NJSIAA STEROID TESTING POLICY AND
PARENT/GUARDIAN CONCUSSION POLICY
ACKNOWLEDGMENT FORMS

NJSIAA STEROID TESTING POLICY
CONSENT TO RANDOM TESTING

In Executive Order 72, issued December 20, 2005, Governor Richard Codey directed the New Jersey Department of Education to work in conjunction with the New Jersey State Interscholastic Athletic Association (NJSIAA) to develop and implement a program of random testing for steroids, of teams and individuals qualifying for championship games.

Beginning in the Fall, 2006 sports season, any student-athlete who possesses, distributes, ingests or otherwise uses any of the banned substances on the attached page, without written prescription by a fully-licensed physician, as recognized by the American Medical Association, to treat a medical condition, violates the NJSIAA’s sportsmanship rule, and is subject to NJSIAA penalties, including ineligibility from competition. The NJSIAA will test certain randomly selected individuals and teams that qualify for a state championship tournament or state championship competition for banned substances. The results of all tests shall be considered confidential and shall only be disclosed to the student, his or her parents and his or her school. No student may participate in NJSIAA competition unless the student and the student’s parent/guardian consent to random testing.
NJSIAA Banned-Drug Classes
2010 - 2011

The term “related compounds” comprises substances that are included in the class by their pharmacological action and/or chemical structure. No substance belonging to the prohibited class may be used, regardless of whether it is specifically listed as an example.

Many nutritional/dietary supplements contain NJSIAA banned substances. In addition, the U. S. Food and Drug Administration (FDA) does not strictly regulate the supplement industry; therefore purity and safety of nutritional dietary supplements cannot be guaranteed. Impure supplements may lead to a positive NJSIAA drug test. The use of supplements is at the student-athlete’s own risk. Student-athletes should contact their physician or athletic trainer for further information.

The following is a list of banned-drug classes, with examples of banned substances under each class:

(a) Stimulants
- amphetamine
- benzedrine
- benzphetamine
- bromantan
caffeine1 (guorana)
chlorphentermine
cocaine
cropropamide
crothetamide
dimethylamphetamine
doxapram
ephecline
(ephedra, ma huang)
ethamivan
ethylamphetamine
fenpropamine
meclafenoxate
methamphetamine
methylenedioxymethamphetamine
(mDMA, ecstasy)
methylphenidate
nikethamide
pemoline
pentetrazol
phenmetrazine
phetamine
phenylpropanolamine (ppa)
picloxyxine
pipradol
prolintane
strychnine
synephrine
(citrus aurantium, zhi shi, bitter orange)
and related compounds

(b) Anabolic Agents
- anabolic steroids
- androstenediol
- anrostenedione
- boldenone
- clostebol
dehydroethylmethyl-testosterone
-dehydroepiandrosterone (DHEA)
dihydrotestosteron (DHT)
dromostanolone
- epitenabolone
- fluoxymesterone
gestrinone
- mesterolone
methandienone
methenolone
methandienolone
methandienolone
methandienolone
methandienolone
methandienolone
methandienolone
methandienolone
and related compounds

(c) Diuretics
- acetazolamide
- bendroflumethiazide
- benzthiazide
- bumetanide
- chlorothiazide
- chlorthalidone
- ethacrynic acid
- flumethiazide
- furosemide
- hydrochlorothiazide
- hydroflumenthiazide
- metolazone
- polythiazide
- quinethazone
- spironolactone
- triamterene
- trichlormethiazide

(d) Peptide Hormones & Analogues:
- acetotropin (ACTH)
- human chornicon gonadotrophin (hCG)
- leutening hormone (LH)
- growth hormone (HGH, somatotrophin)
- insulin like growth hormone (IGF-1)

All the respective releasing factors of the above-mentioned substances also are banned:
- erythropoietin (EPO)
- darbypoetin
- sermorelin

(e) Definitions of positive depends on the following:
1 for caffine – if the concentration in urine exceeds 15 micrograms/ml
2 for testosterone – if administration of testosterone or use of any other manipulation has the result of increasing the ratio of the total concentration of testosterone to that of epitestosterone in the urine of greater than 6:1, unless there is evidence that this ratio is due to a physiological or pathological condition.
In order to help protect the student athletes of New Jersey, the NJSIAA has mandated that all athletes, parents/guardians and coaches follow the NJSIAA Concussion Policy.

A concussion is a brain injury and all brain injuries are serious. They may be caused by a bump, blow, or jolt to the head, or by a blow to another part of the body with the force transmitted to the head. They can range from mild to severe and can disrupt the way the brain normally works. Even though most concussions are mild, **all concussions are potentially serious and may result in complications including prolonged brain damage and death if not recognized and managed properly.** In other words, even a “ding” or bump on the head could be serious. You can’t see a concussion and most sports concussions occur without loss of consciousness. Signs and symptoms of concussion may show up right after the injury or can take hours or days to fully appear. If your child/player reports any symptoms of concussion, or if you notice the symptoms or signs of concussion yourself, seek medical attention right away.

**Symptoms may include one or more of the following:**

1. Headache
2. Nausea/vomiting
3. Balance problems or dizziness
4. Double vision or changes in vision
5. Sensitivity to light or sound/noise
6. Feeling of sluggishness or fogginess
7. Difficulty with concentration, short-term memory, and/or confusion
8. Irritability or agitation
9. Depression or anxiety
10. Sleep Disturbance

**Signs observed by teammates, parents and coaches include:**

1. Appears dazed, stunned, or disoriented
2. Forgets plays or demonstrates short-term memory difficulties (e.g. is unsure of the game, score, or opponent)
3. Exhibits difficulties with balance or coordination
4. Answers questions slowly or inaccurately
5. Loses consciousness
6. Demonstrates behavior or personality changes
7. Is unable to recall events prior to or after the hit
What can happen if my child/player keeps on playing with a concussion or returns too soon?

Athletes with the signs and symptoms of concussion should be removed from play immediately. Continuing to play with the signs and symptoms of a concussion leaves the young athlete especially vulnerable to greater injury. There is an increased risk of significant damage from a concussion for a period of time after that concussion occurs, particularly if the athlete suffers another concussion before completely recovering from the first one. This can lead to prolonged recovery, or even to severe brain swelling (second impact syndrome) with devastating and even fatal consequences. It is well known that adolescent or teenage athletes will often under report symptoms of injuries. And concussions are no different. As a result, education of administrators, coaches, parents and students is the key for student-athletes’ safety.

If you think your child/player has suffered a concussion

Any athlete even suspected of suffering a concussion should be removed from the game or practice immediately. No athlete may return to activity after an apparent head injury or concussion, regardless of how mild it seems or how quickly symptoms clear. Close observation of the athlete should continue for several hours.

An athlete who is suspected of sustaining a concussion or head injury in a practice or game shall be removed from competition at that time and may not return to play until the athlete is evaluated by a Medical Doctor or Doctor of Osteopathy, trained in the evaluation and management of concussion and received written clearance to return to play from that healthcare provider.

You should also inform your child’s Coach, Athletic Trainer (ATC), and/or Athletic Director, if you think that your child/player may have a concussion. And when in doubt, the athlete sits out.

For current and up-to-date information on concussions you can go to:

http://www.cdc.gov/ConcussionInYouthSports

http://www.nfhslearn.com
NJSIAA STEROID TESTING POLICY
CONSENT TO RANDOM TESTING

By signing below, we consent to random testing in accordance with the NJSIAA steroid testing policy. We understand that, if the student or the student’s team qualifies for a state championship tournament or state championship competition, the student may be subject to testing for banned substances.

___________________ _______ ____________ ____________
Signature of Student-Athlete  Print Student-Athlete’s Name  Date

___________________ _______ ____________ ____________
Signature of Parent/Guardian  Print Parent/Guardian’s Name  Date

NJSIAA PARENT/GUARDIAN
CONCUSSION POLICY ACKNOWLEDGMENT FORM

By signing below, we agree to abide by the NJSIAA Concussion Policy. We have read and understand the risks associated with continuing to play with the signs and symptoms of a concussion.

___________________ _______ ____________ ____________
Signature of Student-Athlete  Print Student-Athlete’s Name  Date

___________________ _______ ____________ ____________
Signature of Parent/Guardian  Print Parent/Guardian’s Name  Date