

POLICY

Revised

FRANKLIN TOWNSHIP BOARD OF EDUCATION

File Code: 6145.1/
6145.2

INTRAMURAL COMPETITION; INTERSCHOLASTIC COMPETITION

The board considers all competitive extracurricular activities--academic, artistic and athletic--an integral part of the total educational program. Competitive activities shall be under the same administration and control as the rest of the school program and closely articulated with it.

Competitive activities *and artistic expression* can provide pupils with valuable experiences and opportunities. In this district, the emphasis in any competition *or artistic expression*--intramural or interscholastic--shall be on providing such experiences and opportunities rather than on producing winning teams or providing entertainment. Practice for or performance in any competitive event shall not interfere with the regular educational program.

The board shall approve all proposed interscholastic competition, either as a schedule or as a discrete event, whichever is appropriate. The board must approve membership in any leagues, associations and conferences, and any agreements with other schools for a series of games or events. Contests of any kind between and among the schools of the district shall be approved by the chief school administrator.

The board shall appoint coaches, advisors, physicians and other necessary supervisory personnel upon recommendation of the chief school administrator.

The chief school administrator shall also ensure that training programs/regulations are developed for all extracurricular athletic activities and that all physical facilities involved in any competition in which district schools take part shall be adequate, safe and sanitary.

Public recognition shall be given to participants in academic or artistic competitions in the same measure as to athletic competitors. The district's affirmative action resolution and plan for equity in school and classroom practices shall apply to determining eligibility for competition, approval of each competitive activity in which pupils officially represent the district, and district expenditure to provide facilities and coaches.

Parental Consent

No pupil may participate in a school-sponsored physical *or artistic* activity outside the regular physical education curriculum without a signed consent form from a parent/guardian naming the activity and acknowledging that the activity may be hazardous.

Academic Eligibility

Academic standards for eligibility shall be those established by policy 6145 Extracurricular activities.

Attendance Standards

Attendance standards shall be those set in policy 5113 Absences and excuses. In particular, a pupil shall not participate in a performance, exhibition, practice or athletic event unless he/she has been present in school that day or has been absent for an excused reason other than for sickness.

Disciplinary Standards

Disciplinary standards are based on board policies 5114 Suspension and expulsion and 5131 Conduct/discipline. Pupils on disciplinary probation or serving a detention or suspension may not practice, perform or compete. The chief school administrator and the building principal shall decide at the end of a probation or suspension whether the pupil may return to practice and competition.

Special Education Pupils

To participate in interscholastic competition, special education pupils must meet the same requirements listed above in conformity with IEPs **and the physical eligibility requirements. Reasonable modifications must be provided to each qualified student seeking to participate in an extra-curricular activity. However, a modification may be denied if, based on an individualized assessment, the modification presents an objective health or safety risk to the student or to others, or where the modification would result in a fundamental alteration to the nature of the program. A fundamental alteration is a modification that provides an objective advantage or disadvantage or requires a change in the rules of competition.**

Physical Eligibility

All pupils participating in intramural or interscholastic athletics must be given a medical examination within 365 days prior to the first practice session, with a health history update if the examination was completed more than 60 days prior to the first practice session of the first sport participated in. The medical examination shall be given at the student's medical home, as defined in file code 5141.3 Health examinations and immunizations. Families who meet financial guidelines may participate in New Jersey Family Care for physicals. **If a student does not have a medical home, the school physician shall conduct the medical examination. Examinations shall be made available throughout the school year consistent with the district athletic schedule.** The examination shall be documented on the form approved by the commissioner of education and include, as a minimum, the components listed in the administrative code. In the event a private physician is used, the medical examination shall not be at the expense of the board of education.

The parents/guardians shall be sent written notification signed by the examining physician testifying to the pupil's physical fitness to participate in athletics as required per N.J.A.C. 6A:16 Subchapter 2. **The reason for the physician's disapproval of the pupil's participation shall be included in the notification. The health findings of the medical examination for participation in athletics shall be made part of the general health examination record.**

The chief school administrator shall present to the board for adoption procedures for administration of the required medical examination. The

procedures for the medical examination to determine the fitness of a pupil to participate in athletics shall include a form for a medical history to be filled out and returned by a parent/guardian and a form to be filled out by the examining physician.

The medical examination to determine the fitness of a pupil to participate in athletics shall follow mandates required by the State of New Jersey as per N.J.A.C. 6A:16 Subchapter 2 to include the following:

A. A medical history questionnaire, completed by the parent/guardian of the pupil ~~as required by N.J.A.C. 6A:16 Subchapter 2 to determine if the~~ pupil:

1. *Has been medically advised not to participate in any sport, and the reason for such advice;*
2. *Is under a physician's care and the reasons for such care;*
3. *Has experienced loss of consciousness after an injury;*
4. *Has experienced a fracture or dislocation;*
5. *Has undergone any surgery;*
6. *Takes any medication on a regular basis, the names of such medication and the reasons for such medication;*
7. *Has allergies including hives, asthma and reaction to bee stings;*
8. *Has experienced frequent chest pains or palpitations;*
9. *Has a recent history of fatigue and undue tiredness;*
10. *Has a history of fainting with exercise;*
11. *Has a history of family members dying suddenly.*

B. A physical examination ~~as required by N.J.A.C. 6A:16 Subchapter 2~~ which shall include, as a minimum, no less than:

1. *Measurement of weight, height, and blood pressure;*
2. *Examination of the skin to determine the presence of infection, scars of previous surgery or trauma, jaundice, and purpura;*
3. *Examination of the eyes to determine visual acuity, use of eyeglasses or contact lenses, and examination of the sclera for the presence of jaundice;*
4. *Examination of the ears to determine the presence of acute or chronic infection, perforation of the eardrum and gross hearing loss;*
5. *Examination of the nose to assess the presence of deformity which may affect endurance;*
6. *Assessment of the neck to determine range of motion and the presence of pain associated with such motion;*
7. *Examination of chest contour;*
8. *Auscultation and percussion of the lungs;*
9. *Assessment of the heart with attention to the presence of murmurs, noting rhythm and rate;*
10. *Assessment of the abdomen with attention to the possible presence of hepatomegaly, splenomegaly, or abnormal masses;*
11. *Assessment of the back to determine range of motion and abnormal curvature of the spine;*
12. *Examination of extremities to determine abnormal mobility or immobility, deformity, instability, muscle weakness or atrophy, surgical scars and varicosities;*
13. *Examination of the testes to determine the presence and descent of both testes, abnormal masses or configurations, or hernia;*
14. *Assessment of physiological maturation;*

15. Neurological examination to assess balance and coordination and the presence of abnormal reflexes.

Insurance

Students participating in the athletic program must provide a medical release and evidence of medical insurance. Athletes must be covered by a health insurance policy for the duration of the activity. If the family does not have insurance, it must be obtained through the school insurance policy before any child may participate. The school has ~~two options regarding~~ **Bollinger private medical coverage available that parents may purchase one private and one state-managed. Parents/guardians shall be strongly encouraged to participate in the Bollinger supplemental pupil accident insurance program.**

Pamphlet on Sudden Cardiac Arrest

Once each school year, the chief school administrator shall distribute to parents/guardians of students participating in school sports, the New Jersey Department of Education's pamphlet on sudden cardiac death. The pamphlet includes a description of early warning signs and privately available screening options.

Good Sportsmanship

The board believes that instilling habits of good sportsmanship should be one of the primary goals of athletic endeavors and that all district employees should model good behaviors in this area.

It is especially important that the athletic director and coaches accept the responsibility for encouraging young athletes to handle themselves in a sportsmanlike manner and be models of self-control and dignity for players and spectators. Coaches shall include discussions on courtesy and sportsmanlike behavior as part of pre-game activities. Student fans shall be reminded that their conduct reflects on the district and that poor sportsmanship will be disciplined.

Parents/guardians and other spectators shall also be encouraged to act as models for young people by demonstrating self-control and dignity at all athletic events.

Unsportsmanlike behavior as exhibited through verbal abuse, rude gestures, taunts, obscenities, thrown objects, etc., shall not be tolerated in students, staff or any persons in attendance at district athletic competitions. Discipline may include, but not be limited to, eviction from the competition and prevention from attending further competitions.

The chief school administrator shall prepare regulations on good sportsmanship and ensure their dissemination to students, parents/guardians and the community.

Imposition of Fees

In order to provide athletic programs, the Franklin Township Board of Education

reserves the right to recover all, part or none of the costs associated with these programs from the participants in these programs.

As such, fees for participation in interscholastic sports may be instituted on a per sport, or multisport basis if a student participates in more than one sport. Fees will be closely aligned to the exact costs for any coaching, uniforms, referees, and/or transportation to the specific sport. The BOE may also choose to not provide or collect fees for any of the above and those costs will become the responsibility of the participant. All costs covered by the participation fee as well as any implicit costs to be borne by the participant, will be laid out explicitly prior to participation in the program,. This may include participant bearing costs of uniforms, equipment and providing of personal transportation.

While it is the intent to keep the fees closely aligned to the specific sport, overall fees and funds will be seen as providing for the overall athletic program in Franklin Township. Any excess funds acquired through this process may be applied for equipment and/or uniform replacement for the specific program or other programs offered in the district. The BOE is not obligated to provide any excess fees back to the participants in that program.

Allocation of costs and fees is at the discretion of the District Athletic Director and Superintendent as long as they remain within the confines of this policy. Any major deviation from this policy requires approval of the full Board. The BOE reserves the right to review and request updates at any point in time.

THE PARTICIPATION FEE DOES NOT GUARANTEE THE PARTICIPANT PLAYING TIME IN ANY CONTEST NOR DOES IT GUARANTEE THE PARTICIPANT OR HIS/HER PARENT (S) CONTROL OVER ANY CONDITIONS OF THE TEAM OR ATHLETIC DEPARTMENT.

Payment

Payment of any fee is required prior to participation. Uniforms may not be distributed until payment has been received or a payment plan has been established. Payment procedures will be defined by the Coach, Athletic Director and/or Administration.

Refund Guidelines

Refunds will not be made for the following reasons once the season has started. The season is defined as the commencement of any posted practices of the official season. Student athlete:

1. Drops out of a sport before the season has ended.
2. Is suspended from a sport because of a rule violation.
3. Becomes academically ineligible.

Refunds will be made for the following reasons prior to the halfway point of the season. The refund will be 50% of the participation fee. The season is defined as the commencement of any posted practices in preparation of the official season. Student athlete:

1. Is injured and unable to compete.
2. Moves out of the district.

Economic Help

While the district may need to impose fees due to budgetary limitations, it is not the intention of the Board of Education to create a barrier for students to participate in athletics. If the participation fee proves to be a financial hardship for a student who wishes to participate, that student should complete the Sports Fee Waiver Form available from the Superintendent or the athletic director. The guidelines for determining that a student will have the participation fee waived will be determined by guidelines similar to those of the district's free and reduced lunch program. The Superintendent has full and final discretion in these decisions.

Transportation

If transportation is not provided by the school, parents are required to make arrangements for their child to attend sporting events independent of the school.

Date adopted: 8/18/08
Date revised: 6/8/09
Date revised: 1/9/12
Date revised: 10/14/13

ATTENTION PARENT/GUARDIAN: The preparticipation physical examination (page 3) must be completed by a health care provider who has completed the Student-Athlete Cardiac Assessment Professional Development Module.

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 a copy of 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 _____

NOTE: The preparticipation physical examination must be conducted by a health care provider who 1) is a licensed physician, advanced practice nurse, or physician assistant; and 2) completed the Student-Athlete Cardiac Assessment Professional Development Module.

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* • Murmurs (auscultation standing, supine, +/- Valsalva) • Location of point of maximal impulse (PMI)		
Pulses • Simultaneous femoral and radial pulses		
Lungs		
Abdomen		
Genitourinary (males only) [†]		
Skin • HSV lesions suggestive of MRSA, tinea corporis		
Neurologic [‡]		
MUSCULOSKELETAL		
Neck		
Back		
Shoulder/arm		
Elbow/forearm		
Wrist/hand/fingers		
Hip/thigh		
Knee		
Leg/ankle		
Foot/toes		
Functional • Duck-walk, single leg hop		

*Consider ECG, echocardiogram, and referral to cardiology for abnormal cardiac history or exam.
 †Consider GU exam if in private setting. Having third party present is recommended.
 ‡Consider 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, a 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, advanced practice nurse (APN), physician assistant (PA) (print/type) _____ Date of exam _____
 Address _____ Phone _____
 Signature of physician, APN, PA _____

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 _____

EMERGENCY INFORMATION

Allergies _____

Other information _____

HCP OFFICE STAMP

SCHOOL PHYSICIAN:

Reviewed on _____ (Date)

Approved _____ Not Approved _____

Signature: _____

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, advanced practice nurse (APN), physician assistant (PA) _____ Date _____

Address _____ Phone _____

Signature of physician, APN, PA _____

Completed Cardiac Assessment Professional Development Module

Date _____ Signature _____