



Calvary Academy

1133 East County Line Road
Lakewood, New Jersey 08701
Phone: 732-363-3633 ext 205 Fax: 732-363-7337
Email: wtroy2@calvaryacademy.org
Mr. William Troy, AD

Sports Participation Agreement

Student name:(Print)	Sex	Date of Birth	Grade	Parent/Guardian Name: (Print)
Sport for this season: ☐ Soccer ☐ Basketball ☐ Volleyball ☐ _____ ☐ Cheerleading ☐ Baseball/Softball ☐ Track/Field			Physician name: _____ (Print) Physician's Phone: _____	

Basic guidelines for athletes grades 5—12

- As stated in the CA handbook, it is ultimately the decision of the athletic director to permit any student to participate in our interscholastic sports programs.
- All athletes are **required to have health insurance and provide proof of insurance.**
- The student and parent acknowledge that there is a significant time demand placed on both parties.
- Parent agrees to provide transportation to and from practices and to be prompt for practice and pick ups. Varsity games are played at various schools in Cumberland, Mercer, Burlington, Monmouth, Ocean and Atlantic counties, and arrivals back at school can be as late as 10PM or later.
- Due to occasional transportation conflicts, parents may be required to pick students up at local game location.
- Unless specific approval has been given, EXTRA time will not be given for; homework assignments, projects, or tests required the day following a game.
- Parent and student certify that the student-athlete is physically and emotionally fit, will maintain any equipment and uniform in proper order, report any injuries or illness that might affect them or others, and will play in a manner as to avoid any inordinate risk. A current sports physical will be on file, as required.
- Quarterly and final report cards will be held until uniforms are turned in at the end of each season.
- At times during the season when busing is not available, coaches and parents will be used for transportation.

Our primary focus and team mission is to grow spiritually through participation in sports using our God-given talent for His glory. We expect that our coaches, players, and parents demonstrate respect towards God, officials, other players and each other at all times. We pledge to uphold these standards, and by signing this document, parents and student pledge so as well.

I/we hereby acknowledge and approve our child's participation in Calvary Academy's interscholastic sports. I/We agree to all terms in the family and athletic handbook regarding the sports program as well as the above basic guidelines. I/we further acknowledge and voluntarily accept that there is an increased risk in their participation that is not within the ability of the school, staff, coaches or players to control. These responsibilities and risks include, but are not limited to those contained herein. All sports involve the risk of personal injury or death. Injuries can be sustained from equipment, other players, unforeseen accidents or personal negligence. I/We also acknowledge that it is not possible to list all of these risks. I/We pledge to pray for the safety of our players & staff. **IN THE EVENT OF INJURY OR EMERGENCY, CALVARY ACADEMY, STAFF OR COACHES, IS FULLY AND UNCONDITIONALLY AUTHORIZED TO RELEASE ANY RECORDS TO MEDICAL, LAW ENFORCEMENT OR ANY AGENCIES INVOLVED TO FACILITATE CARE TO MY CHILD OR CHILDREN OR THOSE UNDER MY CARE.**

Student Signature: _____

Date signed: _____

Parent/Guardian Signature: _____

Date signed: _____

Parent Phone #: Home: _____ Cell : _____ Work: _____

Parent emails: _____

Student email: _____ Student cell phone: _____

SPORTS FEES:

Family cap of \$450.00 per season (Homeschool family cap \$525 per season)

Varsity sports: Soccer, Volleyball, Cheerleading, Basketball, Baseball, Softball, Track:
Calvary enrolled students: **\$200** per sport, Homeschool students: \$300 per sport

Middle school sports: Soccer, Volleyball, Basketball, Cheerleading, Baseball, Softball:
Calvary enrolled students: **\$175** per sport, Homeschool students: \$275 per sport

CHECKS ONLY—NO CASH PLEASE — Check # _____ Collected by _____ Insurance: _____



CALVARY ACADEMY

1133 E County Line Rd
Lakewood, NJ 08701-2196

Phone: 732-363-3633 Fax: 732-363-7337

Web: www.calvaryacademy.org

EMERGENCY MEDICAL FORM AND FIELD TRIP RELEASE

Father/Guardian Name: _____ Mother/Guardian Name: _____

Work phone: _____ Work phone: _____

Cell phone: _____ Cell phone: _____

Email: _____ Email: _____

Home address: _____

Physician: _____ Phone: _____

Preferred Hospital _____ Dentist: _____ Phone: _____

Health Insurance carrier: _____ Policy #: _____ Under the name of: _____

Which phone numbers above should be used for the automated phone calling system? _____

In case of emergency, who is your nearest relative or neighbor we should contact if we are unable to contact you at home or work?

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

This form will be on file at the school office while your child is enrolled at Calvary Academy. An additional Permission to Participate form will be sent home prior to each off-campus trip, except in the case of inter-scholastic sports. **Please use the back of this form if additional space is needed.**

Student Name	Allergies/Medications	Physical/Medical Conditions	Date of Last Tetanus

I give permission for the above listed children, to participate in all sports and school sponsored trips away from the school premises throughout their enrollment at Calvary Academy. Students will be accompanied by a teacher and will be under adequate supervision. I understand that I may revoke permission for a specific field trip by written notice hand-delivered to the office more than one day prior to the trip – no refund for non-attendance.

The school desires to provide a safe and enjoyable time for all students, accidents can still happen. I understand that there are risks/dangers involved with participation in off-campus trips and their associated activities. In consideration of my child being allowed to participate in these events, I assume responsibility for those ordinary and reasonable risks associated with the travel and activities. I/we agree to hold harmless Calvary Academy/Calvary Lighthouse of Lakewood NJ, its affiliated organizations, employees, agents, and representatives, including volunteer and other drivers, from any and all claims arising from my child's participation. This release does not apply to claims of intentional (criminal) misconduct or gross negligence by the school, its employees, or volunteers. If such circumstances are proved in a court of law, I acknowledge and agree that the school can assume no financial liability beyond its actual liability insurance policy in force.

PERMISSION TO TREAT:

In case of accident, illness, or other emergency in school or away from school, I/we request that the school contact me. If the school cannot reach a parent/guardian after conscientious effort, I give permission for school staff to call paramedics or a licensed physician or dentist. If a life-threatening emergency exists, I give permission for school staff to call paramedics immediately and then contact me/us as soon as possible thereafter.

I authorize and consent to any X-ray examination, anesthetic, medical, dental, or surgical diagnosis or treatment, and hospital care which, in the best judgment of a licensed physician or dentist, is deemed advisable. I agree to assume the financial responsibility for expenses incurred as a result of those services being provided. I also agree to be financially responsible for emergency medical transportation.

Father/Guardian Signature

Date

Mother/Guardian Signature

Date

If the child lives with both parents, the release must be signed by both parents/guardians.

060324



STUDENT COVENANT

Students in grades 6–12 enrolled at Calvary Academy are required to affirm the following, which applies while enrolled at Calvary Academy:

1. I acknowledge Calvary Academy is a Christian School and will not participate in actions that disrupt the desired spiritual environment of the school.
2. I will pray for Calvary Academy.
3. I will cooperate fully in the educational functions of Calvary Academy, doing my best to make Christian education effective in my life.
4. I desire to attend Calvary Academy and will promote and support in word and deed my school, my teachers and the programs provided.
5. I will promote unity and seek to resolve conflicts by following the principles of conflict resolution as outlined in the Student/Family Handbook.
6. I will submit to my parents in reverence to God.
7. I will be obedient, respecting the authorities that God has placed in my life.
8. I will be respectful of others and their property.
9. I understand that eating is allowed only at lunchtime or at special occasions where permission has been granted.
10. I understand it is my responsibility to maintain a consistent standard of Christ like behavior at school, away from school and in the cyber community. Therefore, involvement with (but not limited to) the following may result in dismissal from Calvary Academy:
drugs, alcohol, tobacco, unwholesome language/entertainment/behavior, pornography, gambling, cheating, fighting, stealing, lying, gossiping or defaming, disrespect to authority or any gender or race, sexual immorality which includes but is not limited to, promiscuity, homosexual behavior, and gender identity (or supporting such behavior), pregnancy before marriage or any other violation of the unique roles of male and female (Romans 1:21-27, 1Cor. 6:9-20), possession of a weapon, leaving school without permission, vandalism or willful disobedience
11. I understand that willful disobedience of the principles and guidelines outlined in the Calvary Academy Student Family Handbook may result in my dismissal from Calvary Academy.

Signature of 6th-12th Gr Student #1

Signature of 6th-12th Gr Student #2

Signature of 6th-12th Gr Student #3

PARENT COVENANT

Parents enrolling their children must affirm the following, which applies while their children are enrolled at Calvary Academy:

1. I acknowledge Calvary Academy is a Christian School and will not participate in actions that disrupt the desired spiritual environment of the school.
2. I will pray for Calvary Academy.
3. I will cooperate fully in the educational functions of Calvary Academy, doing my best to make Christian education effective in the life of my child.
 - a. Attending parent/teacher conferences
 - b. Monitoring my child's grades, attendance & discipline on a regular basis
 - c. Monitoring my child's daily projects, course syllabi and long term projects
 - d. Drop off and pick up at the designated location and time
4. I will fulfill my financial obligations to the school. If I am unable to fulfill my obligations on time, I will communicate with the business office in an effort to rectify the situation.
5. I will support the school with my time and financial gifts as the Lord enables.
6. I understand the school may dismiss any student who does not adhere to the Core Values or the Conduct & Expectations as described in this Student/Family Handbook. The teacher and school authorities have full discretion to discipline my child while they are a student at Calvary Academy.
7. If I become dissatisfied with the school or school personnel in any respect, I will seek to resolve the matter using the Conflict Resolution process as described in the Student/Family Handbook rather than spread criticism or hold a negative attitude in my heart.
8. I will promote and support the advancement of Calvary Academy.
9. I will provide volunteer help to the school as opportunities arise and God leads and provides.
10. I understand that the school reserves the right to dismiss and/or deny re-enrollment to a child if the school reasonably concludes that:
 - The actions or inactions of a parent (or legal guardian) are interfering with the school's accomplishment of its mission.
 - The parent no longer agrees with the Calvary Academy Parent Covenant.

Father/Guardian Signature

Mother/Guardian Signature

Date

Name of Student(s) enrolled:



1133 E County Line Rd
Lakewood, NJ 08701-2196

Phone: 732-363-3633 **Fax:** 732-363-7337
www.calvaryacademy.org

Dear Calvary Academy Parents,

In order to be in compliance with our civil authorities each candidate for a school athletic squad, team, or intramural sport is to be examined within 365 days prior to the first practice session. The State of NJ has provided a New Mandated form for athletics as of April 29, 2014. **Documentation now must be made on the "PREPARTICIPATION PHYSICAL EVALUATION FORM". All 4 pages must be completed.** The Athletic PPE form is available on our website. A student that does not have a completed a Pre-participation Physical Evaluation Form shall not be permitted to participate.

In addition, **if more than 60 days have elapsed since the physical examination**, a Health History Update of medical problems experienced since the last medical exam **is required before try-out for any athletic program**. If this applies to your child please fill out the form below and sign and date where indicated. Any questions or concerns please call or contact our School Nurse @ nurse@calvaryacademy.org.

Sincerely,

Mrs. Stephanie Cruz
Calvary Academy
Principal

Detach _____

Calvary Academy Athletic Program Health History Update

Child's Name _____

If more than 60 days have elapsed since your child's last medical exam please answer the following questions.

If you answer yes to any of the following please provide a date of occurrence and a short explanation.

Since your child's last medical examination has he/she had any of the following?

Hospitalizations/operations _____

Illnesses _____

Injuries _____

Care administered by a physician of medicine or osteopathy, advanced practice nurse or physician's assistant _____

Medications _____

Parent/Guardian signature

Date

Calvary Academy

Athletic Physical Form

Important information below please read prior to obtaining a physical examination.

Attention Parent/Guardian:

- Physical exams must be completed and approved by school **within 365 days prior to first practice/try out session or any athletic program or camp.** ***In addition please note:*** If more than 60 days have elapsed since the last exam a new physical is not required; however, a Health History Update (see website for form) needs to be filled out by parent and approved by school prior to start.
- The History Form (page 1) & Cardiac sign off sheet (page 7) are to be filled out by the parent/guardian **prior to the exam.**
- The pre-participation physical examination & Clearance Form (pages 3&4) **MUST be completed by a healthcare provider who has completed the Student-Athlete Cardiac Assessment Professional Development Module.** Module found at Link: <http://www.state.nj.us/education/students/safety/health/services/athlete/PDModule.shtml>
- Please inquire with your Health Care Professional and ensure they sign the **highlighted areas** indicated on **pages 3&4** to allow for school athletic clearance.

■ PREPARTICIPATION PHYSICAL EVALUATION HISTORY FORM

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

Do you have any allergies? ☐ Yes ☐ No If yes, please identify specific allergy below.
☐ Medicines ☐ Pollens ☐ Food ☐ Stinging Insects

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: ☐ Asthma ☐ Anemia ☐ Diabetes ☐ 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: ☐ High blood pressure ☐ A heart murmur ☐ High cholesterol ☐ A heart infection ☐ 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?		

26. Do you cough, wheeze, or have difficulty breathing during or after exercise?	Yes	No
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?		

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 practitioner 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	☐ Male ☐ Female	
BP / (/)	Pulse	Vision R 20/	L 20/
		Corrected ☐ Y ☐ 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 _____

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 _____

Website Resources

- Sudden Death in Athletes
www.cardiohealth.org/sudden-death-in-athletes
- Hypertrophic Cardiomyopathy Association
www.4hcm.org
- American Heart Association www.heart.org

Collaborating Agencies:

American Academy of Pediatrics
New Jersey Chapter
3836 Quakerbridge Road, Suite 108
Hamilton, NJ 08619
(p) 609-842-0014
(f) 609-842-0015
www.aapnj.org



American Heart Association
1 Union Street, Suite 301
Robbinsville, NJ, 08691
(p) 609-208-0020
www.heart.org



New Jersey Department of Education
PO Box 500
Trenton, NJ 08625-0500
(p) 609-292-5935
www.state.nj.us/education/



New Jersey Department of Health
P.O. Box 360
Trenton, NJ 08625-0360
(p) 609-292-7837
www.state.nj.us/health

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SUDDEN CARDIAC DEATH IN YOUNG ATHLETES

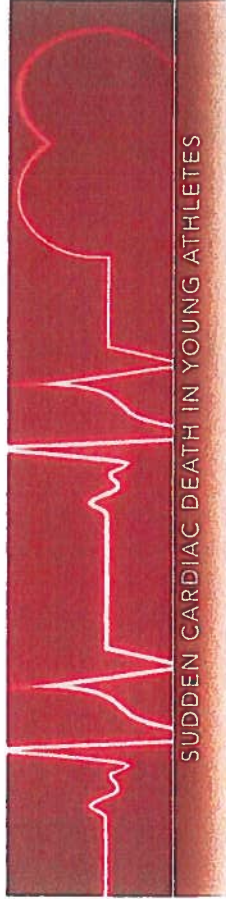
The Basic Facts on Sudden Cardiac Death in Young Athletes



STATE OF NEW JERSEY
DEPARTMENT OF EDUCATION



**American Heart
Association**
Learn and Live



SUDDEN CARDIAC DEATH IN YOUNG ATHLETES

Sudden death in young athletes between the ages of 10 and 19 is very rare. What, if anything, can be done to prevent this kind of tragedy?



What are the most common causes?

Research suggests that the main cause is a loss of proper heart rhythm, causing the heart to quiver instead of pumping blood to the brain and body. This is called ventricular fibrillation (ven-TRICK-you-lar fib-roo-LAY-shun). The problem is usually caused by one of several cardiovascular abnormalities and electrical diseases of the heart that go unnoticed in healthy-appearing athletes.

What is sudden cardiac death in the young athlete?

Sudden cardiac death is the result of an unexpected failure of proper heart function, usually (about 60% of the time) during or immediately after exercise without trauma. Since the heart stops pumping adequately, the athlete quickly collapses, loses consciousness, and ultimately dies unless normal heart rhythm is restored using an automated external defibrillator (AED).

How common is sudden death in young athletes?

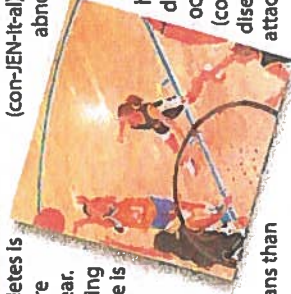
Sudden cardiac death in young athletes is very rare. About 100 such deaths are reported in the United States per year. The chance of sudden death occurring to any individual high school athlete is about one in 200,000 per year.

Sudden cardiac death is more common: in males than in females; in football and basketball than in other sports; and in African-Americans than in other races and ethnic groups.

The most common cause of sudden death in an athlete is hypertrophic cardiomyopathy (hi-per-TRO-fic CAR-dee-oh-my-OP-a-thee) also called HCM. HCM is a disease of the heart with abnormal thickening of the heart muscle, which can cause serious heart rhythm problems and blockages to blood flow. This genetic disease runs in families and usually develops gradually over many years.

The second most likely cause is congenital (con-JEN-it-al) (i.e., present from birth) abnormalities of the coronary

arteries. This means that these blood vessels are connected to the main blood vessel of the heart in an abnormal way. This differs from blockages that may occur when people get older (commonly called "coronary artery disease," which may lead to a heart attack).



SUDDEN CARDIAC DEATH IN YOUNG ATHLETES

Other diseases of the heart that can lead to sudden death in young people include:

- Myocarditis (my-oh-car-DIE-tis), an acute inflammation of the heart muscle (usually due to a virus).
- Dilated cardiomyopathy, an enlargement of the heart for unknown reasons.
- Long QT syndrome and other electrical abnormalities of the heart which cause abnormal fast heart rhythms that can also run in families.
- Marfan syndrome, an inherited disorder that affects heart valves, walls of major arteries, eyes and the skeleton. It is generally seen in unusually tall athletes, especially if being tall is not common in other family members.

Are there warning signs to watch for?

In more than a third of these sudden cardiac deaths, there were warning signs that were not reported or taken seriously. Warning signs are:

- Fainting, a seizure or convulsions during physical activity;
- Fainting or a seizure from emotional excitement, emotional distress or being startled;
- Dizziness or lightheadedness, especially during exertion;
- Chest pains, at rest or during exertion;

- Palpitations - awareness of the heart beating unusually (skipping, irregular or extra beats) during athletics or during cool down periods after athletic participation;
- Fatigue or tiring more quickly than peers; or
- Being unable to keep up with friends due to shortness of breath.

What are the current recommendations for screening young athletes?

New Jersey requires all school athletes to be examined by their primary care physician ("medical home") or school physician at least once per year. The New Jersey Department of Education requires use of the specific Annual Athletic Pre-Participation Physical Examination Form.

This process begins with the parents and student-athletes answering questions about symptoms during exercise (such as chest pain, dizziness, fainting, palpitations or shortness of breath); and questions about family health history.

The primary healthcare provider needs to know if any family member died suddenly during physical activity or during a seizure. They also need to know if anyone in the family under the age of 50 had an unexplained sudden death such as drowning or car accidents. This information must be provided annually for each exam because it is so essential to identify those at risk for sudden cardiac death.

The required physical exam includes measurement of blood pressure and a careful listening examination of the heart, especially for murmurs and rhythm abnormalities. If there are no warning signs reported on the health history and no abnormalities discovered on exam, no further evaluation or testing is recommended.

When should a student athlete see a heart specialist?

If the primary healthcare provider or school physician has concerns, a referral to a child heart specialist, a pediatric cardiologist, is recommended. This specialist will perform a more thorough evaluation, including an electrocardiogram (ECG), which is a graph of the electrical activity of the heart. An echocardiogram, which is an ultrasound test to allow for direct visualization of the heart structure, will likely also be done. The specialist may also order a treadmill exercise test and a monitor to enable a longer recording of the heart rhythm. None of the testing is invasive or uncomfortable.

Can sudden cardiac death be prevented just through proper screening?

A proper evaluation should find most, but not all, conditions that would cause sudden death in the athlete. This is because some diseases are difficult to uncover and may only develop later in life. Others can develop following a normal screening evaluation, such as an infection of the heart muscle from a virus.

This is why screening evaluations and a review of the family health history need to be performed on a yearly basis by the athlete's primary healthcare provider. With proper screening and evaluation, most cases can be identified and prevented.

Why have an AED on site during sporting events?

The only effective treatment for ventricular fibrillation is immediate use of an automated external defibrillator (AED). An AED can restore the heart back into a normal rhythm. An AED is also life-saving for ventricular fibrillation caused by a blow to the chest over the heart (commotio cordis).

Effective September 1, 2014, the New Jersey Department of Education requires that all public and nonpublic schools grades K through 12 shall:

- Have an AED available at every sports event (three minutes total time to reach and return with the AED);
- Have adequate personnel who are trained in AED use present at practices and games;
- Have coaches and athletic trainers trained in basic life support techniques (CPR); and
- Call 911 immediately while someone is retrieving the AED.

State of New Jersey
DEPARTMENT OF EDUCATION

Sudden Cardiac Death Pamphlet
Sign-Off Sheet

Name of School District: _____

Name of Local School: _____

I/We acknowledge that we received and reviewed the Sudden Cardiac Death in Young Athletes pamphlet.

Student Signature: _____

Parent or Guardian
Signature: _____

Date: _____