Be Informed! ←

Make sure you know the name of your medication, how much and how often to take it, and its potential risks & side effects.



IF YOU ARE PRESCRIBED OPIOIDS FOR PAIN:

- ❑ Never take opioids in greater amounts or more often than prescribed.
- ❑ Follow up with your primary health care provider within ____ days.
 - Work together to create a plan on how to manage your pain.
 - Talk about ways to help manage your pain that don't involve prescription opioids.
 - Talk about any and all concerns and side effects.
- ❑ Help prevent misuse and abuse.
 - Never sell or share prescription opioids.
 - Never use another person's prescription opioids.
- ❑ Store prescription opioids in a secure place and out of reach of others (this may include visitors, children, friends, and family).
- ❑ Safely dispose of unused prescription opioids: Find your community drug take-back program or your pharmacy mail-back program, or flush them down the toilet, following guidance from the Food and Drug Administration (www.fda.gov/Drugs/ResourcesForYou).
- ❑ Visit www.cdc.gov/drugoverdose to learn about the risks of opioid abuse and overdose.
- ❑ If you believe you may be struggling with addiction, tell your health care provider and ask for guidance or call SAMHSA's National Helpline at 1-800-662-HELP.