



Rhode Island Interscholastic League



OCTOBER 2005

MONTHLY BULLETIN



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FROM THE DESK OF THE EXECUTIVE DIRECTOR.....

In many states, cities, towns, and schools throughout the United States many student-athletes are struggling with their commitment to their high school athletic program. This past year stories were shared about student-athletes opting to not attend school athletic events or forgoing participation in high school competition all together because of their involvement with outside activities. All these programs, such as ODP, AAU or Junior Hockey, have some level of merit but the interscholastic programs are educationally

based and committed to teach very different lessons. School based athletic programs teach respect, fair play, self-control, accountability, team work, pride, healthy lifestyles and foster a sense of community. Athletic administrators need to stress the concept of COMMITMENT to their student-athletes and in turn articulate that same message to coaches, school administrators, school boards and school communities. All those involved in interscholastic athletics need to be committed to our educational mission of keeping our

athletes focused on what truly is important..

Now that the school year is upon us and you are being faced with new obstacles and challenges, I encourage you to maintain your passionate commitment to interscholastic athletics – the student-athletes deserve that commitment.

—Thomas Mezzanotte

Hurricane Relief



Here is an update on our efforts to aid the schools in the Hurricane Katrina devastated area.

We are working with the state associations in Louisiana, Mississippi, and Alabama on a complete list of schools suffering damage. We will post these schools on our website. At that time, we will encourage state associations to have their member schools adopt a school. We will announce a special program regarding this effort on our website and in a special e-mail to you as soon as our list is ready. Many

schools have undertaken fund raising efforts. Our program will focus on raising funds to replace or repair athletic/activity equipment and facilities. The federal dollars will not help these programs.

We encourage you to have your schools hold the money until such time that the damaged schools re-open and can receive funds and aid. We will work with our state associations to coordinate the notification regarding schools re-opening. At this time, mail service has yet to be restored in much of the devastated area.

We know that many of you are anxious to help. We believe this program will provide your schools and communities with a good way to make a difference in the lives of those impacted. Efforts to raise funds will be deeply appreciated by our member associations in Louisiana, Mississippi, and Alabama.



November 11 - VETERAN'S DAY - Sports Events

TO: All Principals and Athletic Directors

This year Veterans Day will be celebrated on Friday, November 11. Many schools throughout Rhode Island will be conducting athletic activities on this day as well as during the weekend. In recognition of our veterans, I am asking schools to "Honor Our Veterans" at your football or any other athletic events.

I can think of no better way to honor and recognize the accomplishments of our distinguished military veterans.



Suggestions:

- Free Admission to veterans
- Halftime recognition
- Veteran Honor Guard
- etc



BEHIND THE HEADLINES

HEALTH, SAFETY AND MORE FUNDAMENTAL ISSUES

In the current frenzy over steroids, it is easy to overlook far more frequent and life-threatening issues of health and safety of junior high/middle school and high school students. We don't suggest that the steroid issue be ignored, but we urge at least as much attention to the following matters during 2005-06 and beyond.



Tobacco—It's against the law for youth to smoke and eventually tobacco will kill more of these people than any other cause.

For a host of prevention agencies and strategies, Google "Michigan youth tobacco use prevention."



Alcohol — It is illegal for youth to consume alcoholic beverages; and alcohol is the number one cause of academic failures and dropouts from schools and colleges.



Head Trauma — Major concussion, repetitive head injuries and premature return to competition threaten the health and welfare of students in many sports. Through the Centers for Disease Control the MHSAA is providing all member high schools a pocket of material by January 1, 2006, to raise awareness and improve concussion management. For more information, contact www.cdc.gov/ncipc and www.biausa.org.

It is difficult to accept all this attention to steroids when more people die in a hour in America from tobacco or alcohol use than have died from steroids in the recorded history of the world. Concerns for steroids in sports should come well after these three topics and perhaps after many others as well; for example:

Obesity — Depending on the source and year, surveys report that 30 to 40 million Americans are overweight, including 30 percent of adolescents. And, again depending on the source, Michigan ranks first to fourth on the list of most obese states. The Centers for Disease Control reports four times as many youth are overweight today as in the



1960s. And overweight kids become less healthy adults. Surely, schools have some role in solving this problem which affects far more people far more seriously than steroids.



STDs — Current published reports indicate one-third of high school seniors suffer from sexually-transmitted diseases, some fatal, any incurable. The U.S. has the highest rate of STDs of any industrialized nation, with more than 15 million new cases last year alone.



Methamphetamines — According to a survey of 500 sheriffs' departments in 45 states—including Michigan—methamphetamine abuse is the nation's leading drug problem affecting local law enforcement agencies. The National Association of Counties survey released July 5, 2005, indicates 90 percent of those interviewed report increases in meth-related arrests over the last three years. According to the Associated Press, these arrests have "swamped" other county agencies that assist with caring for children whose parents become addicted and with cleaning up toxic chemicals left behind by meth cooks. Those children are coming to our schools.



Gambling — Four out of five youth between the ages of 12 and 17 have gambled during the past week; more than 35 percent admit to gambling at least once a week; 13 percent admit to a serious gambling problem. Fueled by a culture of gambling — casinos

everywhere, high stakes poker on ESPN, internet gambling, and betting lines in sports pages — gambling is a growing problem.

While steroids is this year's hot issue on the health front for sports, its place is a modest one in the real issues for those who care about the health of youth and the integrity of school sports.

Behind the headlines on the steroid issue is the same fundamental issue which is at the core of the concussion management concern, namely, an improper perspective about sport, at least at our level. In youth sports, and especially in programs sponsored by educational institutions, **the emphasis must not be on winning at any cost but learning at every opportunity.** Taking shortcuts to success and putting the health of student-athletes at risk and to rush them back into practice or competition are the antitheses of what we stand for.

It isn't education, much less testing, that we need to protect our children from steroids, but rather reorientation or reinforcement of our basic beliefs and operating principles. It is preserving the educational ethic of school sports and, where necessary, restoring that culture. It is getting America to judge school sports by standards other than winning, records and scholarships.

-August 2005

Michigan High School Athletic Association





2006 WORLD SCHOLAR-ATHLETE GAMES

URI Honors Colloquium—Fall 2005

The University of Rhode Island Honors Colloquium is holding a series of public programs this fall at the University of Rhode Island. One of the sponsors of this exciting and noteworthy program is the Institute for International Sport.

Two sessions may particularly interest high school principals, athletic directors and coaches. As a result, Dan Doyle, founder and executive director of the Institute for International Sport has designed these sessions as Rhode Island Interscholastic League Nights:

- November 8, 2005—"Title IX and Intercollegiate Sport Panel Discussion" headlined by Senator Birch Bayh, sponsor and author of the landmark 1972 Title IX legislation.
- November 29, 2005—"The Importance of Fitness" presented by Melissa Johnson, executive director of the President's Council on Physical Fitness and Sports and Dr. Robert Butler, Pulitzer Prize-winning author.

Both sessions begin at 7:00 pm and will be held in room 271 of the Chaffee Social Science Center on the URI campus.



World Scholar Athlete Games is a spectacular, quadrennial, international event for high school students.

The Games feature:

- > **Competition and activities** in 15 sports and 8 artistic areas
- > **Theme days** addressing peace, the environment, hunger and sportsmanship
- > **Dynamic leadership development** opportunities
- > **Internationally renowned speakers and celebrities**
- > **Special events**, and much more!

- **Dates:** June 24—July 2, 2006
- **Location:** The University of Rhode Island—Kingston and Newport, RI

USA

- **Participation Requirements:** Participants must be between 15—19 years old as of June 1, 2006. All participants must be high-achieving individuals (i.e., academic honor roll, varsity, or all school athlete, award-winning artist, etc.) and must be nominated by an adult with a keen understanding of their proficiencies.
- **Sports:** Baseball*, Basketball, Chess, Field Hockey**, Golf, Lacrosse, Rugby*, Sailing, Soccer, Softball**, Squash, Swimming, Tennis, Track/Field, and Volleyball. (*For boys // **For girls)
- **Cultural Arts:** Art, Choir, Culinary, Dance, Photography, Symphony Orchestra, Theater, and Writing/Poetry.
- **Cost:** The registration (room, board, gear, injury assistance, supervision, airport pick-up, etc.) is \$750 (US), not including airfare, for this dynamic nine-day event.

"The Scholar-Athlete Games is one of the most impressive and remarkable gatherings of young people I have ever witnessed."

*Former Mayor of New York City, Hon. Rudy Giuliani
Keynote Speaker, 2003 US Scholar-Athlete Games*





Coaches Get "Heads Up" Kit To Recognize and Manage Concussions: *A serious, but often underestimated health threat*

As the sports season kicks into high gear at high schools across the country, the Centers for Disease Control and Prevention (CDC) is working to raise awareness about concussions through a new multimedia educational toolkit entitled, *Heads Up: Concussion in High School Sports*. The goal of the toolkit is to help coaches prevent, recognize, and manage concussion in high school sports. More than 300,000 sports- and recreation-related traumatic brain injuries occur in the United States each year.

The *Heads Up* toolkit contains practical, easy-to-use information for coaches, as well as athletic directors and trainers, teens, and parents, including:

- a video and DVD featuring a high school athlete disabled by concussion;
- a coach's guide with information

about preventing and managing concussion;

- a wallet card and clipboard sticker for coaches;
- posters targeting athletes;
- fact sheets in English and Spanish for parents and athletes;
- a CD-ROM with downloadable kit materials and other concussion-related resources.

Concussions are a type of traumatic brain injury (TBI) caused by a blow or jolt to the head, which range from mild to severe and can disrupt the way the brain normally works. Concussions can happen to boys or girls in any sport. The risks increase in athletic activities where collisions between players are common.

Although concussions are often lightheartedly described as "dings" or having

one's "bell rung," even the mildest concussion can be serious. A lack of awareness about the effect of concussions may result in allowing an athlete to return to play too soon following initial injury, placing the athlete at risk of a more serious condition. Second-impact syndrome is a condition that could be fatal and occurs when a person who has had a concussion experiences a second blow while the brain is vulnerable.

Therefore, athletes showing signs or symptoms of concussion should be kept from play until appropriate medical personnel have evaluated their injury and given them permission to return to play. The key message to athletes in the toolkit is that, "It's better to miss one game than the whole season."

The *Heads Up* kit can be ordered or downloaded free-of-charge from CDC's website at www.cdc.gov/ncipc/tbi/Coaches_Tool_Kit.htm.



High School Coaches Get "Heads Up" Kit to Recognize and Manage Concussions

The Centers for Disease Control and Prevention (CDC) is announcing a new multimedia educational project (tool kit) to protect teen athletes from concussion—a serious, but often underestimated health threat. Concussions are a type of traumatic brain injury (TBI) caused by a blow or jolt to the head that can range from mild to severe and can disrupt the way the brain normally works.

This project, *Heads Up: Concussion in High School Sports*, includes information about how to prevent concussions and identify symptoms and the immediate steps to take when an athlete is showing signs of a concussion.

- **The Impact of Concussions**
 - More than 300,000 sports- and recreation-related TBIs occur in this country every year.
 - There are seven million high school athletes in the U.S.
 - Concussions account for 5.5% of all injuries in high school sports.

◦ Concussion can happen to any athlete, male or female, in any sport.

◦ A repeat concussion that happens before the brain fully recovers from the first can result in brain swelling, permanent brain damage, and even death. This is called "second impact syndrome."

- Coaches and athletic directors and trainers play a key role in helping athletes avoid concussion and in ensuring proper management if it occurs.

- Two main messages from the tool kit target both coaches and athletes:

◦ Coaches should take athletes out of play when they may have sustained a concussion. Instead of assessing athletes themselves, coaches should seek the advice of a health care professional.

◦ Athletes should not hide a concussion if they may have had one. Such injury must be reported and time should be taken to recover. It's better to miss one game than the whole season.

- To prevent these life-changing and life-threatening events, coaches, athletic directors, teens, and parents can:

◦ Stress to athletes and teammates that it is better to miss one game than the whole season or a healthy, active future.

◦ Use the right protective equipment during all practices and games.

◦ Keep athletes with known or suspected concussion from play until they have been evaluated and have been granted permission to return to play by the appropriate medical personnel.

◦ Ensure that your athlete's school has a year-round concussion action plan in place that can be used during games and athletic practices.

To order or download your free tool kit, visit CDC on the Web at:
www.cdc.gov/ncipc/tbi/Coaches_Tool_Kit.htm.

Heads Up! Free CDC Tool Kit on Concussion For High School Coaches

Did You Know?

- Every year, more than 300,000 sports- and recreation-related traumatic brain injuries (TBI) occur in this country.
- Concussion, a type of TBI, can happen to any athlete, male or female, in any sport.
- A repeat concussion that happens before the brain fully recovers from the first can result in brain swelling, permanent brain damage, and even death. This is called "second impact syndrome."

The Centers for Disease Control and Prevention (CDC) has developed a new multimedia educational (toolkit) initiative, *Heads Up: Concussion in High School Sports*, that includes useful tools and information to help coaches, as well as athletic directors and trainers, prevent and prepare for concussions and manage them properly when they do occur.

The new tool kit contains practical, easy-to-use information including:

- A video and DVD;
- A wallet card and clip-board sticker for coaches;



- Posters;
- Fact sheets in English and Spanish for athletes and their parents; and
- A CD-Rom with downloadable kit materials and additional concussion-related resources.

To order or download this tool kit free-of-charge, go to:

http://www.cdc.gov/ncipc/tbi/Coaches_Tool_Kit.htm.

If you are interested in learning more and would like to talk with one of our scientists about the Heads Up tool kit and also about CDC's work in injury and violence prevention, please call CDC Injury Media Relations at 770-488-4902.

**BESIDES PRIDE, LOYALTY, DISCIPLINE, HEART, AND MIND,
CONFIDENCE IS THE KEY TO ALL THE LOCKS.**
—JOE PATERNO



SAFETY CHECKLIST: SAFETY ITEMS PARENTS SHOULD LOOK FOR IN A HIGH SCHOOL ATHLETIC PROGRAM



Emergency Plan

Emergency plans include a pre-established, well thought out plan of action that is implemented in the event of an emergency situation. Items should include, but are not limited to:

- Who will provide emergency first aid?
- Who and how will emergency Medical Services (EMS) be summoned?
- Who will monitor non-injured members of the team during the emergency?
- How will parents be notified in the event of an emergency?
- Does the school monitor the availability of medically prescribed personal emergency medication?
- Is there an adequate communication system in place at all athletic practices and contests?
- Is documentation with emergency phone numbers and a list of each

student's medical conditions readily available at all practices and games?

Full Time on Site Qualified NATA BOC Certified Athletic Trainer?

There should be a qualified allied health care provider available to student athletes at the school on a daily basis. A qualified health care provider is educated in the prevention, immediate care, treatment and rehabilitation of athletic injuries. The IDEAL choice would be a NATA Certified Athletic Trainer. Schools with large athletic programs should employ additional qualified athletic health care providers.

Team Physician/Consulting Physician

There should be a medical physician affiliated with the school who is well versed in sports medicine. The athletic health care provider in the school should establish communication with the team physician.

Pre-participation Physical Evaluation for All Athletes Annually

A qualified medical physician should perform an annual physical evaluation prior to athletic participation. This document

should be reviewed by the school-based athletic health care provider, who would bring to the attention of the coaching staff, any student-athlete participating with a medical alert (such as asthma, diabetes, etc.). Guidelines should be established for athletes with medical alerts to insure that emergency life sustaining medications such as bronchial inhalers for asthma and Epi-Pen for anaphylaxis, are readily available and administered properly when needed. Any genetic cardiac risk factors should be identified and reviewed by a medical physician prior to participation.

Inclement Weather Protocol/Guidelines

Guidelines regarding inclement weather, such as lightning storms and extreme heat, should be established well in advance of the athletic season. All athletic participants and spectators should follow the guidelines that have been established.

Adequate methods for re-hydration should be available in all sports at all times with athlete education on proper hydration provided on regular basis.

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**SAFETY CHECKLIST:
SAFETY ITEMS PARENTS SHOULD LOOK FOR IN A HIGH SCHOOL
ATHLETIC PROGRAM**

Coaches Education

The coaching staff should be required to participate in ongoing education in coaching techniques, CPR, and first aid.

“Return to Participation Following Injury” Protocol

The person responsible, within a school system, for making the decision to return an injured athlete back to sports participation needs to be addressed. A protocol needs to be established with the qualified athletic health care provider identified as an integral part of the decision making process. Communication between athlete, coach, parent, team physician, family physician, certified athletic trainer and others regarding the status of the athlete’s injury.

Field/Facility Maintenance Plan

There should be a mechanism in place to ensure facilities and fields are properly cared for, inspected on a regular sched-

ule, and repaired in a timely manner.

Athletic Equipment

The equipment that the school provides should be safe, properly fitted, in good repair, and inspected on a regular schedule. All equipment. Inspections, repairs, and reconditioning should be documented. Equipment that is damaged, in ill repair or dangerous should be discarded or secured out of harms way.

Conditioning Programs

Provision of supervised pre-season, in-season and out-of-season conditioning programs should be available to ALL student-athletes. A person who is educated in the conditioning of the adolescent athlete should design and monitor these programs utilizing up-to-date, scientifically sound advice.

National Athletic Trainers’ Association, Secondary School Athletic Trainers’ Committee

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Response to NECA NEWS, “Hey Coach, where’s your defibrillator?”

Issue 20, September, 2005



The Massachusetts-Rhode Island region of the American Heart Association’s Emergency Cardiovascular Care Committee strongly disagrees with the opinions published in the New England Center for Athletes newsletter earlier this month. The article addresses the question of whether automated external defibrillators (AEDs) should be required at high school competitive athletic events. The author, an orthopedic surgeon, cites efficacy, cost and time as reasons to reject the concept of mandatory access to an AED at sporting events.

The American Heart Association’s mission is to reduce death and disability from heart disease and stroke. The organization works with experts in cardiology, emergency medicine, intensive care, and other specialties to develop evidence-based guidelines for emergency cardiovascular care and cardiopulmonary resuscitation. Its recommendations are based on review of scientific literature that reflects the most current research in the field.

Up to 90% of deaths among young athletes occur during training or competition. While sudden cardiac death is

far less common in children and adolescents than in adults, young people are not immune to congenital and acquired cardiac disease that might be unmasked by vigorous physical activity. The most common lesion associated with sudden cardiac death is hypertrophic cardiomyopathy, which has an incidence in the general population of 1:500. Unfortunately, this condition most commonly exists without clinical symptoms or positive family history.

The author suggests that the primary defense against episodes of sudden cardiac death amongst student athletes is a specialized sports medicine examination. Unfortunately, a screening history and physical examination is not sufficient to detect up to 97% of the conditions that are risk factors for sudden death. Echocardiography is a more sensitive screening tool; however, the cost of performing this diagnostic test on the approximately 4 million high school athletes in the United States would theoretically be \$250,000 for each previously undiagnosed case of hypertrophic cardiomyopathy.

The immediate precursor of sudden cardiac death in both adolescents and

adults is an abnormal cardiac rhythm known as ventricular fibrillation or ventricular tachycardia. The most effective treatment for this condition is defibrillation delivered in a timely manner. If applied within one minute of collapse, a defibrillator has a 90% chance of successfully converting to a normal heart rhythm. However, for every 1 minute that elapses thereafter, the likelihood of successful defibrillation decreases by ~10%. For this reason, it is essential to have a defibrillator available that can be applied by persons at the scene of the emergency, rather than waiting for an ambulance to respond.

Automated external defibrillators are designed to be used by the lay public with only minimal training. AEDs are only one component of an effective emergency response plan for schools, which should also include prompt contact with 9-1-1 or other local emergency number and prompt initiation of bystander CPR. AEDs have a proven track record of saving lives in airplanes, airports, shopping malls, businesses, hospitals, stadiums, and other venues.

.....continued

“HEY COACH, WHERE’S YOUR DEFIBRILLATOR?”



The presence of an AED at a high school athletic event serves as a safety net for those students who are at risk for sudden cardiac death, the majority of whom are not identified by pre-participation screening. AEDs are relatively inexpensive, with units available for as little as \$1500. Parent groups and community organizations are often willing to raise funds or donate money to support implementation of an AED program in the local schools.

The price of an AED seems trivial when compared to the cost of losing the life of a young student athlete. While sudden cardiac death is an unexpected, infrequent event, so are fires at schools – yet we would not consider sending our children to school in a building without a fire alarm or fire extinguisher. Protecting the lives of students by simple, effective means is the responsibility of parents, schools, and the community. The presence of an AED at high school

sporting events is one way in which we can accomplish this goal.

Submitted by Monica Kleinman, MD, chair of the Emergency Cardiovascular Care Committee, American Heart Association, Massachusetts-Rhode Island region.

References:

Maron BJ. Hypertrophic cardiomyopathy: A systematic review. *JAMA* 2002;287:1308-1320.

Maron BJ. Sudden death in young athletes. *New England Journal of Medicine* 2003;349: 1064-1075.

Maron BJ et. al. for the American Heart Association. Cardiovascular pre-participation screening of competitive athletes. *Circulation* 1996;94:850-856.



“If you can believe it, the mind can achieve it.”
—Ronnie Lott



AEDs — LIABILITY ISSUES

Federal Cardiac Arrest Survival Act of 2000

- Reiterates the facts regarding sudden cardiac death and the importance of early defibrillation with AEDs
- Encourages AEDs in all Federal Buildings
- “Any person who uses or attempts to use an AED device on a victim of a perceived medical emergency is exempt from any civil liability for any harm resulting”

Rhode Island General Law 9-1-34

- Exemption from liability for any persons performing CPR or using an AED, if that person has been trained according to standards of AHA or Red Cross
- Exempts physicians providing oversight for AED programs

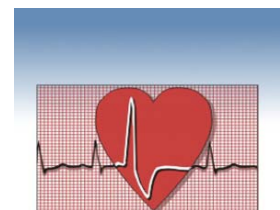
- Exempts property owners where AEDs used and owners of AEDs

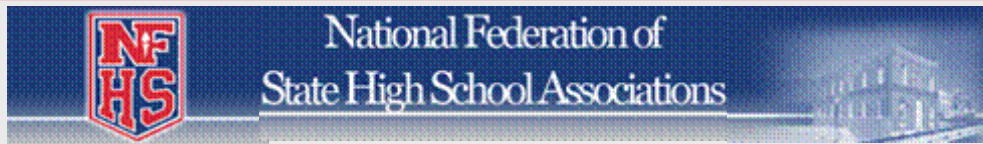
Conclusion (from unpublished manuscript of Dr. Mark Estes)

“Concerns appropriately have shifted from the minimal liabilities of owning, using, or supervising an AED to the greater liabilities associated with failure to provide an AED. AED legislation has greatly expanded recently, and apprehension over legal liability is now unfounded due to the Good Samaritan Laws passed in all states and the overriding federal Cardiac Arrest Survival Act 2000. These provide basic and effective civil immunity to all owners, users, and supervisors. Although some concerns remain over legal responsibility these are unfounded as there has never been a successful lawsuit against an individual who has purchased, used, or supervised an AED. AED lawsuits have brought to the forefront the liabilities associated with failure to provide protection against sudden cardiac death. State, federal, and private funding pro-

grams are helping to overcome potential funding barriers. By contrast, there are multiple precedents set in the courts with defendants being successfully sued for not providing an AED. It is evident that the legal and clinical benefits of AED ownership far outweigh the minimal or nonexistent risks.

These recent legislative, legal, and funding initiatives serve to provide strong incentives to provide appropriate societal protection against sudden death, the most common cause of death in the United States. With growing recognition of the utility of these devices in improving outcomes from cardiac arrest it is likely that, like airbags, smoke detectors, and fire extinguishers, AEDs will be firmly established in the realm of public safety in the near future.





The National Federation of State High School Associations | The National Interscholastic Athletic Administrators Association | The National Center for Drug Free Sport, Inc.

Sports Medicine: High School Drug-Testing Programs: August 2003

13 Percent of High Schools Have Drug-Testing Policy

INDIANAPOLIS, IN (September 2, 2003) — About 13 percent of the nation’s high schools have a drug-testing policy in place to test students for illegal or prohibited substances, according to a survey of high school athletic directors this summer.

The online survey was conducted jointly by the National Federation of State High School Associations (NFHS), the National Interscholastic Athletic Administrators Association (NIAAA) and the National Center for Drug Free Sport, Inc. A total of 861 athletic directors completed the survey.

Of the schools that have a drug-testing policy in place, 63 percent test student-athletes, while 20 percent test all students in the school. The testing is mandatory in 82 percent of the schools, and the method of testing is done randomly in 76 percent of the schools.

With regard to the types of drugs for which schools test, marijuana heads the list with testing by 95 percent of the schools, followed by cocaine (86 percent), amphetamine/methamphetamine (85 percent), opiates (67 percent), PCP (63 percent) and alcohol (62 percent).

When a student tests positive for a drug, 98 percent of the schools with a

drug-testing policy notify the student’s parents, 92 percent require some type of counseling or rehabilitation and, in 83 percent of the schools, the student is suspended from the sport or activity.

In addition to the 13 percent of the schools that currently have a drug-testing program in place, another 17 percent indicated that they were interested in pursuing one. The most common reasons given for not starting a drug-testing program were budget constraints (54 percent), lack of school board approval (51 percent) and legal concerns (50 percent).

Jerry Diehl, NFHS assistant director and liaison to the NFHS Sports Medicine Advisory Committee, said he believes there are other factors as to why a large majority of schools are not involved in drug testing.

Although many schools have difficulty admitting that performance-enhancing supplements, as well as illicit drugs, are entering their programs, they continually look for ways to deter such use,” Diehl said. “I believe the majority of high school administrators believe the money devoted to education is better spent than the money necessary for drug testing. In many instances, the amount of funding it takes for testing and rehabilitation exceeds what it takes for education and prevention. This education molds a long-term healthy lifestyle rather than punitive measures that, many times, have little or no effect on the individual.”

The survey indicated that the high school principal, not the athletic director, is most often in charge of the school’s drug-prevention or drug-testing program. Fifty-four percent of the respondents indicated that the principal oversees the program, followed by the athletic director (33 percent), superintendent (25 percent) and athletic trainer (nine percent).

More than 80 percent of those schools with a drug-testing policy indicated that they review their policy annually and disseminate the policy annually to all students participating in the testing. In addition, 79 percent of schools have students sign drug-testing consent forms annually.

A written drug-testing policy requires a clear explanation of the purpose of the program, the goals behind the monitoring of students’ substance use, and the regulations and procedures involved,” said Frank Uryasz, president of the National Center for Drug Free Sport. “Fortunately, 86 percent of high schools that drug test review and update their written policy annually. The survey also showed that 85 percent of schools present drug and alcohol education activities for their students as part of the regular curriculum, while 13 percent provide education outside the classroom. This survey provides valuable information regarding the extent of high school drug testing. Further, these data can be used as a point from which to measure any changes in the extent or nature of high school drug testing.”

For info concerning drug-testing programs, contact Frank Uryasz, National Center for Drug Free Sport, 816-474-8655 (www.drugfreesport.com).



NEWS RELEASE

High School Athletics Participation Breaks 7 Million Mark



INDIANAPOLIS, IN (September 1, 2005) — The number of participants in high school athletics increased for the 16th consecutive year in 2004-05 and topped 7 million for the first time in history.

Based on figures from the 50 state high school athletic/activity associations, plus the District of Columbia, that are members of the National Federation of State High School Associations (NFHS), participation for the 2004-05 school year rose by 115,157 students, to 7,018,709, according to the 2004-05 High School Athletics Participation Survey conducted by the NFHS. The survey also determined that nearly 53 percent of students enrolled in high schools participate in athletics.

“We are thrilled to have more than 7 million students in our nation’s high schools participating in athletic programs,” said Robert F. Kanaby, NFHS executive director. “The consistent increase in participation among the youth of our country and the fact that well over half of all enrolled students are competing in high school activities are true testaments to the impact these activities have on millions of lives across the country.”

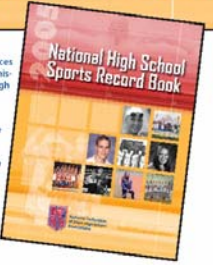
In addition to overall numbers, the girls participation total of 2,908,390 set an all-time record. The boys total also increased, reaching 4,110,319, the highest participation in the past 27 years. This year’s boys participation figure is second only to the record 4,367,442 in 1977-78.




NATIONAL HIGH SCHOOL SPORTS RECORD BOOK


2005

- Contains records and top performances in 16 sports for boys and girls — a history of the top achievements of high school greats.
- More than 200 pages of records, including a listing of members of the National High School Hall of Fame.
- 27th edition of the National High School Sports Record Book includes several new records and more than 20 new photos of 2003-04 record-breakers, including those pictured here.
- Listings for more than 6,500 teams and individual record-holders.






High School Sports Record Book



High School Sports Record Book



High School Sports Record Book

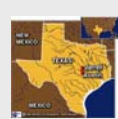
Please send me _____ copies of the 2005 National High School Sports Record Book at \$12.95 each, plus shipping and handling. (Shipping and handling charges up to \$10.00; add \$3.00, \$2.00 or \$1.50, more than \$10.00, and \$8.00.)

Name _____

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Please send check payable to NFHS:
NFHS Customer Service, PO Box 761246
Indianapolis, IN 46226-0246
1-800-776-3462
www.nfhs.com



Hurricane Relief – Mascot Adoption Program (“MAP”)

The NFHS website (www.nfhs.org) contains a list of all schools in the Hurricanes Katrina and Rita damage areas. The RIIL and the NFHS in conjunction with the NIAAA is sponsoring a program where we encourage schools to adopt another school to provide assistance. We are calling this program, Mascot Adoption Program (MAP). We believe it is a natural for schools with a nickname such as Wildcats to adopt a school in need with the same nickname. Of course, there are schools with unique names in need as well for those who do not match.

One of the critical issues in this

effort is that the adopting school contacts the damaged school to determine when and where to send the support. Please make the direct contact with the school in need before sending any funds or other support.

To see the list, click on the Mascot Adoption Program banner at the bottom of the NFHS website.

For those of you who have already committed resources, we express our appreciation on behalf of our member state associations in Louisiana, Mississippi, Alabama, and Texas.





PRINCIPALS' COMMITTEE ON ATHLETICS

SUMMARY OF MEETING

The September meeting of the Principals' Committee on Athletics was called to order at 1:40 p.m.

EXECUTIVE DIRECTOR'S REPORT

The Executive Director's Report from the August 22, 2005 meeting was approved.

TREASURER'S REPORT

The Treasurer's Report was approved.

COMMUNICATIONS

Mr. Mezzanotte referred to several letters, memoranda and publications placed in each member's folder or filed in the League office.

NFHS Updated Communicable Disease Policy: The Committee reviewed the policy and it will be distributed to all member schools.

Displaced Hurricane Victims: McKinney-Vento Education for Homeless Children and Youths Program Act. Homeless students can immediately enroll in their district of origin or the district in which they are physically present. We will accommodate any Katrina Hurricane displaced students; however, schools must verify eligibility (age, 8-Semester Rule, etc.).

The Committee would like to commend Mt. Saint Charles Academy principal Hervé Richer on his letter to parents regarding proper sportsmanship.

The Committee would also like to commend Bill Reynolds from the Providence Journal for his excellent column – "Ease up, parents. If sports aren't fun, what's the point?"

RULES VIOLATIONS

Mr. Mezzanotte referred to a letter submitted by Our Lady of Fatima in which the Athletic Director Tom Whitaker self-reported a recruiting incident that took place at Our Lady of Fatima, violating Article 3, Section 10, of the Rules and Regulations of the RII.

On a motion made and seconded, the Principals' Committee on Athletics unanimously voted to commend Our Lady of Fatima and Athletic Director, Tom Whitaker for self-reporting a recruiting violation and taking appropriate action to rectify the matter. In addition, the Committee voted to not impose any penalties or disciplinary action against Fatima.

WAIVER REQUEST FOR ALTERNATIVE EDUCATION SCHOOLS FOR ATHLETIC PARTICIPATION

On a motion made and seconded, the Principals' Committee on Athletics unanimously approved a waiver for students attending ALP, Beacon Charter, Blackstone Academy, Del Sesto, E³ Academy, Harrison School, The Met Schools, Newcomer Academy, Textron, and NEL/CPS in accordance with Article 3, Section 1. Students from these alternative educational programs are granted eligibility to participate at his/her feeder/neighborhood schools for the 2005-2006 school year, provided they are eligible by all of the RII rules and regulations.

INJURY FUND DONATIONS – COMMITTEE REPORT

Members of the Injury Fund Committee met and recommended a course of action for all member schools regarding

injury fund donations. These recommendations were sent to all schools.

RIIL SPORTS MEDICINE ADVISORY COMMITTEE

On a motion made and seconded, the Principals' Committee on Athletics unanimously approved the following recommendations from the RII Sports Medicine Advisory Committee:

1. The use of mouth guards in all contact sports. (Soccer, basketball, wrestling, baseball, volleyball, softball) Presently, mouth guards are required in all collision sports.

To adhere to the NFHS rule permitting facial and head protection for high school baseball.

STRATEGIC PLANNING COMMITTEE UPDATE

The meeting dates for the Strategic Planning Committee are Thursday, October 6th from 6pm to 8pm at the RII Office and October 20&21 from 8am to 4pm at Amica Insurance.

RIIL RULES CHANGES

On a motion made and seconded, the Principals' Committee on Athletics unanimously voted to approve the following change to Article 3, Section 4E: "Students entering or returning to a secondary school from any court ordered out-of-home disciplinary placement must have their eligibility considered by the Committee on an individual basis. In addition, the receiving school must provide the Committee evidence that the student meets all eligibility requirements as defined in the Rules & Regulations of the RII."

In another matter, Mr. Magarian referred to a proposed rule change to Article 6, Section 6B, 4. This matter was tabled to the October meeting.

FOREIGN EXCHANGE STUDENTS

Mr. Kavanagh, principal at LaSalle Academy, presented information to the Committee explaining why, how and under what circumstances a student presently attending LaSalle Academy as a Foreign Exchange Student, who is seeking eligibility. The student's foreign exchange program is not an approved program by the CSIET in accordance with Article 3, Section 6.B.

On a motion made and seconded, the Principals' Committee on Athletics unanimously approved to allow the Foreign Exchange Student to attend and participate in athletics at LaSalle Academy. The earliest date this student can become eligible for varsity competition is after she has served 50% of the league schedule varsity period in each sport in which she participated on a varsity level.

In another matter, Mr. Mezzanotte brought to the Committee's attention matters relating to Foreign Exchange students who are attending high schools in Rhode Island. Mr. Mezzanotte will investigate and provide additional information regarding this rule (Article 3, Section 6).

WINTER 2005 COACHES' MANDATORY INTERPRETATION MEETING DATES

Dates for the coaches' mandatory Winter Interpretation Meetings were distributed.

ALIGNMENT UPDATE

Information regarding the new four (4) year alignment and criteria was sent to all member schools.

FALL SPORTS

Boys' Soccer – Mr. Craig, Director of Boys' Soccer, reported Red Cards are down.

Girls' Soccer – Ms. Johnson, Director of Girls' Soccer, reported all is going well.

Football – Mr. Cooney, Director of Football, reported all is going well.

Field Hockey – Ms. Angell, Director of Field Hockey, reported all is going well.

Girls' Volleyball – Ms. Botelho, Director of Girls' Volleyball, reported all is going well.

Boys' & Girls' Cross Country and Girls' Tennis – No report given.

WINTER SPORTS

Mr. Mezzanotte reported all winter schedules have been received with the exception of Boys' and Girls' Hockey and Gymnastics.

Boys' Ice Hockey – *On a motion made and seconded, the Principals' Committee on Athletics voted (10-1-1) to:*

- *Approve a move by Warwick Veterans High School to Division II;*
- *Approve new one (1) year alignment creating a Division II-Large which will play within their division and play cross-over games against Division I teams;*
- *Approve the creation of Division II-Small;*
- *Approve a new play-off format creating four (4) championships: Division I, Division II-Small, Division II-Large and Division III;*
- *Approve teams in Division I&II Large to play 15 minute periods and charge Division II-Large schools the additional fee.*

Boys' Basketball – Mr. Foley, Director of Boys' Basketball, presented survey results from Division I Boys' Basketball schools regarding the Division I Format for the 2005-2006 Playoffs.

On a motion made and seconded, the Principals' Committee on Athletics unanimously approved the new playoff format for Boys' Basketball allowing one champion for Division I.

Girls' Basketball – Kevin McNamara, assistant principal at Lincoln High School, appeared before the Principals' Committee on Athletics to appeal the Committee's decision to deny the request by Lincoln High School to move the Girls' Basketball team from Division II to Division I for the 2005-2006 season.

On a motion made and seconded, the Principals' Committee on Athletics voted 5-5-0 to deny the request for Lincoln HS Girls' Basketball team to move from Division II to Division I for the 2005-2006 season.

Gymnastics, Girls' Ice Hockey, Indoor Track, Swimming and Wrestling – no report was given.

SPRING SPORTS

Baseball – Providence Country Day School sent a letter to the RIIL requesting to be admitted to the RIIL Baseball League beginning in the spring 2006 season.

On a motion made and seconded, the Principals' Committee on Athletics unanimously approved the request by Providence Country Day to come into the RIIL Baseball Division III league for the 2006 season.

Boys' and Girls' Lacrosse – Mr. Finn, Director of Lacrosse, reported all is going well.

Boys' and Girls' Outdoor Track – The Outdoor Track Committee has been meeting on a regular basis to discuss issues regarding outdoor track and will continue to meet. The meetings haven't been spirited and beneficial.

Boys' Tennis, Boys' Volleyball, Golf and Softball – No report given.

BEFORE THE MEETING WAS ADJOURNED, A MOTION WAS MADE AND SECONDED TO GO INTO EXECUTIVE SESSION. THE COMMITTEE VOTED TO GO INTO EXECUTIVE SESSION.

HEARINGS

4:00 pm

Sylvester Moses – Saint Raphael Academy

Waiver of Article 3, Section 4c – 8-Semester Rule. Appealing a decision of Waiver Committee.

Motion to grant waiver: 9-1-1 (approved)

4:30 pm

Patrick Feeley – Bishop Hendricken HS

Waiver of Article 3, Section 4c, 8-Semester Rule. Appealing a decision of Waiver Committee.

Motion to grant waiver: 10-0 (denied)

5:00 pm

Cory Rocha – Our Lady of Fatima

Waiver of Article 3, Section 4c, 8-Semester Rule. Appealing a decision of Waiver Committee.

Motion to grant waiver: 10-0 (approved)

5:20 pm

Christopher McGloin – North Providence HS

Waiver of Article 3, Section 5, The Transfer Rule. Appealing a decision of Waiver Committee.

Motion to grant waiver: 10-0 (denied)

The Committee then adopted the following closing motion: THAT ANY AND ALL MOTIONS, AMENDMENTS AND ACTIONS BY THE PRINCIPALS' COMMITTEE ON ATHLETICS AND THE EXECUTIVE OFFICERS OF THE PRINCIPALS' COMMITTEE ON ATHLETICS TO THIS DATE BE REAFFIRMED AND RATIFIED.

The September meeting of the Principals' Committee on Athletics was adjourned at 5:55 P.M.



Mission Statement

The Mission of the Rhode Island Interscholastic League is to provide educational opportunities for students through interscholastic athletics and to provide governance and leadership for its member schools in the implementation of athletic programs.

National Affiliation



The Rhode Island Interscholastic League is a member of the National Federation of State High School Associations, which consists of the state high school associations of all 50 states and the District of Columbia. Guam, the Philippines, Puerto Rico, the Virgin Islands and all provinces of Canada are affiliate members.

The objectives of the National Federation of State High School Associations are to:

- serve, protect, and enhance the interstate activity interests of the high schools belonging to the state associations;
- assist in those activities of the state associations which can best be operated on a nationwide scale;
- sponsor meetings, publications, and activities which will permit each state association to profit by the experience of all other member associations;
- coordinate the work so duplication will be minimized;
- formulate, copyright, and publish rules of play or event conduct pertaining to interscholastic activities;
- preserve interscholastic athletic records, and the tradition and heritage of interscholastic sports;
- provide programs, services, material and assistance to state associations, high schools and individual professionals involved in the conduct and administration of interscholastic activities;
- study in general all phases of interscholastic activities and serve as a national resource for information pertaining thereto;
- identify needs and problems related to interscholastic activities and where practical provide solutions thereto; and
- promote the educational values of interscholastic activities to the nation's public.



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