



**AMITY REGIONAL SCHOOL  
DISTRICT NO. 5**

**STUDENT-ATHLETE  
HANDBOOK  
2009-2010**



*Spartans*

Paul D.Mengold, C.A.A.  
Director of Athletics

### **Amity Mission Statement**

Amity High School teaches all students to think critically and creatively and to develop their potential through a diverse programs of courses and activities that help them mature into productive and responsible citizens.

### **Amity Regional School District No. 5**

Dr. John J. Brady Superintendent of Schools  
Mary Raiola, Director of Pupil Personnel Services  
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### **Amity Regional Senior High School**

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## INTRODUCTION

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The Amity Regional Athletic Department would like to extend an invitation to all students to participate in the many interscholastic athletic programs offered.

The material presented in this handbook contains information pertinent to policies, regulations, and rules of the Amity Regional School District #5, C.I.A.C., and the Southern Connecticut Conference.

The Amity Regional Athletic Department is concerned with the educational development of students and feels that a properly controlled, well-organized sports program will meet the students' need for self-expression, mental alertness, and physical growth.

Athletes are selected for Varsity, Junior Varsity, Freshman, or Middle School teams based on their demonstrated abilities. The numerous programs are designed to accommodate as many students as possible. Unfortunately, deleting or "cutting" athletes from certain programs may become necessary due to various constraints.

Students who choose to participate in athletics are making a choice that requires self-discipline. For this reason, we place a strong emphasis on good training habits. Failure to comply with rules of training could affect an athlete's performance and contribution to the team. Students who do not adhere to these rules will be jeopardizing their participation in the program. They should be aware that involvement in athletics is a *privilege, not a right*.

Student-Athletes are role models and should constantly remember to exhibit a positive image.

*Paul D. Mengold, C.A.A.  
Director of Athletics*

## PHILOSOPHY

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The Amity Regional Athletic Department's mission is to provide a comprehensive, diverse, wholesome, and dynamic program which is consistent with the basic philosophy of the Amity Regional School District. As an integral part of a student's total education, Amity athletics makes a significant contribution to the personal growth and development of those involved.

Amity Regional is extremely proud of the success of its many programs but does not condone a "win at all costs" attitude. The purpose of the program is to ensure a positive experience for those students who choose to participate. It also is a goal to provide all student-athletes with an opportunity to learn the importance of ethical behavior, good sportsmanship, positive values, and a realization of their self worth.

The Amity Regional Athletic Department staff is a professional group that takes great pride in their concern for the welfare of each athlete. They are cognizant of the tremendous influence of their position and strive to instill the highest ideals and character traits in our students.

## DESCRIPTION OF PROGRAM

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**Varsity Athletics:** Varsity athletic programs afford opportunities to those athletes who exhibit the greatest skills. These athletes will compete against equally talented athletes from opposing schools. The skills of Varsity athletes will be refined to provide Amity with the best win-loss record possible.

**Junior Varsity Athletics:** Junior Varsity athletic programs offer to those students who do not yet possess the skills required of Varsity athletes an opportunity to participate in a competitive setting. Junior Varsity athletes are in the process of gaining valuable knowledge, skill, and experience required for Varsity competition. Junior Varsity athletes may, on occasion, participate in Varsity contests. Decisions of this nature are based on the evaluation of the athletes' abilities, by the coaching staff, and are not absolute.

**Freshmen Athletics:** Freshmen athletic programs are designed to provide ninth-grade students with the opportunity to participate in an instructional yet competitive setting. These programs will teach basic skills of the sport and afford athletes an opportunity to gain valuable knowledge, skill development, and experience necessary for Junior Varsity competition. Freshman athletes may, on occasion, participate in Junior Varsity or Varsity contests, respectively. Decisions of this nature are based on the evaluation of the athlete's abilities by the coaching staff. These decisions should not be misinterpreted as an absolute move to the next level of competition.

**Middle School Athletics:** Middle School athletic programs are designed to provide seventh and eighth-grade students with the opportunity to participate in activities which will assist in the development of self-esteem, high ideals, and physical fitness. These programs will teach the basic skills of the sport to students who may choose to pursue these activities in the future. The main objective is to insure that the competition provided is educationally sound without placing an overemphasis on “winning.”

**NOTE: At all levels of competition, decisions relative to playing time are made by the coaching staff and are not absolute.**

### **ATHLETIC DEPARTMENT POLICIES**

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**Participation:** Athletes may participate in only one sport program in a sport season. Athletes may not transfer team membership to another sport after they have completed tryouts and have been selected as a member of a given team/sport.

**Tryouts:** Student-athletes will be encouraged to try out for various athletic teams. A three to five-day mandatory tryout period will be in effect for each team. Upon reaching the first contest date, as indicated by the C.I.A.C., currently enrolled students will not be allowed to gain membership to any team. **(Note: HS football and cheerleading tryouts occur during the spring of the preceding school year.)**

**C.I.A.C. Sport Seasons:** Fall: August 24, 2009 - November 30, 2009  
Winter: Nov. 23, 2009 - March 21, 2010  
Spring: Mar. 22, 2009 - June 16, 2010

#### **Attendance – School and Class:**

1. Athletes will attend all classes regularly and on time. Tardiness and cutting will not be tolerated.
2. Athletes will not use their sport as an excuse to miss class time unless the team is departing early from school. In the case of early dismissal, teachers will be notified by the Director of Athletics and/or Coach.
3. Please refer to the Amity Regional Senior High School *Student Handbook* regarding student attendance and athletic participation.

**Attendance – Practice and Games:** Attendance at all practice sessions and/or games (including tournament and vacation periods) for all team members is mandatory. If for some reason you will be absent or tardy for a practice/game, you must speak personally to a member of your team’s coaching staff prior to that practice/game. Athletes are not permitted to leave practice or games early

without prior approval of a member of the coaching staff. Athletes should be aware that high school contests may be scheduled or rescheduled for Saturdays (Sundays in the case of football).

**Dress Code:** The Athletic Department expects all student-athletes will maintain a clean, neat, and modest appearance. Appropriate shirts, tops, and shoes must be worn at all times. Bare midriffs are prohibited.

Any violation of the aforementioned rules may lead to *dismissal from the team for the duration of the season or indefinite suspension.*

### **ATHLETIC CODE OF CONDUCT**

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The community, school administration, and coaching staff believe high standards of conduct and citizenship are essential to a sound athletic program.

1. Athletes will conduct themselves as ladies or gentlemen at all times. Remember you are a representative of Amity High/Middle School, your team, coach, and family.
2. Athletes will conduct themselves in an exemplary manner in school, the community, and on any campus which their team is visiting.
3. Acts of unacceptable conduct such as, but not limited to theft, vandalism, arrest, or any violation of the law, will result in disciplinary action.
4. Detentions/suspensions from school of any type will not be tolerated.

Any violation of the aforementioned rules may lead to *dismissal from the team or Captaincy for the duration of the season or indefinite suspension.*

### **TEAM CAPTAINS**

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The position of Captain is not just an honor but a privilege. This honor will require the utmost leadership knowing that the captain will be a role model for other team members. Student-athletes begin to hold the position of Captain when announced by the coach. Failure to comply with rules and regulations of the Athletic Department and Team may lead to dismissal as captain. (See Form #5 for Captains' Requirements)

### **FIGHTING PRIOR, DURING, OR AFTER ATHLETIC CONTESTS**

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This type of behavior by Amity Regional athletes will not be tolerated for any reason. It does not matter if you are the victim of an unsportsmanlike act, if you are provoked or taunted, if you are verbally or physically abused, or any other set of circumstances.

The relevant question is, did you, the Amity athlete, actively participate in a fight, retaliate in a fight, or leave the bench or sideline to join a fight in progress? If the answer is *YES* to any part of this question, you, the athlete, will be subject to serious sanctions such as, but not limited to, suspension from school, team, and/or dismissal from the team.

#### **MOOD ALTERING CHEMICAL USE – TOBACCO, ALCOHOL, DRUGS (illegal and non-prescription)**

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There will be absolutely no use or possession of any quantity of tobacco (including smokeless), alcohol, illegal/non-prescription drugs (*including steroids*) or drug paraphernalia by an Amity athlete. Any individual who violates this rule (either on or off campus) will be subject to disciplinary action. Any violation of the aforementioned rules may lead to *dismissal from the team for the duration of the season or indefinite suspension. Please refer to the Amity Regional High School Student Handbook regarding violations of the drug and alcohol policy.*

#### **TRAVEL**

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All athletes must travel to and from athletic contests in transportation provided by the Athletic Department.

1. Athletes will remain with their team and under the supervision of the coach.
2. Athletes who miss the bus will not be allowed to participate in any contest unless there are extenuating circumstances and with the coach's approval.
3. Parents will not transport athletes unless written requests, (*email is unacceptable*) are submitted to the Director of Athletics **at least 48 hours prior to the contest** for approval. (See Form # 6 of this handbook)
4. When transportation *is not provided to off-campus home venues*, athletes may not transport other student-athletes to any contests or practice sessions.

#### **C.I.A.C./AMITY ELIGIBILITY RULES : To be eligible to participate**

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##### **GRADE AVERAGE: CIAC Eligibility Rule I.A. / AMITY Regulation**

1. You must be enrolled in at least five (5) classes/units\* of work or the equivalent. \* A unit of work is defined as a course which meets five (5) times per week for credit. (P.E./Health *is not* a unit of work.)
2. You must have *passed at least four (4) units* or the equivalents at the last regular marking period with the exception of Fall eligibility (Rule I.A). Incomplete (inc.) grades *are not* considered to be passing grades.

3. *Marking period grades (not semester grades) are to be used in determining scholastic eligibility.*
4. For fall sports eligibility, a student must be a continuing student (eighth to ninth grade) or have received credit for four (4) units or its equivalent towards graduation at the conclusion of the school year preceding the contest

**AGE RESTRICTIONS: CIAC Eligibility Rule II.B**

5. You may not reach your twentieth (20) birthday prior to, or during any part of the CIAC sport season (including the state tournament).

**TRANSFER RULE: CIAC Eligibility Rule II. C**

6. You must not have changed schools without a change of legal residence (See complete CIAC rule for exceptions.).

**YEARS OF PARTICIPATION: CIAC Eligibility Rule II.D.**

7. You must not have played the same sport for more than three (3) seasons in grades 10, 11, and 12  
*(Class of 2010 and 2011 will have only 8 semesters of eligibility)*

**OUTSIDE PARTICIPATION: CIAC Eligibility Rule II.E.**

8. You ***must not play or practice with an outside team*** in the same sport while a member of the school team during the CIAC season of that sport. This regulation includes all “**tryouts**” and “**showcases**”

The exceptions to CIAC Eligibility Rule II.E shall be:

- A. Participation in parent-child and caddy tournaments, and
- B. Swimming, tennis, gymnastics – a pupil may practice but not compete with a non-C.I.A.C. team during the season.

**FALSE IDENTIFICATION: CIAC Eligibility Rule II.G.**

9. You must not play under an assumed name on an outside team

**ECONOMIC GAIN: CIAC Eligibility Rule II.G.**

10. You must not have received personal economic gain for participation in any C.I.A.C. sport.

**C.I.A.C. / S.C.C. EJECTION POLICY**

If a player is ejected from a varsity, junior varsity, or freshman, league or non-league contest, he/she will be suspended for a *minimum* period of one contest at that level of play and all contests at any level played in the interim.

## **“CAPTAIN’S PRACTICE”**

The C.I.A.C. and the Amity Regional School District *do not* in any way sanction or condone “Captain’s Practice” *in any sport*. “Captain’s Practice” may be a clear violation of C.I.A.C. Eligibility Rule II. D, and, therefore, is not permitted on any Amity Regional School District facility.

***C.I.A.C. RULES MAY BE OBTAINED FROM THE  
CIAC WEB SITE : [WWW.CASCIAC.ORG](http://WWW.CASCIAC.ORG) OR FROM THE  
AMITY REGIONAL SCHOOL DISTRICT ATHLETIC DEPARTMENT***

## **HAZING / INITIATIONS AND BULLYING**

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Hazing, initiations, or bullying of student-athletes by other team members *are not acceptable*, and any practice of this type of behavior *will not be tolerated*. Actions (such as but not limited to taunting, teasing, bullying, and harassment) of this type may be illegal, and those involved may be subject to police action as well as dismissal and/or suspension from participation in any athletic program.

## **ATHLETIC DEPARTMENT INFORMATION**

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### **PERMISSION FORM**

All candidates and their parents/guardians must complete the athletic department Permission to Participate form (which is enclosed in this handbook) and return it to their coach *before* they may *tryout* or participate in any practice sessions. There *will not* be any exceptions to this rule.

### **PHYSICAL AND PRE-PARTICIPATION EXAMINATIONS**

1. Prior to the first tryout/practice session, all candidates for athletic teams are required to be examined by their family physician, a walk-in clinic physician, or the school physician.
2. Completed physical examination forms (or copies of) must be on file in the Health Office of the high school or middle school prior to the first tryout/practice session. Coaches will **not accept physical forms**.
3. The physical examination is valid for 365 days and must cover all athletes for the entire sport season (including tryout period) as specified by the CIAC.
4. Should the physical examination *expire during the course of the sport season, the athlete will be required to be examined prior to the start of that sport season (including tryout period)*.
5. ***Physicals must be dated after:*** Nov. 30, 2008 for Fall Sports  
March 15, 2009 for Winter Sports; June 15, 2009 for Spring Sports

**PERFORMANCE ENHANCERS**

The Amity Regional School District Athletic Department in no way endorses the use of “Creatine” or any other ergogenic aid. It is our position that student-athletes who wish to use these types of performance enhancing products should make that decision with their parents and family physician.

**INJURIES & ACCIDENT FORMS**

All injuries sustained by an athletic team member are to be reported *immediately* to the coach or advisor in charge. This is the responsibility of the student. The second responsibility of the student is to report the injury to the Athletic Trainer and to complete an Accident Report Form.

Athletes with an illness / injury sustained in an athletic event, physical education class, or other activity, that requires a visit to a doctor, hospital, or primary care facility **must receive written clearance by a physician in order to return to participation** in Amity Athletic activities. Students should, when necessary, seek care from their family physician, a specialist or the school physician.

**INSURANCE COVERAGE**

A plan of *Excess Insurance* covering interscholastic sports provides that valid claims for injuries received as a result of participating in interscholastic athletics will be paid on an *excess basis*. This *Excess Insurance Policy* will cover bills *after* a parent/guardian’s health insurance has first applied. The Amity Regional School District covers only those *debts up to the limits* set forth in the *Excess* policy.

When an interscholastic sports injury occurs, obtain a claim form from the School Nurse; complete and submit the form with any bills showing credit received from your insurance company. No insurance forms will be provided unless an Accident Report is on file with the Health Office. Claims should be filed with 30 days and sent to:

Athletic Trainer	School Nurse	School Nurse
Amity Regional HS	Amity M.S. Bethany	Amity M.S. Orange

**UNIFORMS AND EQUIPMENT**

Uniforms and equipment are on a *loan basis* and are to be worn *only* when authorized by the coach. Only uniforms issued by the Athletic Department will be permitted to be worn for contests. All uniforms and/or equipment are the responsibility of the athletes during the season and must be returned at the conclusion of the season. If *lost or stolen*, the replacement cost of the uniform/equipment will be assessed to the student.

## **ATHLETIC DEPARTMENT LOCKERS & LOCKER ROOMS**

During the season, student athletes should store and lock all valuables, clothing and equipment in a locker in their respective school locker rooms. Amity Regional School District will *not* be responsible for any lost or stolen property

## **DISCIPLINE**

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### **SUSPENSION OR DISMISSAL FROM A TEAM**

At the beginning of each season, students will be informed by the coach of the types of behavior which may warrant suspension or removal from the team.

Each case will be considered individually.

Parents, the Director of Athletics, and Building Principals will be notified by telephone as soon as possible after a student has been suspended or permanently removed from the team.

### **ADDITIONAL TEAM/SPORT REGULATIONS**

Coaches may have additional regulations pertaining to their sport. These regulations will be discussed at the beginning of each season.

## **PROCEDURE FOR CONTACTING ATHLETIC DEPT. PERSONNEL**

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1. Afford your son or daughter the opportunity to discuss the issue with their coach. Many times these types of meetings may resolve the issue.
2. If your son or daughter's meeting with the coach did not resolve the issue, then call to set up an appointment to meet with the coach. It is expected that your son/daughter will be present at this meeting. The Amity Regional Athletic Department Office telephone number is 397-4839. If the coach cannot be reached, call the Director of Athletics, and a meeting will be set up for you.
3. **Please do not attempt to confront a coach before or after a contest or practice.** These can be emotional times for both the parent and the coach. Meetings of this nature do not promote resolution.
4. If the meeting with the coach did not provide a satisfactory resolution, call and set up an appointment to meet with the Director of Athletics to discuss the situation.
5. If the meeting with the Director of Athletics did not provide a satisfactory resolution, call and set up an appointment to meet with the building Principal to discuss the situation.
6. If your meeting with the building Principal did not provide a satisfactory resolution, submit in writing, a detailed description of your issue or concern to the Superintendent of Schools.

## HIGH SCHOOL ATHLETIC AWARDS REQUIREMENTS

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1. Varsity Letter and Varsity Jacket Requirements: The varsity award shall be presented to an athlete who satisfies the participation requirements as list below, completes the season as a team member in good standing, and receives the recommendation of the coach. (The coach may recommend a waiver of these requirements under an unusual circumstance.)
  - A. Baseball/Softball:
    - 1) play in one-fourth of all innings played;
    - 2) pinch hit or pinch run in three-fourths of the games played; and
    - 3) pitch in four starts or six game appearances.
  - B. Boys' and Girls' Basketball: participate in 50% of the quarters the contests played.
  - C. Cheerleading: meet 90% of contest and practice requirements.
  - D. Boys' and Girls' Cross Country: score a point in a Varsity meet by placing in the top 5 runners or placing 6th or 7th and ahead of the #5 runner of an opponent.
  - E. Field Hockey: participate in 50% of games played.
  - F. Football: participate in 50% of games played and/or play a specialist position, e.g., punter, kick-off team, return team, punt team.
  - G. Golf: participate in the varsity team in at least 50% percent of the matches.
  - H. Ice Hockey: participate in 50% percent of the games played.
  - I. Boys' and Girls' Indoor Track: qualify for state competition.
  - J. Boys' and Girls' Lacrosse: participate in 50% of periods played.
  - K. Boys' and Girls Ski Racing: participate in two-thirds of all races as one of the official ten competitors.
  - L. Boys' and Girls' Soccer: participate in 50% of periods played.
  - M. Boys' and Girls' Swimming:
    - 1) earn as many points as there are meets;
    - 2) one point for each event entered plus actual place pts.
  - N. Boy's and Girls' Tennis:
    - 1) earn as many points as there are matches
    - 2) one point for playing and one additional point for winning
  - O. Boys' and Girls' Track: qualify for the Varsity level conference championship.
  - P. Boy's and Girls' Volleyball: participation in 50% of games played.
  - Q. Wrestling: participation in 50% of matches or earn 50 wrestling pts.

2. The season is defined as the period between the date officially designated by the C.I.A.C. as the beginning of the season for that sport and the close of the post season C.I.A.C. tournaments.
3. A coach will have the prerogative to award varsity status to a senior who has not met the seasonal requirements.
4. Injury Rule: any athlete who is a Varsity starter or plays in Varsity contests on a regular basis and becomes injured may be awarded a letter if in the coach's judgment he/she would have met the criteria.
5. Junior Varsity and Freshman awards will be given on the recommendation of the coach to those athletes who complete the sport season in good standing.

### **NCAA ELIGIBILITY**

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To be eligible to play college sports at the Division I and II level, prospective students athletes must:

- Complete and sign a NCAA clearinghouse student release form and mail the white copy and fee to the NCAA clearinghouse.
- Give the yellow and pink copies of the clearinghouse form to your *guidance counselor* to forward.
- Have an official transcript mailed from any other high school attended.
- Have S.A.T. scores sent to the NCAA clearinghouse.

To be certified by the NCAA clearinghouse, a student must::

- Graduate from high school;
- Earn a grade point average of at least 2.0 on a 4.0 scale in a core curriculum of at least 16 academic core courses during grades 9 through 12
- Division I prospects*** must earn a minimum sum score of at least 1010 on the S.A.T. with a GPA of 2.0
- Division II prospects*** must earn a minimum sum score of at least 820 on the S.A.T. with a GPA of 2.0

***Note: For additional NCAA information please check the following websites [www.ncaa.org](http://www.ncaa.org) and [www.ncaaclearinghouse.net](http://www.ncaaclearinghouse.net) (guide for the college bound athlete link)***

## EXPECTATIONS OF ATHLETES

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- Play the game for fun.
- Be gracious when you win and graceful when you lose.
- Respect and abide by the rule of the game.
- Put the team ahead of yourself in every situation.
- Accept decisions made by those in authority.
- Demonstrate respect to your opponents, coaches and teammates.
- Be accountable for your own actions.
- Develop a teachable spirit that allows you to take correction as a compliment.
- Accept and embrace the discipline involved in athletics, because it benefits the team.
- Develop the feeling of pride, based upon “shared joy” of the team, and do not have pride that emanates from arrogance or a sense of entitlement.
- Be an athlete of character.

## EXPECTATIONS OF PARENTS

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- Attend as many games as possible.
- Do everything possible to make the athletic experience positive for your child and others
- View the game with team goals in mind.
- Attempt to relieve competitive pressure, not increase it.
- Encourage multiple-sport participation.
- Release your children to the coach and the team.
- Look upon opponents as friends involved in the same experience.
- Accept the judgment of the officials and coaches; remain in control.
- Accept the results of each game; do not make excuses.
- Demonstrate winning and losing with dignity.
- Dignify mistakes made by athletes who are giving their best effort and concentration.
- Encourage athletes to keep their perspective in both victory and defeat.
- Be a good listener
- Accept the goals, roles and achievements of your child
- Refrain from taunting, booing, heckling, and the use of profanity in any manner. Admission to a contest is not a license to verbally assault others or to be generally offensive.
- Refrain from the use of alcoholic beverages, drugs, and tobacco products.
- **Be a fan . . . not a fanatic.**

## **CIAC CHEMICAL HEALTH POLICY**

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The CIAC Board of Control approved its Chemical Health Policy to take effect July 1, 2007. The information included in this policy are requirements of the CIAC over which the Amity School Regional School District has no control.

### **4.15. G. CIAC Position on Steroids**

The National Federation of State High School Associations (NFHS), the national service organization to all 50 state high school athletic and activity associations as well as the District of Columbia, prohibits the abuse of anabolic steroids and other performance enhancing substances by high school student-athletes. Such use violates legal, ethical and competitive equity standards and imposes long-term health risks. Further the (NFHS) supports prohibitions by educational institutions, amateur and professional organizations and governmental regulators on the use of anabolic steroids and other controlled substances, except as specifically prescribed by physicians for therapeutic purposes.

### **4.15.H. CIAC Position on Drug Testing**

The CIAC Chemical Health Policy does not include any form of mandatory drug testing by member schools. The CIAC strongly supports the concept of local authority in determining drug testing policies. Each Board of Education/ governing body reserves the right to voluntarily implement a drug testing policy for its athletes. Drug testing of high school athletes has been demonstrated to be an effective deterrent to the use of steroids and other illegal drugs. With the use of proper safeguards drug testing is considered legal. The CIAC recommends member schools use the NCAA and USOC list of banned performance enhancing substances and practices when designing and implementing a drug testing policy. The Connecticut Association of Boards of Education (CABE) has sample drug testing policies. LEA's may wish to consider.

### **4.15.I Performance Enhancing Drugs Minimum Penalty**

The CIA expects member schools to monitor their student athletes to assure that they are free of performance enhancing substances and to report any violations in a timely manner.

A student-athlete who has been determined to have used, in or out-of-season, androgenic/anabolic steroids or other performance enhancing substances shall be declared ineligible for all CIAC-controlled activities for one hundred eighty (180) school days on each occurrence. The one hundred eighty (180) school day period of ineligibility commence on the day the CIAC Board of Control makes such determination.

Any student-athlete who refuses to submit to testing as part of a member school's Board of Education-approved random drug testing policy shall be ineligible to participate in any CIAC-controlled activities.

All CIAC contests/game/tournaments/championships in which the offending athlete participated while under the influence of performance enhancing substances shall be decelerated forfeitures and all records will be expunged.

A member school may apply to the CIAC Board of Control for reinstatement of the athlete's eligibility to participate in CIAC controlled activities. Any such application must include:

- A. The results of a CIAC-approved medically validated drug test which confirms that the student-athlete is chemical free. The test must have been complete with 30 days prior to the application. The CIAC shall not be responsible for any expenses related to this testing.
- B. A statement of the compelling circumstances on which the member school bases its application for reinstatement of the athletes' eligibility.

Performance enhancing substances and practices subject to this policy include but are not limited to, the following:

- A. Anabolic Agents, Diuretics, Peptide Hormones and Analogues.
- B. Blood doping (the intravenous injection of whole blood, packed red blood cells, or blood substitutes).
- C. Substances and practices identified as banned by the NCAA and the USOC.

The CIAC allows member schools to make exceptions for those student-athletes with a documented medical history demonstrating the need for regular use of substances that are banned in this policy. These identified substances shall be medically prescribed by the student-athlete's doctor for therapeutic purposes. The documentation should contain information as to the diagnosis, medical history and dosage prescribed.

### **Nondiscrimination/Equal Employment/Equal Education Opportunity**

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In compliance with regulations of the Office of Civil Rights and with Equal Opportunity practices as determined by state and federal legislation, the Amity Board of Education, as a matter of policy, does not knowingly condone discrimination in employment, assignment, program or services, on the basis of race, gender, color, religion, national origin, age, sexual orientation, disability, or related abilities to perform the duties of the position.

The right of a student to participate fully in classroom instruction and extracurricular activities shall not be abridged or impaired because of race, gender, color, religion, national origin, age, sexual orientation, pregnancy, parenthood, marriage, or for any other reason not related to his/her individual capabilities.

### **Sexual Harassment**

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The Board of Education prohibits sexual harassment or intimidation of its students and employees.

Any student or employee who believes he or she has been the subject of discrimination/sexual harassment should contact the district's Equity/Title IX Coordinator or an administrator.

# *Amity Regional School District No. 5*

## **ATHLETIC PROGRAM**

### **Boys' Varsity Sports**

Baseball	Lacrosse
Basketball	Ski Racing
Cross Country	Soccer
Football	Swimming
Golf	Tennis
Ice Hockey	Track & Field
Indoor Track	Volleyball
Wrestling	

### **Boys' Sub-Varsity Sports**

Baseball **	Lacrosse *
Basketball**	Soccer**
Cross Country **	Track & Field**
Football *	Volleyball *
Wrestling	

### **Girls' Varsity Sports**

Basketball	Ski Racing
Cheerleading	Soccer
Cross Country	Softball
Field Hockey	Swimming
Ice Hockey	Tennis
Indoor Track	Track & Field
Lacrosse	Volleyball

### **Girls' Sub-Varsity Sports**

Basketball**	Lacrosse *
Cheerleading**	Soccer**
Cross Country**	Softball**
Field Hockey *	Track & Field**
Volleyball *	

\* Denotes programs offered at the Freshman & JV levels

\*\* Denotes programs offered at the JV, Freshman and Middle School levels

*We're on the Web: [www.amityregion5.org](http://www.amityregion5.org)*

**2009-2010**  
**AMITY REGIONAL SCHOOL DISTRICT #5**  
**ATHLETIC DEPARTMENT**  
***PERMISSION TO PARTICIPATE AND TRAVEL***

**\*\*PLEASE PRINT\*\***

Name of Athlete: \_\_\_\_\_ Sport: \_\_\_\_\_

Parent / Guardian : \_\_\_\_\_ 2009-10 Grade: 7 8 9 10 11 12  
(Circle One)

***PARENT / STUDENT***

Playing or practicing to play/participate in any sport can be a dangerous activity involving MANY RISKS OF INJURY. I/we understand that the dangers and risks of playing or practicing to play/participate in the above sport include, but are not limited to, death, serious neck and spinal injuries which may result in complete or partial paralysis, brain damage, serious injury to virtually all internal organs, serious injury to virtually all bones, joints, ligaments, muscles, tendons, and other aspects of the muscular skeletal system, and serious injury or impairment to other aspects of the body, general health and well-being. I/we understand that the dangers and risks of playing or practicing to play/participate in the above sport may result not only in serious injury, but in a serious impairment of future abilities to earn a living, to engage in other business, social and recreational activities, and generally to enjoy life.

Because of the dangers of participating in the above sport, I/we recognize the importance of following coaches' instructions regarding playing techniques, training and other team rules, etc., and to agree to obey such instructions.

In consideration of the Amity Regional School District permitting him/her to try out for the Amity Regional High School/Middle School (indicate sport) \_\_\_\_\_ team and to engage in all activities related to the team, including, but not limited to, trying out, practicing or playing/participating in that sport, I/we hereby assume all the risks associated with participating and agree to hold the Amity Regional School District, its employees, agents, representatives, coaches, and volunteers harmless from any and all liability, actions, causes of action, debts, claims, or demands of any kind and nature whatsoever which may arise by or in Connecticut with (his/her) participation in any activities related to the Amity Regional High School/Middle School team. The terms hereof shall serve as a release and assumption of risk for our heirs, estate, executor, administrator, assignees, and for all members of our family.

**2009-2010**  
**PERMISSION TO PARTICIPATE AND TRAVEL**

The undersigned as parent or guardians gives consent for the athlete identified herein to engage in athletics as a representative of Amity Regional High School / Middle School and to accompany the team as a member on its many trips.

I, \_\_\_\_\_, am the parent/legal guardian of \_\_\_\_\_  
Parent/Guardian Name Student Name

I have read the warning and release and understand its terms. I understand that all sports can involve many **RISKS OF INJURY**, including, but not limited to, those risks outlined.

I also hereby acknowledge that I have read the Student-Athlete Handbook and understand the Athletic Rules and Regulations, and will adhere to all aforementioned guidelines.

Date: \_\_\_\_\_, 20\_\_\_\_ \_\_\_\_\_  
Signature of Parent/Guardian

I, \_\_\_\_\_, have read the warning and release and understand its terms.  
Student

I understand that all sports can involve many **RISKS OF INJURY**, including, but not limited to, those risks outlined above.

I also hereby acknowledge that I have read the Student-Athlete Handbook and understand the Athletic Rules and Regulations, and will adhere to all aforementioned guidelines.

Date: \_\_\_\_\_, 20\_\_\_\_ \_\_\_\_\_  
Signature of Student

\*This page **MUST BE** submitted to the coach **PRIOR** to the start of all tryout/practice sessions.\*

**2009-2010  
AMITY REGIONAL SCHOOL DISTRICT #5  
ATHLETIC DEPARTMENT**

***EMERGENCY DATA***

Birth Date: \_\_\_\_\_ Sport: \_\_\_\_\_ 2009-10 Grade: (Circle one) 7 8 9 10 11 12

Name: \_\_\_\_\_  
Last First Middle Home Telephone

Home Address: \_\_\_\_\_

**PLEASE COMPLETE THE FOLLOWING:**

Allergies to (stings, medications, food etc.): \_\_\_\_\_

Taking medication (please name): \_\_\_\_\_

Diabetic \_\_\_\_\_ Seizures \_\_\_\_\_ Date of last Tetanus Injection \_\_\_\_\_

Asthma \_\_\_\_\_ Does your child need Inhaler \_\_\_\_\_ Epi-pen \_\_\_\_\_ Benedryl \_\_\_\_\_

\_\_\_\_\_  
Father's Name Employer & Business Address Business/Cell Phone

\_\_\_\_\_  
Mother's Name Employer & Business Address Business/Cell Phone

Family Doctor: \_\_\_\_\_ Telephone: \_\_\_\_\_

Family Dentist: \_\_\_\_\_ Telephone: \_\_\_\_\_

Hospital Preference: \_\_\_\_\_ Telephone: \_\_\_\_\_

Please list below persons readily available whom we may call if parents are unavailable:

1. \_\_\_\_\_ Telephone: \_\_\_\_\_

2. \_\_\_\_\_ Telephone: \_\_\_\_\_

3. \_\_\_\_\_ Telephone: \_\_\_\_\_

You have my permission to take whatever action you deem necessary for the health and welfare of my child in case of an emergency.

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Date

***IN CASE OF CHANGES IN THE ABOVE INFORMATION, PLEASE NOTIFY:***  
Coach, Athletic Trainer, and School Nurse

**2009-2010  
AMITY REGIONAL SCHOOL DISTRICT #5  
AMITY ATHLETIC DEPARTMENT**

***ELIGIBILITY INFORMATION***

**\*\*PLEASE PRINT\*\***

2009-10 Grade: (Circle one) 7 8 9 10 11 12 Sport \_\_\_\_\_

Name \_\_\_\_\_  
Last First Middle

Address: \_\_\_\_\_

Town: (Circle one) Bethany Orange Woodbridge Other: \_\_\_\_\_

Zip Code: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Month Day Year

Home Phone: ( ) \_\_\_\_\_ Parent's Business/Cell Phone: ( ) \_\_\_\_\_

Guidance Counselor: \_\_\_\_\_

-----  
**TRANSFER STUDENTS (Complete this section)**

Previous School: \_\_\_\_\_

Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code \_\_\_\_\_

Sport(s) Participation: \_\_\_\_\_  
Fall Winter Spring

-----  
**FOREIGN STUDENTS (Complete this section)**

Country: \_\_\_\_\_ High School Graduate \_\_\_\_ Yes \_\_\_\_ No

Circle One: Immigrating OR Non-immigrating

Exchange Program: \_\_\_\_\_

**2009-2010**  
**AMITY REGIONAL SCHOOL DISTRICT #5**  
**ATHLETIC DEPARTMENT**  
***MEDICAL PERMISSION TO PARTICIPATE***  
***IN ATHLETIC PROGRAMS***

**2009-2010 Grade: (Circle one) 7 8 9 10 11 12**

\_\_\_\_\_ has had a physical examination on  
(Athlete's Name)

\_\_\_\_\_, and is eligible to participate in the  
(Date)

sport of \_\_\_\_\_ as of \_\_\_\_\_.  
(Date)

\_\_\_\_\_  
Signature of the School Nurse

**NOTE**

**ATHLETE:** Bring this form to the *School Nurse*  
**SCHOOL NURSE:** Return this form to the *Athlete only for packet.*

***Physical Examination forms will only be accepted by the school nurse.***  
***The Athletic Trainer and Coaches will not accept physical examination forms***

**AMITY REGIONAL HIGH SCHOOL**

**CAPTAINS' REQUIREMENTS**

The captain of any sport at Amity Regional High School will:

1. Begin to hold the position of captain when announced by the coach or coaching staff.
2. Adhere to any policy, rule or regulation of the Amity Regional School District
3. Adhere to the rules set forth by the coach and coaching staff
4. Conduct themselves in an exemplary manner with high standards of conduct, citizenship, and sportsmanship.
5. Act as a liaison between the team and the coach, coaching staff and administration.
6. Refrain from unacceptable conduct such as, but not limited to, any violation of the law, use or possession of drugs, alcohol or tobacco.
7. Understand that the position of Captain is not just an honor but a privilege. This honor will require the utmost leadership knowing that the captain will be a role model for other team members.

I hereby acknowledge that I have read and understand the Captains' Requirements, Athletic Department/Team rules and regulations and will adhere to all of the aforementioned. Failure to do so will lead to my dismissal as captain.

Sport(s): \_\_\_\_\_ School Year: \_\_\_\_\_

Name of Captain: \_\_\_\_\_

(Print)

Signature of Captain: \_\_\_\_\_ Date: \_\_\_\_\_

Captain E-mail Address: \_\_\_\_\_

Name of Parent/Guardian: \_\_\_\_\_

(Print)

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Parents' E-Mail Address: \_\_\_\_\_

AMITY REGIONAL SCHOOL DISTRICT #5

**TRAVEL RELEASE FOR  
STUDENT-ATHLETE**

This is a request that \_\_\_\_\_ a member of the  
(Athletes Name)  
\_\_\_\_\_ at \_\_\_\_\_  
(Team) (School)

be given permission to be:

Transported by \_\_\_\_\_ on \_\_\_\_\_  
(Parent / Guardian's Name) (Date)

To: \_\_\_\_\_ or From: \_\_\_\_\_

Reason for Request: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I understand that Amity Regional School District policy indicates that student-athletes are to travel via the provided transportation. By requesting a waiver I agree to identify and hold the Amity Regional School District, its officers, agents and employees harmless from any and all claims or loss for bodily injury or property damage arising out of such independent travel.

It is understood that I will **personally** transport my son/daughter **only**, only and assume **full responsibility** for his/her **health and safety**.

\_\_\_\_\_  
Parent/Guardian's Signature                      Date                      Home / Cell phone #

\_\_\_\_\_  
Director of Athletics' Signature                      Date

**THIS FORM MUST BE SUBMITTED OR FAXED 397-6232  
TO THE ATHLETIC DEPARTMENT OFFICE  
PRIOR TO, OR NO LATER THAN 48 HOURS OF THE EVENT**

# Connecticut Pre-participation Sports Evaluation

Form # 7  
(if necessary)

HISTORY to be filled out by Parent or Student (if over 18)

DATE OF EXAM \_\_\_\_\_

Name _____	Sex _____	Age _____	Date of birth _____
Grade _____	School _____	Sport(s) _____	Phone _____
Address _____			Phone _____
Personal physician _____			
<b><i>In case of emergency, contact</i></b>			
Name _____	Relationship _____	Phone (H) _____	(W) _____

Explain "yes" answers below.  
Circle questions you don't know the answer to.

	Yes	No		Yes	No
1. Have you had a medical illness or injury since your last check up or sports physical?	<input type="checkbox"/>	<input type="checkbox"/>	11. Have you had any problems with your eyes or vision?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have an ongoing or chronic illness (Diabetes, Epilepsy, Sickle Cell Disease, Kawasaki's Disease, Marfan's Syndrome or any handicap)?	<input type="checkbox"/>	<input type="checkbox"/>	Do you wear glasses, contacts, or protective eyewear?	<input type="checkbox"/>	<input type="checkbox"/>
2. Have you ever been hospitalized overnight?	<input type="checkbox"/>	<input type="checkbox"/>	Do you bruise easily, take a long time to stop bleeding, or have frequent nose bleeds?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever had surgery?	<input type="checkbox"/>	<input type="checkbox"/>	Have you had infectious mononucleosis or hepatitis?	<input type="checkbox"/>	<input type="checkbox"/>
3. Are you currently taking any prescription or nonprescription (over-the-counter) medications or pills or using an inhaler (for pain or shortness of breath)?	<input type="checkbox"/>	<input type="checkbox"/>	Do you have hearing loss, tubes in your ears, or a perforated eardrum?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever taken any supplements, creatine, steroids, or vitamins to help you gain or lose weight or improve your performance?	<input type="checkbox"/>	<input type="checkbox"/>	Do you have kidney disease or dark brown bloody urine?	<input type="checkbox"/>	<input type="checkbox"/>
4. Do you have any allergies (for example, to pollen, medicine, food or stinging insects)?	<input type="checkbox"/>	<input type="checkbox"/>	Do you have less than 2 kidneys or, in males, less than two testicles?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever had a rash or hives develop during or after exercise?	<input type="checkbox"/>	<input type="checkbox"/>	Do you have diarrhea more than once a week, or black/bloody bowel movements (stools)?	<input type="checkbox"/>	<input type="checkbox"/>
5. Have you ever passed out during or after exercise?	<input type="checkbox"/>	<input type="checkbox"/>	Do you have lump(s) in the armpit or groin?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever been dizzy during or after exercise?	<input type="checkbox"/>	<input type="checkbox"/>	12. Have you ever had a sprain, strain, or swelling after injury?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever had chest pain during or after exercise?	<input type="checkbox"/>	<input type="checkbox"/>	Have you broken or fractured any bones or dislocated any joints?	<input type="checkbox"/>	<input type="checkbox"/>
Do you get tired more quickly than your friends do during exercise?	<input type="checkbox"/>	<input type="checkbox"/>	Have you had any other problems with pain or swelling in muscles, tendons, bones, or joints?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever had racing of your heart or skipped heartbeats?	<input type="checkbox"/>	<input type="checkbox"/>	<i>If yes, check appropriate box and explain below:</i>		
Have you had high blood pressure or high cholesterol?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Head	<input type="checkbox"/> Elbow	<input type="checkbox"/> Hip
Have you ever been told you have a heart murmur?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Neck	<input type="checkbox"/> Forearm	<input type="checkbox"/> Thigh
Has any family member or relative died of heart problems or of sudden death before age 50?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Back	<input type="checkbox"/> Wrist	<input type="checkbox"/> Knee
Have you had a severe viral infection (for example, myocarditis or mononucleosis)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Chest	<input type="checkbox"/> Hand	<input type="checkbox"/> Shin/calf
Has a physician ever denied or restricted your participation in sports for any heart problems?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Shoulder	<input type="checkbox"/> Finger	<input type="checkbox"/> Ankle
6. Do you have any current skin problems (for example, itching, rashes, acne, warts, fungus, or blisters)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Upper arm	<input type="checkbox"/> Foot	
7. Have you ever had a head injury or concussion?	<input type="checkbox"/>	<input type="checkbox"/>	13. Do you want to weigh more or less than you do now?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever been knocked out, become unconscious, or lost your memory?	<input type="checkbox"/>	<input type="checkbox"/>	Do you lose weight regularly to meet weight requirements for your sport?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever had a seizure?	<input type="checkbox"/>	<input type="checkbox"/>	Have you lost or gained more than 10 pounds in the past year?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have frequent or severe headaches?	<input type="checkbox"/>	<input type="checkbox"/>	Are you on a special diet?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever had numbness or tingling in your arms, hands, legs or feet?	<input type="checkbox"/>	<input type="checkbox"/>	14. Do you feel stressed out?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever had a stinger, burner or pinched nerve?	<input type="checkbox"/>	<input type="checkbox"/>	15. Record the dates of your most recent immunizations (shots) for:		
Have you had a neck, spine or low back injury or pain?	<input type="checkbox"/>	<input type="checkbox"/>	Tetanus _____ Measles _____		
8. Have you ever become ill from exercising in the heat?	<input type="checkbox"/>	<input type="checkbox"/>	Hepatitis B _____ Chickenpox _____		
9. Do you cough, wheeze, or have trouble breathing during or after activity?	<input type="checkbox"/>	<input type="checkbox"/>	Meningococcus _____		
Do you have asthma?	<input type="checkbox"/>	<input type="checkbox"/>	<b>FEMALES ONLY</b>		
Do you have seasonal allergies that require medical treatment?	<input type="checkbox"/>	<input type="checkbox"/>	16. When was your first menstrual period?		
10. Do you use any special protective or corrective equipment or devices that aren't usually used for your sport or position (for example, knee brace, special neck roll, foot orthotics, retainer on your teeth, hearing aid)?	<input type="checkbox"/>	<input type="checkbox"/>	When was your most recent menstrual period?		
			How much time do you usually have from the start of one period to the start of another? _____		
			How many periods have you had in the last year? _____		
			What was the longest time between periods in the last year? _____		
			Do you ever require any medication to control menstrual pain? _____		
			If "yes" in the explanation below, include what medication and how much.		
			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 \_\_\_\_\_

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# Connecticut Pre-participation Sports Evaluation

## PHYSICAL EXAMINATION

Name _____		Date of Birth _____	
Height _____	Weight _____	% Body Fat _____	Pulse _____ BP ____/____ ( ____/____, ____/____ )
Vision: R 20/____ L 20/____		Corrected: Y N	Pupils: Equal ____ Unequal ____

	NORMAL	ABNORMAL FINDINGS	INITIALS*
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### MEDICAL

Appearance			
Eyes/Ears/Nose/Throat			
Lymph Nodes			
Heart			
Pulses			
Lungs			
Abdomen			
Genitalia (males only)			
Skin			

### MUSCULOSKELETAL

Neck			
Back			
Shoulder/Arm			
Elbow/Forearm			
Wrist/Hand			
Hip/Thigh			
Knee			
Leg/Ankle			
Foot			

\* Station-based examination only

### CLEARANCE

- Cleared
- Cleared after completing evaluation/rehabilitation for: \_\_\_\_\_

- Not cleared for: \_\_\_\_\_ Reason: \_\_\_\_\_

Recommendations: \_\_\_\_\_

Name of physician (print/type) \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Signature of physician \_\_\_\_\_, MD or DO

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