



Cardegles
Cross Country

WELCOME RUNNERS AND PARENTS 2016 CARDEGLE CROSS COUNTRY SEASON

Welcome to the 2016 Cardegles Cross Country Team. For those new to the program the team is a combination of St. Charles Cardinals and St Jude Eagles, hence Cardegles. Our goal as coaches is to improve each runner during the season, teach the sport and have fun all while continuing the Cardegles Tradition.

Practices will be from 5:00 – 6:00 Monday thru Friday Mon, Wed. and Friday at Shoaff Park, Tuesday and Thursday at the Plex. (Note: week of 8/15-8/19 will be exclusively at Shoaff) We practice rain or shine (unless lightening). Practice should generally last no longer than 1 hour so please plan to pick up your runner no later than 6:00.

Our first meet is August 27th so we have a lot of work to do between now and then. A tentative season schedule is posted on the website, www.cardegles.com. All runners if eligible (keep those grades up) are able to run in every meet either as a varsity or reserve runner (Note: some meets do not allow 5th graders to run unless an exception is made but we will try to add some additional meets that include 5th graders). Every runner should plan to be at every meet so we can be at our competitive best. This is a team sport needing each runner's contribution. As coaches we prefer this to be your primary sport and for you to make a commitment to the team at meets as well as practice. Practice is the only way to improve so plan to make all the practices as you would in any other sport. (*Of course, we recognize certain unavoidable conflicts may cause an absence.*) Before practice I would recommend only a light snack, it's hard to run after a big meal. If you do not choose to buy spikes for meets we do have used spikes available to borrow. Feel free to ask a coach about shoes/spikes or any running questions you may have. When uniforms are assigned please take good care of them.

There are several important items to note:

- **Please complete both sides of the Emergency medical information and the consent and release form and return ASAP. Also there is a concussion and sudden cardiac arrest form the school has asked to be read and signed.**
- **The fee is \$38 per runner which includes participation fee and T-shirt. Make checks payable to Dan Kaufman**
- **St. Charles students need to participate in the Burger King fundraiser this season so please see attached form for this.**
- **Everyone must have a school physical on file to participate.**

Finally and importantly we will need several parent volunteers to help with assigning uniforms, to coordinate snacks and drinks after the meets and also we will need volunteers to help out with the Cardegles invitational later in the season. Just ask the coaches anytime for more information on volunteering. We will provide a list of runners with their phone numbers and parents when we've collected all that information. The season will end with an awards banquet which also requires coordinators.

We have our own website, www.cardegles.com so you can check that anytime for updates, schedule, news, meet results, pictures and past history or to contact coaches by email.

Coaches

Dan Kaufman 485-5241 cell 414-6543
Dan Delaney 420-1399 cell 443-6120
Steve Leffers 385-9365

Scott Reiling 492-0123 cell 241-3395
Chris Kaufman 485-2275 cell 414-6730
Tim O'Connell 485-2370 cell 417-2953

Team Prayer

Lord, protect and strengthen me as I run today.

And grant me the courage and wisdom to always do what is right. Amen.

CARDEGLE CROSS COUNTRY

(Please complete both sides of form)

FORT WAYNE C.Y.O.

Athletic Participation Consent and Release

(Please print or type)

(Last) (First) (Middle) Date: _____

Address: _____

Phone: _____ Grade: _____ DOB: _____ Age: _____

Gender: Female: _____ Male: _____
(Name of parent/guardian with whom student resides)

Name of School: _____ St. Charles Borromeo Catholic School

Part I: Student Consent [To be read and discussed by student and parent(s), & signed by student]

I have read, and understand the Student Athlete Responsibility and Eligibility rules and regulations of St. Charles School and the Catholic Youth Organization (CYO) as found in the Athletic Handbook. I do not know any reason, including any medical condition, but not limited to, that I could not be eligible to represent St. Charles School in athletics. If I am accepted as a representative (on a school team), I agree to follow the rules and regulations of St. Charles School and the CYO and to abide by their respective decisions concerning these rules and regulations. I know, appreciate and have discussed with my parent(s)/guardian(s) the risks and dangers involved in athletics generally, and in the particular sport to which I wish to participate. I know, and have discussed, with my parent(s)/guardian(s) that unexpected dangers may arise during my participation in school athletics and that I and my parent(s)/guardian(s) assume all risks of injury to my person and property that may be sustained by me or by my parent(s)/guardian(s) in connection with or in any way related to my participation in school athletics.

Student Signature: _____ Date: _____

Part II: Parent Consent & Release [To be completed & signed by (custodial) parent(s)/guardian(s)]

A. In accordance with the rules of St. Charles School and the CYO, I request that my child (hereinafter referred to as "participant") be permitted to participate in any of the following CYO sports: Cross Country, Cheerleading, Football, Basketball, Volleyball, Wrestling, Soccer, Track, Softball.

B. I understand that participation will likely necessitate travel, and I give my consent to have such transportation provided by St. Charles School and/or volunteers (such as parents and coaches).

C. I acknowledge that I, and the participant have read and understand the St. Charles Athletes' Code of Conduct and CYO Policies. I do not know of any reason, including medical reasons, but not limited to, that my child could not be eligible to represent St. Charles School in athletics.

D. I acknowledge that I, and the participant know and appreciate and have discussed the risks and dangers involved in the above described sports. We are assuming all risks of injury and damage in any way related to the participant's participation in the sport. I hereby release, discharge, and relinquish St. Charles School and Parish, the CYO, and the Diocese of Fort Wayne-South Bend and all their representatives, agents, officers, employees, coaches, volunteers, and officials of and from all claims, demands, actions, and causes of action of any sort for any injuries sustained by the participant and me, and from any damages to the participant child or my/our property.

E. I acknowledge that the participant has adequate family insurance coverage through: _____
(Name of Insurance Company)

I have read & understand the foregoing consent and release form and the student athlete responsibility and eligibility rules of the school and CYO.

Parent(s)/Guardian(s) Signature: _____ Date: _____

EMAIL _____

T-SHIRT SIZE YS YM YL AS AM AL XL (circle one)

(Parent's may also order T-shirts \$13 each)

(Also if enough interest we can get Hooded Sweatshirts with the Cardegle CC logo for \$30. Indicate size YL AS AM AL XL)

*** PLEASE USE BLACK OR BLUE INK ONLY ***

**SAINT CHARLES BORROMEO SCHOOL
STUDENT ATHLETE EMERGENCY INFORMATION AND MEDICAL CARE FORM**

Student Athlete Name: _____ Birth Date: _____
Address: _____ Home Phone: _____
Grade: _____ Sports: _____

PURPOSE – To enable parents/guardians to authorize the provision of emergency treatment for children whom become ill or injured while under school authority, when parent/guardians cannot be reached.

Emergency Contact Information Full Name(s) of Residential Parent(s) or Guardian(s):

Parent or Guardian #1: _____

Parent or Guardian #1: Work Phone _____ Cell Phone _____

E-mail: _____

Parent or Guardian #2: _____

Parent or Guardian #2: Work Phone _____ Cell Phone _____

E-mail: _____

Emergency Contact Other Than Parent/Guardians Above:

Name: _____ Relationship: _____

Address: _____ Phone: _____

Medical Facts Requiring Special Attention (drug or food allergies, medications, asthma, diabetes, etc.)

Date of Last Tetanus Shot _____

PART I or II MUST BE COMPLETED

PART I – TO GRANT CONSENT

In the event of an emergency and that the emergency contacts cannot be contacted, I give my permission to Saint Charles School and its representatives to transport and seek medical evaluation/attention for Student listed above.

Insurance Carrier: _____

Policy Number: _____ Group Number: _____

Hospital Preference: _____

Family Physician: _____ Phone: _____

Family Dentist: _____ Phone: _____

Signature of Parent/Guardian _____ Date: _____

PART II – REFUSAL TO CONSENT (Do not complete this portion if PART I was completed.)

I **do not** give my consent for emergency medical treatment of my child. In the event of illness or injury requiring emergency treatment, I wish for the school authorities to take the following action:

Signature of Parent/Guardian _____ Date: _____



St. Charles Borromeo Athletic Association

4910 Trier Rd.
Ft. Wayne, IN 46815
260-484-3392
www.stcharlesschoolfw.org



2016 - 2017 SCHOOL YEAR STUDENT-ATHLETE FEES

Dear Parent or Guardian,

The St. Charles Athletic Association appreciates your support, through player fees, in helping to offset the annual costs of sponsoring athletic programs for our young people. Our annual budget runs a bit above \$40,000 annually. The Athletic Program must be self-sustaining each year. Through player fees, concession sales, annual fundraisers (Kettman Golf Outing, Fish Fry, Pancake Breakfast, etc.), private donations, and by raising funds through the Burger King "You Can Lend A Hand" program sponsored Quality Dining in conjunction with our Diocese, our Athletic Association remains financially stable year in and year out.

The student-athlete fee is \$25 per sport played (Note: \$50 for Football). The money collected covers the cost of CYO fees, uniforms, referees, grounds upkeep, equipment, etc. All coaches and board members serve on a voluntary basis.

There is an additional Burger King "You Can Lend A Hand" fee assessed to all student-athletes upon participation in the student athlete's first sport of the school. The Burger King fee will be assessed to the first three family members playing a sport as follows:

Burger King: \$30 for the first athlete (10 books); \$24 for the second athlete (8 books), and, \$18 for the third child (6 books)

When the Burger King books arrive in January, they will be passed out to our student-athletes through school. Student-athletes can then sell the books and recoup their investment, or keep the books for private use and consider the fee paid a donation.

If there is a financial hardship, Burger King Fees can be waived until a student-athlete has had a chance to sell the books first. Please contact an athletic board member if this applies to your family.

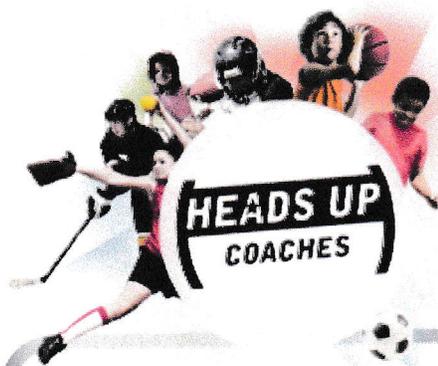
Your understanding and support are greatly appreciated. Please complete the calculation chart below and the payment to the head coach of your current sport.

Student Name:	GRADE	BURGER KING COUPON BOOK SALE		
		SPORT CROSS COUNTRY (\$25)	Number of Children that played a Sport	1st Child (\$30) 2nd Child (\$24) 3rd Child (\$18)
TOTALS				

The number entered above is the number of open boxes to the right that you are to cross out. These are the number of children that may have played in a prior sport that year.

Total Fees Due =

BK fees only
Note: Please make checks payable to St. Charles for the Total Fees Amount. Thank You
THIS IS FOR St. Charles Students only



CONCUSSION IN YOUTH SPORTS

A Fact Sheet for **ATHLETES**

CONCUSSION FACTS

A concussion is a brain injury that affects how your brain works.

- A concussion is caused by a bump, blow, or jolt to the head or body.
- A concussion can happen even if you haven't been knocked out.
- If you think you have a concussion, you should not return to play on the day of the injury and not until a health care professional says you are OK to return to play.

CONCUSSION SIGNS AND SYMPTOMS

Concussion symptoms differ with each person and with each injury, and they may not be noticeable for hours or days. Common symptoms include:

- Headache
- Confusion
- Difficulty remembering or paying attention
- Balance problems or dizziness
- Feeling sluggish, hazy, foggy, or groggy
- Feeling irritable, more emotional, or "down"
- Nausea or vomiting
- Bothered by light or noise
- Double or blurry vision
- Slowed reaction time
- Sleep problems
- Loss of consciousness

During recovery, exercising or activities that involve a lot of concentration (such as studying, working on the computer, or playing video games) may cause concussion symptoms to reappear or get worse.

WHAT SHOULD I DO IF I THINK I HAVE A CONCUSSION?

- **DON'T HIDE IT. REPORT IT.** Ignoring your symptoms and trying to "tough it out" often makes symptoms worse. Tell your coach, parent, and athletic trainer if you think you or one of your teammates may have a concussion. Don't let anyone pressure you into continuing to practice or play with a concussion.
- **GET CHECKED OUT.** Only a health care professional can tell if you have a concussion and when it's OK to return to play. Sports have injury timeouts and player substitutions so that you can get checked out and the team can perform at its best. The sooner you get checked out, the sooner you may be able to safely return to play.
- **TAKE CARE OF YOUR BRAIN.** A concussion can affect your ability to do schoolwork and other activities. Most athletes with a concussion get better and return to sports, but it is important to rest and give your brain time to heal. A repeat concussion that occurs while your brain is still healing can cause long-term problems that may change your life forever.

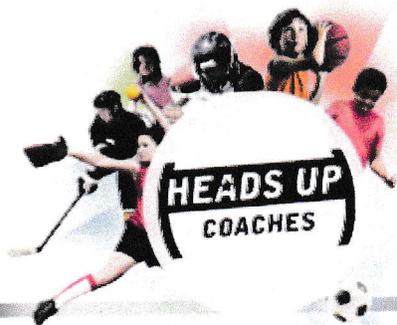
HOW CAN I HELP PREVENT A CONCUSSION?

Every sport is different, but there are steps you can take to protect yourself.

- Follow your coach's rules for safety and the rules of the sport.
- Practice good sportsmanship at all times.

It's better to miss one game than the whole season.

For more information, visit www.cdc.gov/Concussion.



CONCUSSION IN YOUTH SPORTS



A Fact Sheet for PARENTS

WHAT IS A CONCUSSION?

A concussion is a type of traumatic brain injury. Concussions are caused by a bump or blow to the head. Even a “ding,” “getting your bell rung,” or what seems to be a mild bump or blow to the head can be serious.

You can't see a concussion. Signs and symptoms of concussion can show up right after the injury or may not appear or be noticed until days or weeks after the injury. If your child reports any symptoms of concussion, or if you notice the symptoms yourself, seek medical attention right away.

WHAT ARE THE SIGNS AND SYMPTOMS OF A CONCUSSION?

Signs Observed by Parents or Guardians

If your child has experienced a bump or blow to the head during a game or practice, look for any of the following signs and symptoms of a concussion:

- Appears dazed or stunned
- Is confused about assignment or position
- Forgets an instruction
- Is unsure of game, score, or opponent
- Moves clumsily
- Answers questions slowly
- Loses consciousness (even briefly)
- Shows mood, behavior, or personality changes

Symptoms Reported by Athlete

- Headache or “pressure” in head
- Nausea or vomiting
- Balance problems or dizziness
- Double or blurry vision
- Sensitivity to light
- Sensitivity to noise
- Feeling sluggish, hazy, foggy, or groggy
- Concentration or memory problems
- Confusion
- Just “not feeling right” or “feeling down”

HOW CAN YOU HELP YOUR CHILD PREVENT A CONCUSSION OR OTHER SERIOUS BRAIN INJURY?

- Ensure that they follow their coach's rules for safety and the rules of the sport.
- Encourage them to practice good sportsmanship at all times.
- Make sure they wear the right protective equipment for their activity. Protective equipment should fit properly and be well maintained.
- Wearing a helmet is a must to reduce the risk of a serious brain injury or skull fracture.
 - However, helmets are not designed to prevent concussions. There is no “concussion-proof” helmet. So, even with a helmet, it is important for kids and teens to avoid hits to the head.

WHAT SHOULD YOU DO IF YOU THINK YOUR CHILD HAS A CONCUSSION?

1. SEEK MEDICAL ATTENTION RIGHT AWAY.

A health care professional will be able to decide how serious the concussion is and when it is safe for your child to return to regular activities, including sports.

2. KEEP YOUR CHILD OUT OF PLAY.

Concussions take time to heal. Don't let your child return to play the day of the injury and until a health care professional says it's OK. Children who return to play too soon—while the brain is still healing—risk a greater chance of having a repeat concussion. Repeat or later concussions can be very serious. They can cause permanent brain damage, affecting your child for a lifetime.

3. TELL YOUR CHILD'S COACH ABOUT ANY PREVIOUS CONCUSSION.

Coaches should know if your child had a previous concussion. Your child's coach may not know about a concussion your child received in another sport or activity unless you tell the coach.

It's better to miss one game than the whole season.

For more information, visit www.cdc.gov/Concussion.

SUDDEN CARDIAC ARREST

A Fact Sheet for Student Athletes

FACTS

Sudden cardiac arrest can occur even in athletes who are in peak shape. Approximately 500 deaths are attributed to sudden cardiac arrest in athletes each year in the United States. Sudden cardiac arrest can affect all levels of athletes, in all sports, and in all age levels. The majority of cardiac arrests are due to congenital (inherited) heart defects. However, sudden cardiac arrest can also occur after a person experiences an illness which has caused an inflammation to the heart or after a direct blow to the chest. Once a cardiac arrest occurs, there is very little time to save the athlete, so identifying those at risk before the arrest occurs is a key factor in prevention.

WARNING SIGNS

There may not be any noticeable symptoms before a person experiences loss of consciousness and a full cardiac arrest (no pulse and no breathing).

Warning signs can include a complaint of:

- Chest Discomfort
- Unusual Shortness of Breath
- Racing or Irregular Heartbeat
- Fainting or Passing Out

EMERGENCY SIGNS – Call EMS (911)

If a person experiences any of the following signs, call EMS (911) immediately:

- *If an athlete collapses suddenly during competition*
- *If a blow to the chest from a ball, puck or another player precedes an athlete's complaints of any of the warning signs of sudden cardiac arrest*
- *If an athlete does not look or feel right and you are just not sure*

How can I help prevent a sudden cardiac arrest?

Daily physical activity, proper nutrition, and adequate sleep are all important aspects of life-long health. Additionally, you can assist by:

- Knowing if you have a family history of sudden cardiac arrest (onset of heart disease in a family member before the age of 50 or a sudden, unexplained death at an early age)
- Telling your health care provider during your pre-season physical about any unusual symptoms of chest discomfort, shortness of breath, racing or irregular heartbeat, or feeling faint, especially if you feel these symptoms with physical activity
- Taking only prescription drugs that are prescribed to you by your health care provider
- Being aware that the inappropriate use of prescription medications or energy drinks can increase your risk
- Being honest and reporting symptoms of chest discomfort, unusual shortness of breath, racing or irregular heartbeat, or feeling faint

What should I do if I think I am developing warning signs that may lead to sudden cardiac arrest?

1. *Tell an adult – your parent or guardian, your coach, your athletic trainer or your school nurse*
2. *Get checked out by your health care provider*
3. *Take care of your heart*
4. *Remember that the most dangerous thing you can do is to do nothing*

SUDDEN CARDIAC ARREST

A Fact Sheet for Parents

FACTS

Sudden cardiac arrest is a rare, but tragic event that claims the lives of approximately 500 athletes each year in the United States. Sudden cardiac arrest can affect all levels of athletes, in all sports, and in all age levels. The majority of cardiac arrests are due to congenital (inherited) heart defects. However, sudden cardiac arrest can also occur after a person experiences an illness which has caused an inflammation to the heart or after a direct blow to the chest.

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- *If an athlete does not look or feel right and you are just not sure*

How can I help my child prevent a sudden cardiac arrest?

Daily physical activity, proper nutrition, and adequate sleep are all important aspects of life-long health. Additionally, parents can assist student athletes prevent a sudden cardiac arrest by:

- Ensuring your child knows about any family history of sudden cardiac arrest (onset of heart disease in a family member before the age of 50 or a sudden, unexplained death at an early age)
- Ensuring your child has a thorough pre-season screening exam prior to participation in an organized athletic activity
- Asking if your school and the site of competition has an automatic defibrillator (AED) that is close by and properly maintained
- Learning CPR yourself
- Ensuring your child is not using any non-prescribed stimulants or performance enhancing drugs
- Being aware that the inappropriate use of prescription medications or energy drinks can increase risk
- Encouraging your child to be honest and report symptoms of chest discomfort, unusual shortness of breath, racing or irregular heartbeat, or feeling faint

What should I do if I think my child has warning signs that may lead to sudden cardiac arrest?

1. *Tell your child's coach about any previous events or family history*
2. *Keep your child out of play*
3. *Seek medical attention right away*

CONCUSSION and SUDDEN CARDIAC ARREST
ACKNOWLEDGEMENT AND SIGNATURE FORM
FOR PARENTS AND STUDENT ATHLETES

Student Athlete's Name (Please Print): _____

Sport Participating In (If Known): _____ Date: _____

IC 20-34-7 and IC 20-34-8 require schools to distribute information sheets to inform and educate student athletes and their parents on the nature and risk of concussion, head injury and sudden cardiac arrest to student athletes, including the risks of continuing to play after concussion or head injury. These laws require that each year, before beginning practice for an interscholastic or intramural sport, a student athlete and the student athlete's parents must be given an information sheet, and both must sign and return a form acknowledging receipt of the information to the student athlete's coach.

IC 20-34-7 states that a student athlete who is suspected of sustaining a concussion or head injury in a practice or game, shall be removed from play at the time of injury and may not return to play until the student athlete has received a written clearance from a licensed health care provider trained in the evaluation and management of concussions and head injuries.

IC 20-34-8 states that a student athlete who is suspected of experiencing symptoms of sudden cardiac arrest shall be removed from play and may not return to play until the coach has received verbal permission from a parent or legal guardian of the student athlete to return to play. Within twenty-four hours, this verbal permission must be replaced by a written statement from the parent or guardian.

Parent/Guardian - please read the attached fact sheets regarding concussion and sudden cardiac arrest and ensure that your student athlete has also received and read these fact sheets. After reading these fact sheets, please ensure that you and your student athlete sign this form, and have your student athlete return this form to his/her coach.

As a student athlete, I have received and read both of the fact sheets regarding concussion and sudden cardiac arrest. I understand the nature and risk of concussion and head injury to student athletes, including the risks of continuing to play after concussion or head injury, and the symptoms of sudden cardiac arrest.

(Signature of Student Athlete)

(Date)

I, as the parent or legal guardian of the above named student, have received and read both of the fact sheets regarding concussion and sudden cardiac arrest. I understand the nature and risk of concussion and head injury to student athletes, including the risks of continuing to play after concussion or head injury, and the symptoms of sudden cardiac arrest.

(Signature of Parent or Guardian)

(Date)