



# **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 2012 - 2013

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**

Amiphenazole  
amphetamine  
bemigrade  
benzphetamine  
bromantan  
caffeine<sup>1</sup> (guarana)  
chlorphentermine  
cocaine  
cropropamide  
crothetamide  
diethylpropion  
dimethylamphetamine  
doxapram  
ephedrine  
(ephedra, ma huang)  
ethamivan  
ethylamphetamine  
fencamfamine  
meclofenoxate  
methamphetamine  
methylenedioxymethamphetamine  
(MDMA, ecstasy)  
methylphenidate  
nikethamide  
pemoline  
pentetrazol  
phendimetrazine  
phenmetrazine  
phentermine  
phenylpropanolamine  
picrotoxine  
pipradol  
prolintane  
strychnine  
synephrine  
(citrus aurantium, zhi shi, bitter  
orange)  
**and related compounds**

**(b) Anabolic Agents**

**anabolic steroids**  
androstenediol  
androstenedione  
boldenone  
clostebol  
dehydrochloromethyl-  
testosterone  
dehydroepiandro-  
sterone (DHEA)  
dihydrotestosterone (DHT)  
dromostanolone  
epitrenbolone  
fluoxymesterone  
gestrinone  
mesterolone  
methandienone  
methenolone  
methyltestosterone  
nandrolone  
norandrostenediol  
norandrostenedione  
norethandrolone  
oxandrolone  
oxymesterone  
oxymetholone  
stanozolol  
testosterone<sup>2</sup>  
tetrahydrogestrinone  
(THG)  
trenbolone  
**and related compounds**  
  
**other anabolic agents**

**(c) Diuretics**

acetazolamide  
bendroflumethiazide  
benzhiazide  
bumetanide  
chlorothiazide  
chlorthalidone  
ethacrynic acid  
flumethiazide  
furosemide  
hydrochlorothiazide  
hydroflumenthiazide  
methyclothiazide  
metolazone  
polythiazide  
quinethazone  
spironolactone  
triamterene  
trichlormethiazide  
**and related compounds**

**(d) Peptide Hormones & Analogues:**

corticotrophin (ACTH)  
human chorionic gonadotrophin (hCG)  
leutenizing 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 caffeine – 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.



## **NJSIAA PARENT/GUARDIAN CONCUSSION POLICY ACKNOWLEDGMENT FORM**

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.

<b>Symptoms may include one or more of the following:</b>
<ol style="list-style-type: none"><li>1. Headache</li><li>2. Nausea/vomiting</li><li>3. Balance problems or dizziness</li><li>4. Double vision or changes in vision</li><li>5. Sensitivity to light or sound/noise</li><li>6. Feeling of sluggishness or fogginess</li><li>7. Difficulty with concentration, short-term memory, and/or confusion</li><li>8. Irritability or agitation</li><li>9. Depression or anxiety</li><li>10. Sleep Disturbance</li></ol>



<b>Signs observed by teammates, parents and coaches include:</b>
<ol style="list-style-type: none"><li>1. Appears dazed, stunned, or disoriented</li><li>2. Forgets plays or demonstrates short-term memory difficulties (e.g. is unsure of the game, score, or opponent)</li><li>3. Exhibits difficulties with balance or coordination</li><li>4. Answers questions slowly or inaccurately</li><li>5. Loses consciousness</li><li>6. Demonstrates behavior or personality changes</li><li>7. Is unable to recall events prior to or after the hit</li></ol>

## **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 receives written clearance from a physician trained in the evaluation and management of concussions that states the student athlete is asymptomatic at rest and may begin the graduated return to play protocol. The graduated return to play protocol is a series of six steps, the first being a completion of a full day of normal cognitive activities without re-emergence of symptoms.

Day 2: light aerobic exercise, keeping the student's heart rate <70% max

Day 3: sport specific exercises: running, etc. No head impact activities.

Day 4: non-contact training drills such as passing, shooting. Some progressive resistance training.

Day 5: normal training/practice activities, following medical clearance.

Day 6: return to play involving normal game exertion or game activity.

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