2026-2027
RIVER BLUFF HIGH SCHOOL
PRE-PARTICIPATION PACKET FOR ATHLETICS

(found at https://riverbluffgators.com/ under Resources tab)

This packet contains important information to be reviewed by athletes and their parents prior to athletic participation at River Bluff High School or feeder middle schools. Families are encouraged to keep these documents on file as a reference during the upcoming school year. Also included are instructions to complete the required pre-participation digital forms and upload the required SCHSL Physical Form.

CHECKLIST

1. ___**Review**
   - Parent letter regarding sports medicine services at RBHS
   - Information regarding the RBHS athletic training staff and team physicians
   - Educational information regarding concussion, sickle cell trait, common skin infections, sudden cardiac death, heat illness, proper tackling technique, blood hygiene, nutrition, dietary supplements, and energy drinks
   - Instructions for creating an account, completing required digital pre-participation forms, and uploading the completed SCHSL Physical Exam Form on Arbiter Registration.

2. ___**Print SCHSL Physical Form** Take form to exam. Athlete must be cleared by physician, PA or NP.

3. ____**Arbiter Registration:** All families will need to create new Arbiter Registration accounts. Only one account is needed for each family as multiple children can be added to the account. Only 1 parent needs to set up the account. A registration form must be completed for each school that the student intends to participate in athletics at. Each school will have a separate registration link/form.

4. ____**Upload completed SCHSL Physical Examination Form to Arbiter Registration.** A registration form should be completed & physical form uploaded to Arbiter Registration at least a week prior to any athletic participation. Per SCHSL requirement - all forms must be dated on or after April 1, 2026..

Note: To be eligible to compete per the SCHSL, each athlete must also have:

- Birth certificate on file in Arbiter Registration
- Academic eligibility
- If you are a transfer student, you MUST see Tracy in the athletics office to complete your transfer prior to participation.

Dear RB Parent:

As River Bluff High School's athletic trainers (ATs), we are responsible for coordinating sports medicine/athletic training services for River Bluff High School athletes. Our sports medicine program's focus is to prevent, evaluate, treat, and rehabilitate injuries incurred by RB athletes during the course of practice and competition. Attached are a few reminders that help us serve your athlete both effectively and efficiently:

PRE-PARTICIPATION DOCUMENTS: Families should create Arbiter registration accounts, complete required digital pre-participation forms, and upload a SCHSL pre-participation physical exam form indicating physician clearance at least I week prior to athletic participation (including offseason workouts, strength/conditioning sessions, and try-outs). Parents are encouraged to keep the physical for their records. Note: SCHSL requires the physical and other pre-participation forms to be dated after April 1, 2026 for athletic participation in the 2026-2027 school year. They expire on the last day of school.

ATHLETIC INJURIES: In the event your student-athlete becomes injured during the season, he/she should report to the athletic training room (G 123) as soon as possible. The athletic training room is open for injury evaluations and treatments by appointment during designated times during the school day and after school. Athletes can make an appointment with an RB athletic trainer at https://riverbluffgators.com/resources In most cases our AT staff can handle the injury without a referral to a physician or emergency room. The RB Sports Medicine program also offers rehab services for sports injuries sustained during participation with a RB SCHSL-sanctioned team.

PHYSICIAN REFERRALS: When physician referral is needed, RB Sports Med can assist with the arrangement of an appointment to our team physicians at Prisma Health Orthopedics, often within 24 hours. Any time an athlete is examined by a physician (whether PHO or a physician of the parent's choosing), the athlete should submit written documentation from the physician detailing the diagnosis and recommendations/restrictions for athletic participation to the AT staff upon returning to school.

ATHLETIC ACCIDENT INSURANCE: While an athlete's parent is ultimately responsible for medical bills incurred because of injury/illness during athletic participation, Lexington I does provide *secondary* athletic accident insurance for athletes who are injured while participating in official team functions. The policy is intended to be an "excess" policy designed to pay secondarily to the athlete's primary health insurance. Parents of an injured athlete, who has been referred to a physician by a staff athletic trainer, should receive a claim form by mail a few days after the injury. The parent should complete the claim form and follow the directions to file the claim. Parents are strongly encouraged to make a photocopy of the completed claim form for their records. In the event an athlete sees a physician for an injury, but was not referred by a staff athletic trainer, the athlete's parent should contact the RB AT Staff ASAP. Failure to do so may result in a claim not being filed. **Note: All claims must be filed within 60 days of injury.**

INJURIES DURING A GAME: In the unfortunate event that your athlete is injured during a game, please remain calmly in your seat in the stands (while it may be difficult, but a frantic parent rushing to the field only stirs emotions in the injured athlete, which can make assessment and care of the injury more difficult). After the injury is evaluated and initial treatment is provided, the parent will be called to the sideline/athletic training room to be informed of the nature of the injury along with recommendations for care.

RB Sports Medicine is committed to providing RB athletes with the best athletic healthcare possible. Please call me with any questions or concerns.

Go Gators!

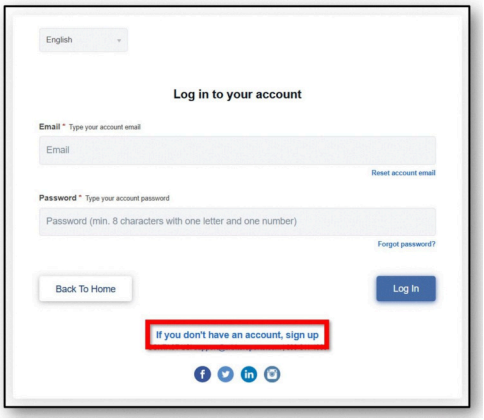
Dr. George S. Wham, Jr

George S. Wham Jr., EdD, SCAT, ATC
Co-Head Athletic Trainer, RB Sports Medicine
Phone: 803-821-0847 Email: gwham@lexingtonI.net

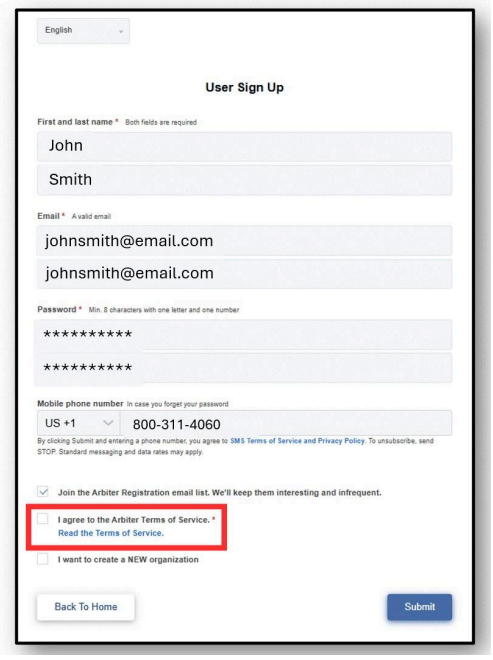
Arbiter Student Registration Instructions

Only one account is needed for the entire family. One parent will create the account. Maintaining a single account ensures all registration history and documentation remain organized and accessible in one place.

1. *Open* a web browser and go to **www.arbiter.io**.
2. *Click* **Login**.
3. *Click* **For Families/Students**.
4. *Click* **If you don't have an account, sign up**.

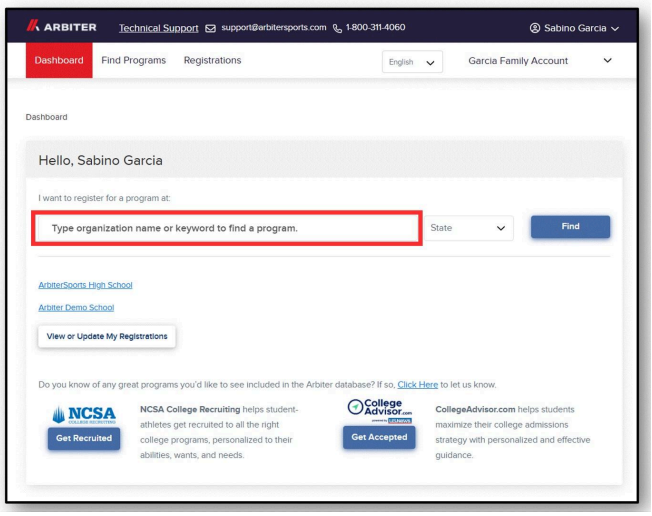


5. On the user sign-up page, *enter* the following:
    - Parent or Guardian First and Last Name
    - Parent or Guardian Email
    - Password
    - Cell Phone Number.
6. *Check mark* **I agree to the Arbiter Terms of Service**.
    - **DO NOT** check mark "I want to create a NEW organization."
7. *Click* **Submit**.

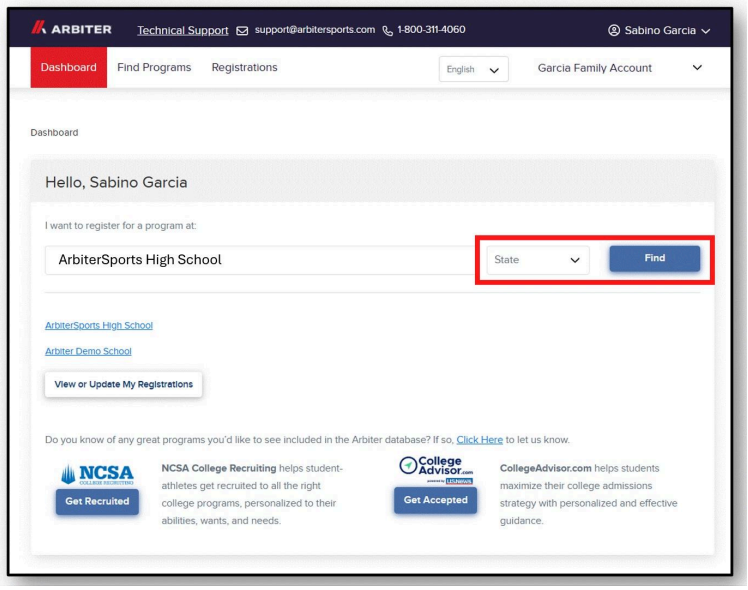


How do I begin a registration?

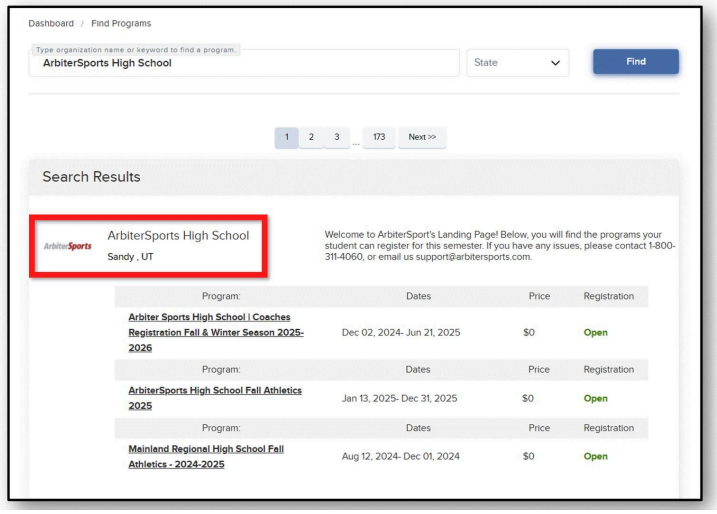
1. *Type* the **name of your school**.



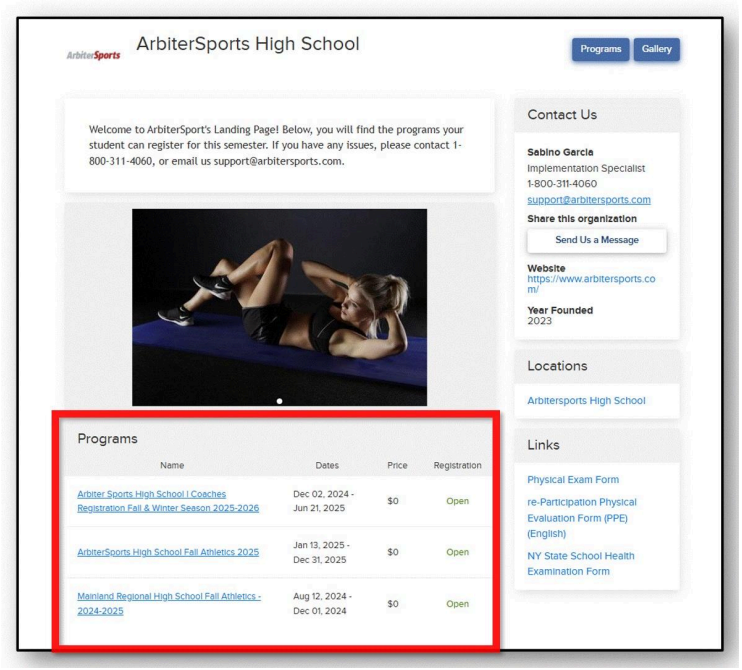
2. *Click* on the **state drop down menu** to help you locate your school and *click* **Find**.



3. *Click* on **your school's landing page**.



4. Under Programs, *click* on the **registration**.



5. *Click* **Register Now.**
6. *Select* a **Section.**
7. ***Fill* out the Participant Information section.**
8. ***Fill out* all remaining areas marked with a red asterisk.**
9. If necessary, you can *click* **Save and Finish Later** to save your registration. You can find your saved registration under the **Registration** tab.
10. After filling out your registration, *click* **Continue**.
11. *Click* **Pay & Submit** or **Submit.**

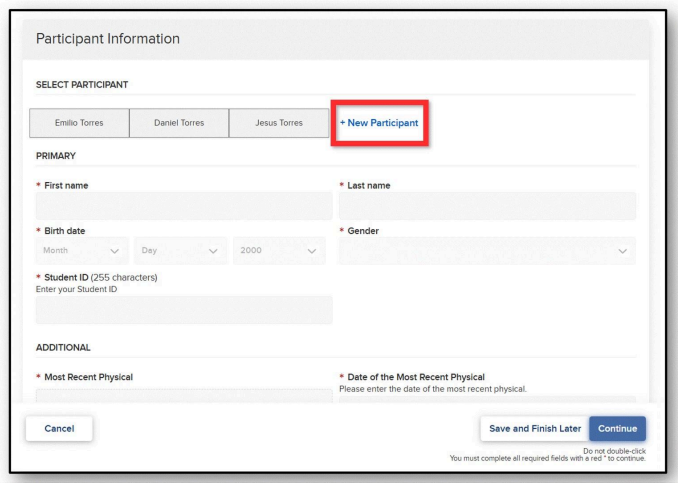
Once completed you will see the summary page of your registration that states 'REGISTRATION STATUS: COMPLETED'. You will also receive a confirmation email to the email address on your Arbiter Registration account.

Athletic staff will review the forms you submitted. Athletic staff will approve or decline a registration if corrections need to be made.. An email will be sent if any corrections need to be made to the registration forms.

Can I register more than one child?

Parents can register multiple children using the same Arbiter Student Registration account. There is no need to create a separate account for each child. Simply log in with your existing credentials and complete a registration for one child.

To register another child, *click* the **New Participant** button. Each time you register a new child, their information will be saved for future use.



Preparticipation Physical Evaluation – History Form

Note: Complete and sign this form (with your parents if younger than 18) before your appointment.

Name: _____ Date of Birth: _____ Sex: ____

Date of Examination: _____Sport(s): _____

List past and current medical conditions: _____

Have you ever had surgery? If yes, list all past surgical procedures: _____

Medicines and supplements: List all current prescriptions, over-the-counter medicines, and supplements (herbal and nutritional): _____

Do you have any allergies? If yes, please list all your allergies (ie, medicines, pollens, food, stinging insects): _____

General Questions. Explain "Yes" answers at the end of this form. Circle questions if you don't know the answer.	**Yes**	**No**
1. Do you have any concerns that you would like to discuss with your provider?		
2. Has a provider ever denied or restricted your participation in sports for any reason?		
3. Do you have any ongoing medical issues or recent illness?		
Heart Heath Questions About You	**Yes**	**No**
4. Have you ever passed out or nearly passed out DURING or AFTER exercise?		
5. Have you ever had discomfort, pain, tightness, or pressure in your chest during exercise?		
6. Does your heart ever race, flutter in your chest or skip beats (irregular beats) during exercise?		
7. Has a doctor ever told you that you have any heart problems?		
8. Has a doctor ever ordered a test for your heart? (for example Electrocardiography (ECG) or echocardiography.		
9. Do you get lightheaded or feel shorter of breath than your friends during exercise?		
10. Have you ever had a seizure?		
Health Questions About Your Family	**Yes**	**No**
11. Has any family member or relative died of heart problems or had an unexpected or unexplained sudden death before age 35 (*including drowning or unexplained car accident*)?		
12. Does anyone in your family have a genetic heart problem such as hypertrophic cardiomyopathy, Marfan syndrome, arrhythmogenic right ventricular cardiomyopathy (ARVC), long QTsyndrome (LQTS), short QT syndrome (SQTS), Brugada syndrome, or catecholaminergic polymorphic ventricular tachycardia (CPVT)?		
13. Does anyone in your family had a pacemaker or implanted Defibrillator before age 35?		
Bone and Joint Questions	**Yes**	**No**
14. Have you ever had a stress fracture or an injury to a bone, muscle, ligament, joint or tendon that caused you to miss a game or practice?		
15. Do you have a bone, muscle, ligament or joint injury that bothers you?		

Medical Questions	**Yes**	**No**
16. Do you cough, wheeze, or have difficulty breathing during or after exercise?		
17. Are you missing a kidney, an eye, a testicle (males), your spleen, or any other organ?		
18. Do you have groin or testicle pain or a painful bulge or hernia in the groin area?		
19. Do you have any recurring skin rashes or rashes that come and go, including herpes or methicillin-resistant Staphylococcus aureus (MRSA)?		
20. Have you ever had a concussion or head injury that caused confusion, a prolonged headache, or memory problems?		
21. Have you ever had numbness, tingling, or weakness in your arms or leg, or been unable to move your arms or legs after being hit or falling?		
22. Have you ever become ill while exercising in the heat?		
23. Do you or someone in your family have sickle cell trait or disease?		
24. Have you ever had or do you have any problems with your eyes or vision?		
25. Do you worry about your weight?		
26. Are you trying to or has anyone recommended that you gain or lose weight?		
27. Are you on a special Diet or do you avoid certain types of foods?		
28. Have you ever had an eating disorder?		
Females Only	**Yes**	**No**
29. Have you ever had a menstrual period?		
30. How old were you when you had your first menstrual period?		
31. When was your most recent menstrual period?		
32. How many periods have you had in the past 12 months?		

Explain a "Yes" answer here: _____

I hereby state that, to the best of my knowledge, my answers to the questions on this form are complete and correct.

Signature of athlete: _____

Signature of parent or guardian: _____

Date _____

Preparticipation Physical Evaluation - Physical Form

Last Name _____ First Name _____ Middle Initial _____ Date of Birth _____

Examination				
Height:	Weight:			
BP: / (/)	Pulse:	Vision: R 20/	L 20/	Corrected ___ Yes ___ No

Medical	Normal	Abnormal Findings
Appearance: Marfan stigmata (kyphoscoliosis, high–arched palate, pectus excavatum, arachnodactyly, hyperlaxity, myopia, mitral valve prolapse (MVP), and aortic insufficiency		
Eyes / Ears / Nose / Throat - Pupils equal / Hearing		
Lymph Nodes		
Heart - Murmurs (auscultation standing, auscultation supine, and +/- Valsalva maneuver		
Lungs		
Abdomen		
Skin - Herpes simplex virus (HSV), lesions suggestive of methicillin-resistant Staphylococcus aureus (MRSA), or tinea corporis		
Neurologic		
Musculoskeletal:		
- Neck		
- Back		
- Shoulders/Arm		
- Elbow/Forearm		
- Wrist/Hand/Fingers		
- Hip/Thighs		
- Knees		
- Leg/Ankles		
- Foot/Toes		
- Functional: Double-leg squat test, single leg squat test, and box drop or step drop test		

Consider: electrocardiography (ECG), echocardiography, and referral to cardiologist for abnormal cardiac history or examination findings or a combination of those.

Preparticipation Physical Evaluation

___ Medically eligible for all sports without restriction.

___ Medically eligible for all sports without restriction with recommendations for further evaluation or treatment of: _____

_____

___ Medically eligible for certain sports: _____

___ Not medically eligible pending further evaluation.

___ Not medically eligible for any sports.

Recommendations: _____

_____

I have examined the student named on this form and completed the preparticipation physical evaluation. The athlete does not have apparent clinical contraindications to practice and can participate in the sport(s) as outlined on this form. If conditions arise after the athlete had been cleared for participation, the physician may rescind the medical eligibility until the problem is resolved and the potential consequences are completely explained to the athlete and parents or guardians.

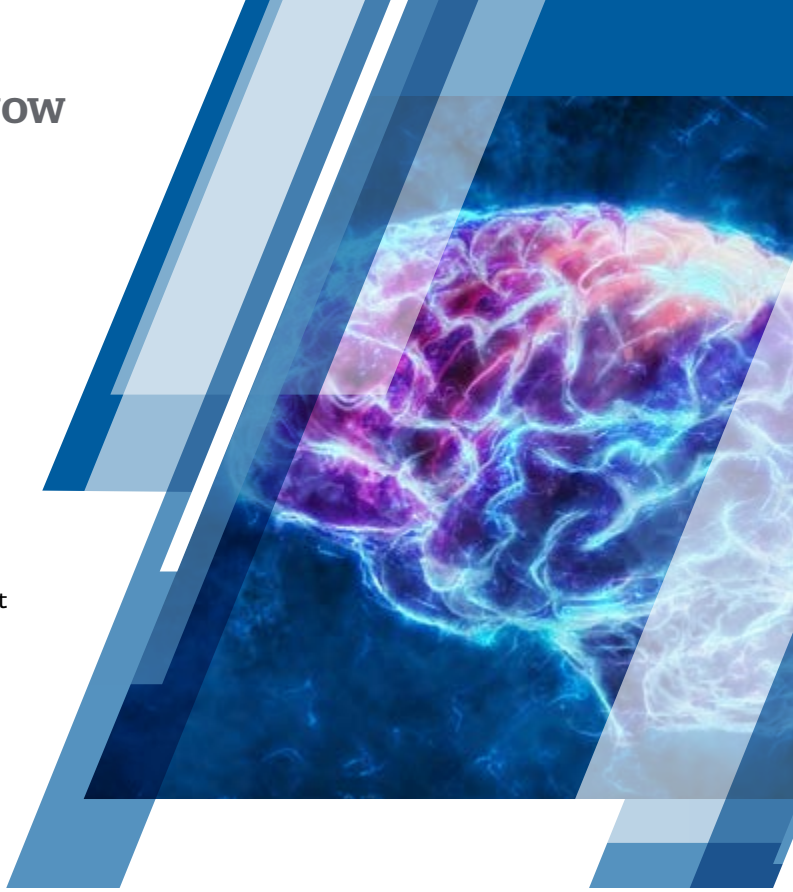
Name of health care professional (print or type): _____ Date: _____

Address: _____ Phone: _____

Signature of health care professional: _____ MD, DO, NP, or PA

WHAT STUDENT-ATHLETES NEED TO KNOW

Concussion Safety



What Is a Concussion?

The Consensus Statement on Concussion in Sport, which resulted from the sixth international conference, defines sport-related concussion as follows:

Sport-related concussion is a traumatic brain injury caused by a direct blow to the head, neck or body resulting in an impulsive force being transmitted to the brain that occurs in sports and exercise-related activities. This initiates a neurotransmitter and metabolic cascade, with possible axonal injury, blood flow change and inflammation affecting the brain. Symptoms and signs may present immediately, or evolve over minutes or hours, and commonly resolve within days, but may be prolonged.

Additional information on concussion diagnosis, management and prevention in collegiate athletes, including a complete definition of concussion, can be found **here**.

How Can I Keep Myself Safe?

1. Know the symptoms.

You may experience ...

- Headache or head pressure.
- Nausea.
- Balance problems or dizziness.
- Double or blurry vision.
- Sensitivity to light or noise.
- Feeling sluggish, hazy or foggy.
- Confusion, concentration or memory problems.

2. Speak up.

- If you think you have a concussion, stop playing and talk to your coach, athletic trainer or team physician immediately.

3. Take time to recover.

- Follow your team physician and athletic trainer's directions during concussion recovery.
- When managed properly, most student-athletes recover fully from concussion. Exercise, under medical supervision, is a core component of concussion management.
- There may be negative consequences when concussion is left untreated.
- Once you've recovered from a concussion, talk with your physician about the risks and benefits of continuing to participate in your sport.

How Can I Be a Good Teammate?

1. Know the signs.

You may notice that a teammate ...

- Appears dazed or stunned.
- Forgets an instruction.
- Is confused about an assignment or position.
- Is unsure of the game, score or opponent.
- Appears less coordinated, unsteady on feet or wobbly.
- Answers questions slowly.
- Loses consciousness.

2. Encourage teammates to be safe.

- If you think one of your teammates has a concussion, tell your coach, athletic trainer or team physician immediately.
- Help create a culture of safety by encouraging your teammates to report any concussion symptoms.

3. Support your injured teammates.

- If one of your teammates has a concussion, let them know you and the team support playing it safe and following medical advice during recovery.
- Being unable to practice or join team activities can be isolating. Make sure your teammates know they're not alone.

No two concussions are the same. Symptoms may appear several hours after the initial impact or even the next day. Symptoms may also evolve over several days. If you are unsure if you have a concussion, talk to your athletic trainer or team physician immediately.

What Happens If I Get a Concussion and Keep Practicing or Competing?

- Due to brain vulnerability after a concussion, an athlete may be more likely to suffer another concussion while symptomatic from the first one.
- In rare cases, repeat head trauma can result in brain swelling, permanent brain damage or even death.
- Continuing to play after a concussion increases the chance of sustaining other injuries too, not just concussion.
- Athletes with concussion have reduced concentration and slowed reaction time. This means that you won't be performing at your best.
- Athletes who delay reporting concussion take longer to recover fully.

What is the Recovery Time for a Concussion?

- Each athlete is different, but emerging information indicates that most athletes fully recover from concussion.
- Some athletes experience persisting post-concussive symptoms, which are managed with exercise and targeted treatment.
- If your symptoms persist, you may also have another treatable condition unrelated to your concussion. If you are experiencing any ongoing symptoms, please seek medical care with the team physician.

What Do I Need to Know About Repeated Head Impacts?

- Research into the new concept of repeated head impacts is evolving rapidly.
- Most head impacts in sport occur at low levels well below the force needed to cause a sports-related concussion.
- The medical and scientific community continues to conduct research to determine if long-term exposure to head impacts may be deleterious to brain health.
- While many questions remain unanswered, the NCAA Concussion Checklist recommends that efforts should be made to reduce head impact exposure in both practice and game settings.

Chronic Traumatic Encephalopathy ("CTE")

- In recent years, there has been ongoing research into CTE, and more research is needed to answer important questions.
- According to the Centers for Disease Control website, research-to-date suggests that CTE is associated with long-term exposure to repeated head impacts at levels that would cause injury to the brain.
- According to the CDC, there is no strong scientific evidence that shows that getting one or more concussions (or other mild traumatic brain injuries) or occasional hits to the head leads to CTE.

More research is needed to better understand:

- The causes of CTE, including the role of repeated head impacts.
- Other potential risk factors for CTE, including the role of a person's sex, genetics, medical history, and environmental and lifestyle factors.
- How the CTE pathology develops, and what symptoms CTE pathology may cause.
- Why some people develop CTE and others do not.

You can find more information on the emerging CTE research at various sources including the **CDC**, **NINDS** and the **Consensus Statement on Concussion in Sport**.

If you are concerned or have questions, please talk to your medical doctor.

Did You Know?

- NCAA rules require that team physicians and athletic trainers manage your concussion and injury recovery independent of coaching staff, or other non-medical, influence.
- We're learning more about concussion every day. To find out more about the largest concussion study ever conducted, which is being led by the NCAA and U.S. Department of Defense, visit **ncaa.org/concussion**.

CONCUSSION TIMELINE

Baseline Testing

Balance, cognitive and neurological tests that help medical staff manage and diagnose a concussion.

Concussion

If you show signs of a concussion, NCAA rules require that you be removed from play and medically evaluated.

Recovery

Your school has a concussion management plan, and team physicians and athletic trainers are required to follow that plan during your recovery.

Return-to-Learn

Return-to-learn should be done in a step-by-step progression in which adjustments are made as needed to manage your symptoms.

Return-to-Sport

Final return-to-sport only happens after you have returned to your pre-concussion baseline and you've gone through a step-by-step progression of increasing activity.

River Bluff High School Concussion Management Plan

(Revised 4/14/2020)

EDUCATION & ACKNOWLEDGEMENT

- The NCAA Concussion Fact Sheet and the River Bluff High School Concussion Management Plan will be included in the RBHS Preparticipation Packet. Prior to athletic participation, all RBHS athletes and their parents should read the NCAA Concussion Fact Sheet and the RBHS Concussion Management Plan. Both parent and athlete must sign the concussion awareness statement found on PlanetHS acknowledging that they have read and understand the information and their responsibility to report their injury and illnesses to a staff athletic trainer, including signs and symptoms of a concussion.
- Staff athletic trainers (ATs) & coaches will complete the NFHS Concussion in Sports Course as required by SCHSL.
- When an athlete is concussed, his/her parent will be contacted. Parent and athlete will be further educated on concussion management and the appropriate next steps for care. The "Concussion Information" portion of the SCAT5 form will be provided to the parent/athlete for reference.

EVALUATION

- Any athlete experiencing symptoms should report to the AT staff as soon as possible.
- Any athlete exhibiting signs, symptoms, or behaviors consistent with concussion shall be removed from athletic activities by an AT (or coach in the absence of the athletic trainer) and evaluated by a medical staff member (staff AT or team physician) as soon as possible.
- A SCAT5 assessment will be performed by a staff AT for athletes exhibiting signs, symptoms, or behaviors consistent with concussion.
- EMS will be alerted or athlete may be referred to ER by staff AT if SCAT5 results indicate immediate referral is needed.
- Concussed athletes should be referred for evaluation by a RBHS team physician or the physician of the parent's choice trained in concussion management.
- A concussed athlete should regularly report to the athletic training room for assessment of symptoms (ideally each school day).

RETURN TO PLAY CRITERIA:

- No concussed athlete will return to play on the same day the injury occurred.
- No athlete will participate while symptomatic.
- Once a concussed athlete is asymptomatic the athlete will complete stepwise exertional testing over several days. Upon successful completion of the stepwise program and physician clearance, the athlete may return to play.

ACADEMIC CONSIDERATIONS

- RBHS AT staff will share the treating physician's recommendations for short-term academic modifications with the RBHS Guidance Department. RBHS Guidance will distribute the academic modifications to the teachers of the concussed athlete. These short-term academic modifications will be applied by classroom teachers of the concussed athlete.
- An ASSIST meeting will be called in the event symptoms do not resolve in a timely fashion or is deemed necessary by the athletic training staff and/or the treating physician.

EQUIPMENT

- Football helmets will be NOCSAE certified when purchased and reconditioned according to NOCSAE standards.

Gatorade Sports Science Institute

Heat Illness Prevention Tips

The topic of heat illness has received a great deal of attention following the tragic experiences of athletes in hot climates. Heat illness can happen to anyone in a hot environment and is an issue that athletes especially need to be aware of **– and know how to prevent.**

Athletes increase their risk of heat illness as they become dehydrated. According to the National Athletic Trainers' Association, it is not uncommon to reach dehydration levels significant enough to place athletes at risk of developing exertional heat illness in as little as an hour of exercise. Athletes can reach this level even more rapidly if they begin the workout, practice or competition dehydrated. Many of the risk factors for heat illness can be eliminated to help prevent heat injury to the athlete.

10 Tips to "Beat the Heat"

Recognize the early warning signs of dehydration.
These can include: dark yellow urine, loss of energy, dizziness, loss of coordination, cramps, headaches, or unusual fatigue. If left untreated, more extreme symptoms can occur.

Allow for acclimation.
Acclimation is the body's adaptation to a hot environment. Slowly increase practice intensity and duration over the first two weeks of training. Most cases of heat illness occur in the first 2 to 3 days of training.

Drink up.
Once acclimated, fluid intake needs to be greater because sweat losses will be higher.

Have fluids within arm's reach.
Fluids should be easily accessible during workouts, practices and games.

Don't rely on thirst.
Drink during exercise to minimize losses in body weight but don't over drink.

Favor sports drinks over water.
Research demonstrates that the carbohydrate in sports drinks fuels muscle[2,3,4,5] and sodium encourages voluntary drinking and promotes hydration.[1,6,7]

Drink it. Don't pour it.
Pouring fluid over your head may feel great but won't help restore body fluids or lower body temperature.

Exercise in the morning or evening.
This is when the weather is coolest. Also, avoid the direct sun to minimize radiant heat from the sun and hot playing surfaces.

Dress for the weather.
Keeping cool in hot weather means wearing fewer clothes and frequently removing gear like helmets during breaks.

Break it up.
Increase the frequency and duration of rest breaks to help you stay hydrated and cool.

If You Feel Like This	Do This
Dehydration	
Loss of Energy & Performance	Drinking sports drinks with small amounts of carbohydrate speeds absorption, prevents fatigue and provides energy. Avoid beverages containing caffeine or carbonation.
Muscle Cramps	Stop activity, gently stretch and massage cramped muscles. Consuming a sports drink that contains sodium (at least 110mg/8oz) may reduce the risk of muscle cramps.
Heat Exhaustion	
Dizziness, Light-headedness, Chills or Loss of Coordination	Replace fluids. Rehydration is critical. Rest in a cool, shaded area until all symptoms pass. If dizziness continues, lie with the legs elevated to promote circulation to the head, then seek medical attention.
Nausea/Headaches	Rest in a cool place until nausea passes. Rehydration is critical; drink slowly as nausea passes. Lying down is often helpful in relieving headaches. Do not resume practice if any symptoms continue.
Heat Stroke	
High Body Temperature	Immediately cool the athlete by immersion in a tub of ice water and seek immediate medical treatment.
Confusion or Unconsciousness	Confusion or unconsciousness can be indicators of heat stroke. **Heat stroke is a medical emergency that calls for immediate medical assistance.**

The above symptoms of dehydration, heat exhaustion and heat stroke are not additive, which means an athlete could experience heat stroke in the absence of other indicators. These are a few symptoms, some athletes may experience others. **Seek immediate medical assistance at the first signs of serious or unusual symptoms.**

1. Casa, DJ. et al. J. Athl Train 35:212-224, 2000. 2. Below PR et al. Med. Sci. Sports Exerc. 27: 200-210, 1995. 3. Murray R et al. Med. Sci. Sports Exerc. 27: 1057-1062, 1995. 4. Fritzsche, R.G. et al. J. Appl. Physiol. 88: 730-737, 2000. 5. Davis, J.M. et al Int. J. Sport Nutr. Exerc: Metab. 10: 476-485, 2000. 6. Passe, D.H. et al. Appetite 35: 219-229, 2000. 7. Wilk, B. and O. Bar-Or. J. Appl. Physiol. 80:1112-1117, 1996.

SOUTH CAROLINA HIGH SCHOOLS

The purpose of this document is to warn students and their parents of the possibility of serious injury or death while playing a contact sport.

Football is a contact sport and injuries will occur. Safety is the major concern of the Rules Committees of the National Federation of High School Associations and recent rule changes have reduced the number of serious injuries.

This document does not cover all potential injury possibilities in playing football, but it is an attempt to make the players and their parents aware that fundamentals and proper fitting equipment is important to their safety and enjoyment in playing football.

TACKLING, BLOCKING, AND RUNNING THE BALL

By rule, the helmet is not to be used as a "ram". Initial contact is not to be made with the helmet. It is not possible to play the game safely or correctly with out making contact with the helmet when properly blocking and tackling an opponent. Therefore, technique is most important to prevention on injuries.

Teaching and blocking techniques are basically the same. The player should always be in a position of balance, knees bent, back straight, body **SLIGHTLY** bent forward, **HEAD UP**, target area as near to the body as possible with the main contact being made with the shoulder.

Blocking and tackling by not putting the helmet as close to the body as possible could result in shoulder injury such as a separation or a pinched nerve in the neck area. The dangers of not following the proper techniques can be from minor to disabling to even death. The reason for following the safety rules in making contact with the upper body and helmet is that improper body alignment can put the spinal column in a vulnerable position for injury.

If the head is bent downward, the cervical (neck) vertebrae are in a bind and contact on the TOP OF THE HELMET could result in a dislocation, nerve damage, paralysis or even death. If the back is not straight, the thoracic (mid-back) and lumbar vertebra are also vulnerable to injury with similar results if contact again is made to the TOP OF THE HELMET.

BASIC CONTACT POSITION AND FUNDAMENTAL TECHNIQUE

If the knees are not bent, the chance of knee injury is greatly increased. Fundamentally, a player should be in the proper hitting position at all times during live ball play. The injury could be anything from strained muscles, to ankle injuries, to serious knee injuries requiring surgery. The rules have made blocking below the waist (outside a two-yard by four-yard area next to the football illegal. Cleats have been restricted to no more than ½ inch to further help in preventing knee injuries. A runner with the ball, however, may be tackled around the legs.

In tackling, the rules prohibit initial contact with the helmet or grabbing the face mask or edge of the helmet. These restrictions were placed in the rules because of serious injuries resulting from non-compliance to these safety precautions. Initial helmet contact could result in a bruise, dislocation, broken bone, head injury, internal injury such as kidneys, spleen, bladder, etc. Grabbing the face mask or helmet edge could result in a neck injury which could be anything from a muscle strain to a dislocation, nerve injury, spinal damage causing paralysis or death.

The above information has been explained to me and I understand the possibility of serious injury or death as a result of playing a collision sport. I also understand the necessity of using the proper techniques while participating in the football program.

Sudden Cardiac Arrest

Definition: Sudden Cardiac Arrest (SCA) is a potentially fatal condition in which the heart suddenly and unexpectedly stops beating. When this happens, blood stops flowing to the brain and other vital organs. SCA in student-athletes is rare; the chance of SCA occurring to any individual student athlete is about one in 100,000. However, student athletes' risk of SCA is nearly four times that of non-athletes due to the increased demands on the heart during exercise.

Causes: SCA is caused by several structural and electrical diseases of the heart. These conditions predispose an individual to have an abnormal rhythm that can be fatal if not treated within a few minutes. Most conditions responsible for SCA in children are inherited, which means the tendency to have these conditions is passed from parents to children through the genes. Other possible causes of SCA are a sudden blunt non-penetrating blow to the chest and the use of recreational or performance-enhancing drugs and/or energy drinks.

Warning Signs of SCA

- SCA strikes immediately.
- SCA should be suspected in any athlete who has collapsed and is unresponsive.
    - No response to tapping on shoulders.
    - Does nothing when asked if he/she is OK.
- No pulse.

Emergency Response to SCA

- Act immediately; time is most critical to increase survival rates.
- Recognize SCA.
- Call 911 immediately and activate EMS.
- Administer CPR.
- Use Automatic External Defibrillator (AED).

Warning signs of potential heart issues: The following need to be further evaluated by your primary care provider.

- Family history of heart disease/cardiac arrest
- Fainting, a seizure, or convulsions during physical activity
- Fainting or a seizure from emotional excitement, emotional distress, or being startled
- Dizziness or lightheadedness, especially during exertion
- Exercise-induced chest pain
- Palpitations: awareness of the heart beating, especially if associated with other symptoms such as dizziness
- Extreme tiredness or shortness of breath associated with exercise
- History of high blood pressure

Risk of Inaction: Ignoring such symptoms and continuing to play could be catastrophic and result in sudden cardiac death. Taking these warning symptoms seriously and seeking timely appropriate medical care can prevent serious and possibly fatal consequences.

Frequently Asked Questions about Sudden Cardiac Arrest (SCA)

What are the most common causes of Sudden Cardiac Arrest (SCA) in a student athlete?
SCA is caused by several structural and electrical diseases of the heart. These conditions predispose an individual to have an abnormal rhythm that can be fatal if not treated within a few minutes. Most conditions responsible for SCA in children are inherited, which means the tendency to have these conditions is passed from parents to children through the genes. Some of these conditions are listed below.

1. *Hypertrophic cardiomyopathy* (HCM): HCM involves an abnormal thickening of the heart muscle and it is the most common cause of SCA in an athlete.
2. Coronary artery anomalies: The second most common cause is congenital (present at birth) abnormalities of coronary arteries, the blood vessels that supply blood to the heart.
3. Other possible causes of SCA are:
    a. *Myocarditis*: an acute inflammation of the heart muscle (usually due to a virus).
    b. Disorders of heart electrical activity such as:
        i. *Long QT syndrome*.
        ii. *Wolff-Parkinson-White* (WPW) syndrome.
        iii. *Catecholaminergic Polymorphic Ventricular Tachycardia* (CPVT).
    c. *Marfan syndrome*: a condition that affects heart valves, walls of major arteries, eyes, and the skeleton.
    d. Congenital aortic valve abnormalities.
4. *Commotio Cordis*: concussion of the heart from sudden blunt non-penetrating blow to the chest
5. Use of recreational, performance-enhancing drugs, and energy drinks can also bring on SCA.

How can we minimize the risk of SCA and improve outcomes?

The risk of SCA in student athletes can be minimized by providing appropriate prevention, recognition, and treatment strategies. One important strategy is the requirement for a yearly pre-participation screening evaluation, often called a sports physical, performed by the athlete's medical provider.

1. It is very important that you carefully and accurately complete the personal history and family history section of the "Pre-Participation Physical Evaluation Form".
2. Since the majority of these conditions are inherited, be aware of your family history, especially if any close family member:
    a. had sudden unexplained and unexpected death before the age of 50.
    b. was diagnosed with any of the heart conditions listed above.
    c. died suddenly /unexpectedly during physical activity, during a seizure, from Sudden Infant Death Syndrome (SIDS) or from drowning.
3. Take seriously the warning signs and symptoms of SCA. Athletes should notify their parents, coaches, or school nurses if they experience any of these warning signs or symptoms.
4. Schools in South Carolina have AED policies and emergency preparedness plans to address SCA and other emergencies in schools. Be aware of your school's various preventive measures.
5. If a cardiovascular disorder is suspected or diagnosed based on the comprehensive pre-participation screening evaluation, a referral to a child heart specialist or pediatric cardiologist is crucial. Such athletes will be excluded from sports pending further evaluation and clearance by their medical providers.

MRSA Concerns in the Athletic Environment: Recognition and Prevention

Staphylococcus aureus (Staph) are bacteria commonly found in the environment, and these bacterial may cause infections when the integrity of the skin is compromised. These bacteria are one of the most common causes of skin infections. Most are pimples or boils, and are treated without antibiotics. However, staph infections can cause serious infections.

Historically, most serious staph bacterial infections were treated with a certain type of antibiotic related to penicillin. In recent years, treatment of these infections has become more difficult because staph bacteria have become resistant to various antibiotics. These resistant bacteria are called **Methicillin-resistant *Staphylococcus aureus,*** or **MRSA**. Staph and MRSA infections are increasingly common in players of close contact sports.

The Center for Disease Control investigated clusters of community acquired MRSA skin infections and found them to be more prevalent among people in close proximity including: children, military recruits, athletes, and prisoners.

Prevention is the key! Steps to include are:

1. Ensure availability of adequate soap and hot water including for showering after practices and competitions. Encourage good hygiene among athletes;
2. Wear clean clothes to practice; and
3. No sharing personal items (towels, uniforms, or clothes)

To care for and prevent infections, the **National Athletic Trainers Association** and the **Center for Disease Control** recommend:

1. Keep hands clean by washing thoroughly with soap and warm water or using an alcohol-based hand sanitizer routinely.
2. Encourage immediate showering following activity.
3. Avoid whirlpools or common tubs with open wounds, scrapes or scratches.
4. Avoid sharing towels, razors, and daily athletic gear.
5. Properly wash athletic gear and towels after each use.
6. Maintain clean facilities and equipment.
7. Inform or refer to appropriate health care personnel for all active skin lesions and lesions that do not respond to initial therapy.
8. Administer or seek proper first aid.
9. Encourage health care personnel to seek bacterial cultures to establish a diagnosis.
10. Care and cover skin lesions appropriately before participation.

You can prevent staph or MRSA infections by practicing good hygiene! **Recognize wounds that are potentially infected and report skin lesions to your Athletic Trainer immediately.**

PROTECT YOURSELF

How to Avoid Common Skin Conditions in Sports

Skin diseases are common among athletes for several reasons, including environmental factors, trauma to the skin, close quarters and sometimes questionable hygiene practices. There are three types of skin diseases: fungal, viral and bacterial. If you suspect you or someone else has a skin infection, see a physician for treatment options as soon as possible.

FUNGAL INFECTIONS

Caused by dermatophytes—fungal organisms that live in soil and on animals and humans.

Tinea capitis: A fungal infection of the scalp that looks like gray, scaly patches and can be accompanied by mild hair loss.
Tinea corporis (aka "ring worm"): A fungal infection of the body that features a ring-like appearance.
Tinea cruris (aka "jock itch"): A fungal infection of the groin area consisting of well-defined red patches.
Tinea pedis (aka "athlete's foot"): A fungal infection of the feet that has the appearance of red scales.

VIRAL INFECTIONS

Caused by the herpes simplex virus and molluscum contagiosum virus.

Herpes simplex virus: A painful recurring infection consisting of clusters of small fluid-filled sacs on a base of red skin.
Molluscum contagiosum: A highly infectious viral disease caused by the poxvirus that features smooth flesh-colored, dome-shaped bumps with a depression in the center.

BACTERIAL INFECTIONS

Caused by various gram-positive strains of streptococcus and staphylococcus aureus (staph a.) bacteria.

Impetigo: A bacterial infection caused by staph a. commonly affecting the face. It consists of thin-walled sacs of fluid that rupture into a honey-colored crust.
Folliculitis: A superficial infection of the hair follicles characterized by redness, fluid- or pus-filled sacs at the base of hair follicles.
Furunculosis: A deeper infection of the hair follicle characterized by inflamed nodules that drain fluid.
Carbunculosis: When furunculosis nodules join together to form larger nodules.
Methicillin resistant staphylococcus aureus (MRSA): A strain of staph a. that has acquired a specific gene, making it resistant to common antibiotic therapy. It has the appearance of any other bacterial infection with small pustules and abscesses, and is commonly confused for a spider bite.
MRSA is highly infectious and anyone suspected of having a MRSA infection should immediately be isolated and seen by a physician.

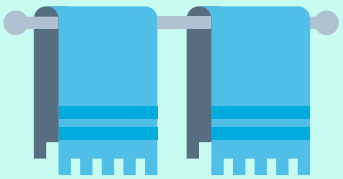
SKIN DISEASE PREVENTION BASICS

Follow good hygiene practices, such as frequently washing hands or showering after every sports activity.

Wash hands and body with antimicrobial soap.

Refrain from cosmetic body shaving.

Don't share towels, athletic gear, water bottles, disposable razors or hair clippers.



Launder and/or disinfect all clothing and sports equipment daily.

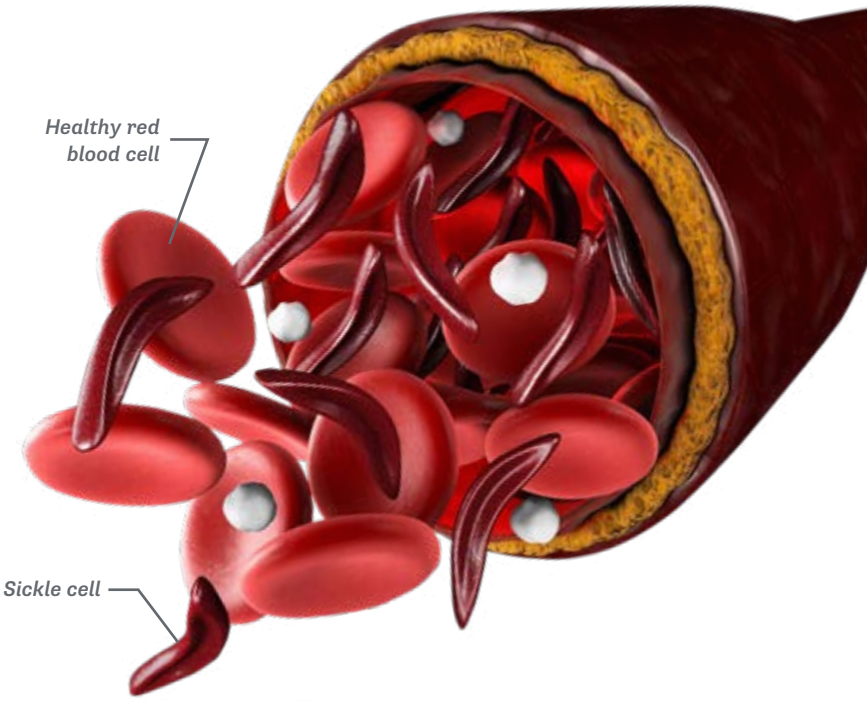
Avoid whirlpools and common tubs if you have an open wound, scrape or scratch.

Inspect your skin daily and report any suspicious areas to your athletic trainer or physician. This includes abrasions, cuts and skin lesions.

Source: National Athletic Trainers' Association; Infographic provided by the National Athletic Trainers' Association

A Fact Sheet for Student-Athletes

Sickle Cell Trait



What Is Sickle Cell Trait?

Sickle cell trait is not a disease. Sickle cell trait is the inheritance of one gene for sickle hemoglobin and one for normal hemoglobin. Sickle cell trait will not turn into the disease. Sickle cell trait is a life-long condition that will not change over time.

- During intense exercise, red blood cells containing the sickle hemoglobin can change shape from round to quarter-moon, or "sickle."
- Sickled red cells may accumulate in the blood stream during intense exercise, blocking normal blood flow to the tissues and muscles.
- During intense exercise, athletes with sickle cell trait have experienced significant physical distress, collapsed and even died.
- Heat, dehydration, altitude and asthma can increase the risk for and worsen complications associated with sickle cell trait, even when exercise is not intense.
- Athletes with sickle cell trait should not be excluded from participation as precautions can be put into place.

How Can I Prevent a Collapse?

- Know your sickle cell trait status.
- Engage in a slow and gradual preseason conditioning regimen.
- Build up your intensity slowly while training.
- Set your own pace. Use adequate rest and recovery between repetitions, especially during "gassers" and intense station or "mat" drills.
- Avoid pushing with all-out exertion longer than two to three minutes without a rest interval or a breather.
- If you experience symptoms such as muscle pain, abnormal weakness, undue fatigue or breathlessness, stop the activity immediately and notify your athletic trainer and/or coach.
- Stay well hydrated at all times, especially in hot and humid conditions.
- Avoid using high-caffeine energy drinks or supplements, or other stimulants, as they may contribute to dehydration.
- Maintain proper asthma management.
- Refrain from extreme exercise during acute illness, if feeling ill, or while experiencing a fever.
- Beware when adjusting to a change in altitude, e.g., a rise in altitude of as little as 2,000 feet. Modify your training and request that supplemental oxygen be available to you.
- Seek prompt medical care when experiencing unusual physical distress.

For more information and resources, visit ncaa.org/health-safety.

Do You Know If You Have Sickle Cell Trait?

People at high risk for having sickle cell trait are those whose ancestors come from Africa, South or Central America, India, Saudi Arabia and Caribbean and Mediterranean countries.

- Sickle cell trait occurs in about 8% of the U.S. African American population, and between one in 2,000 and one in 10,000 in the Caucasian population.
- All NCAA student-athletes must provide their school with documented results from a previous sickle cell solubility test, or they must undergo testing during their preparticipation medical examination.
- Knowledge of sickle cell trait status can be a gateway to education and simple precautions that may prevent collapse among athletes with sickle cell trait, allowing you to thrive in your sport.
- All newborns in the United States (and newborns in many other countries) undergo sickle cell testing at birth.

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BLOOD
IS NOT PART OF YOUR UNIFORM.

Keep cuts and scrapes clean and covered
with a bandage until healed.

Avoid contact with other
people's wounds or bandages.

Wash your hands
before and after changing bandages.

NCAA

CDC
SAFER • HEALTHIER • PEOPLE™

UNDERSTANDING DIETARY SUPPLEMENTS

My teammates told me that if I take dietary supplements to gain muscle and recover quickly I can improve my performance.

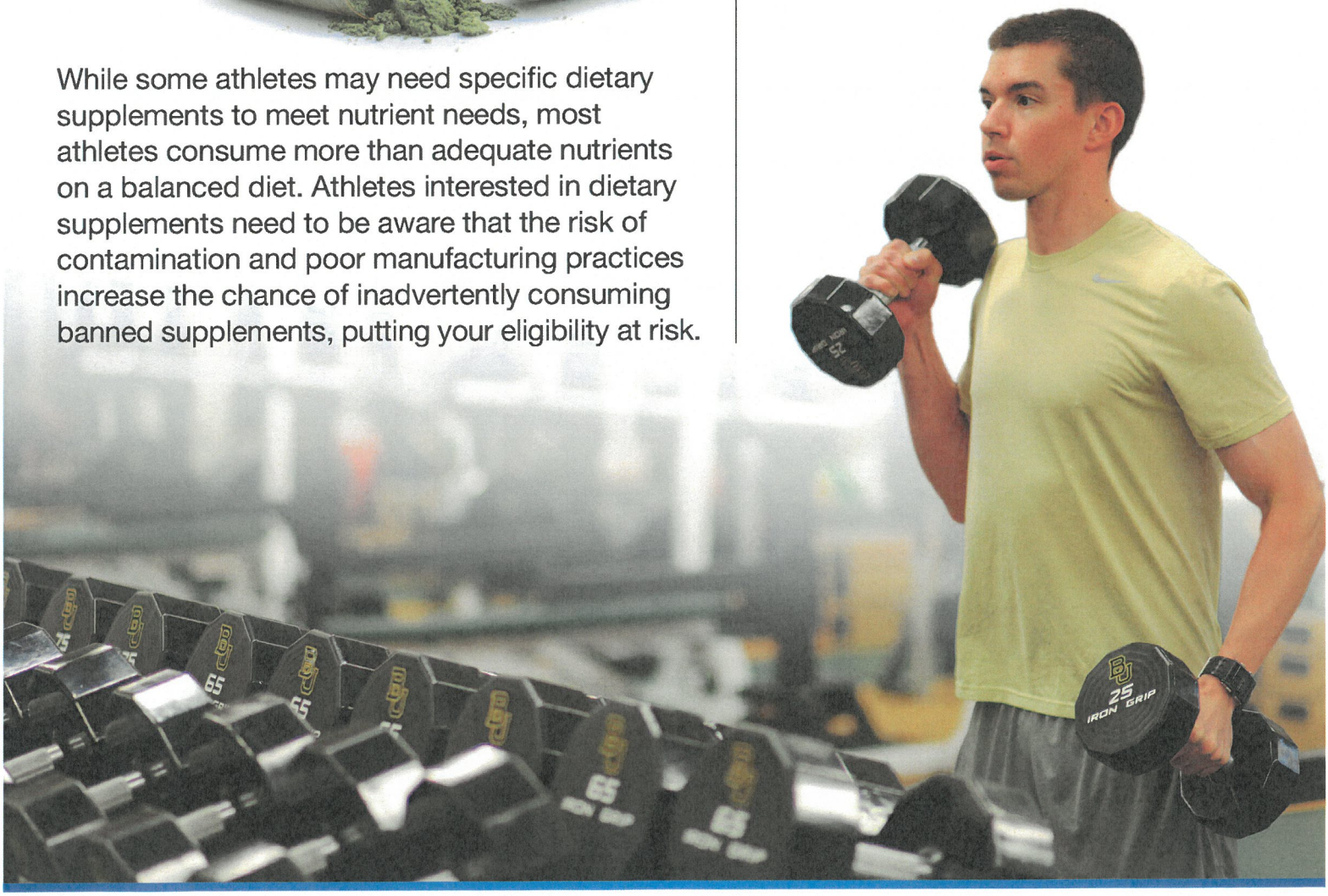
Do I need supplements? Are there any that are safe and effective, and meet the NCAA regulations?

While some athletes may need specific dietary supplements to meet nutrient needs, most athletes consume more than adequate nutrients on a balanced diet. Athletes interested in dietary supplements need to be aware that the risk of contamination and poor manufacturing practices increase the chance of inadvertently consuming banned supplements, putting your eligibility at risk.

WHERE TO START

- A well-designed nutrition plan based on whole foods will safely supply energy and nutrients to fuel your body most effectively for optimal performance.
- When additional nutrition and hydration are needed, first supplement your meals with real food and work with a sports dietician to create an individualized nutrition plan.
- Know and adhere to the nutritional/dietary supplement regulations of the NCAA.

(To better understand dietary supplements, turn the page.)



Information presented by

SPORT SCIENCE INSTITUTE

Sports, Cardiovascular, and Wellness Nutrition
a dietetic practice group of the Academy of Nutrition and Dietetics

www.NCAA.org
www.scandpg.org | 800/249-2875

EVALUATING A DIETARY SUPPLEMENT

- Use a reliable source to investigate whether or not supplement claims are true:
  - **The National Center for Drug Free Sport:** www.drugfreesport.com/REC Password: ncaa1, ncaa2 or ncaa3
  - **NCAA:** www.NCAA.org/drugtesting
  - **United States Anti-Doping Agency:** www.usada.org/supplement411
  - **International Olympic Committee:** www.olympic.org/ioc
- Claims that are "too good to be true" are just that. "Red-flag" terms include:
  - Energizer
  - Fat Burner
  - Metabolic Booster
  - Proprietary Ingredients
  - Testosterone Booster
- Exaggerated claims related to energy metabolism, body fat loss and muscle mass gain are especially high risk for containing an undisclosed banned substance.

Note: The NCAA does not endorse any dietary supplements; therefore, products marketed as "NCAA compliant" have not been reviewed by the NCAA.

KNOW THE FACTS!

- Manufacturers of dietary supplements **are not** required to obtain pre-market approval from the Federal Drug Administration (FDA); therefore, there is no assurance of a product's purity, safety or effectiveness.
- Although manufacturers are required to list all ingredients on the label, a dietary supplement **may** contain a banned substance, even if not listed, due to contamination or poor manufacturing practices.
- A positive test for banned substances can result in suspension from competition for a minimum of 365 days, and the loss of a year of remaining eligibility.
- NCAA policies regarding nutritional supplements (see NCAA Bylaw 16.5.2 for more information):
  - **Permissible:** can be provided to student-athletes by athletics department.
  - **Impermissible:** cannot be provided to student-athletes by athletics department.
  - **Banned:** substances banned for use by student-athletes.

FOOD FIRST

- Protect your health and enhance your performance by choosing food over supplements.
- Vitamins and minerals alone have NO energy value and cannot provide the required fuel found in food.
- In general, no vitamin and mineral supplements are necessary if a student-athlete is consuming adequate energy from a variety of foods to maintain body weight.
- Supplements are expensive. A turkey sandwich contains more essential amino acids at a much lower cost than an entire bottle of amino acid supplements!

HOW TO PLAY IT SAFE

- Eating real food, training responsibly and getting enough rest leads to success without the potential consequences of taking dietary supplements.
- As a NCAA athlete, it is your responsibility to know what you are putting into your body!
- Before consuming any supplement, review the label with your athletics department's sports medicine staff.

The following table lists common dietary supplements used by athletes, their risks and common food sources high in these nutrients.

Supplement	Risks	Food Equivalent
Multivitamin and Mineral	Potential toxicity if taken in amounts greater than recommended	Meats, poultry, fish, whole grains, vegetables, fruits, beans and peas, nuts, low-fat dairy
Caffeine	Potential anxiety, irritability, insomnia, headaches, gastrointestinal (GI) distress	Coffee, tea, chocolate **Note:** Consumed in high quantities, these foods can result in testing positive for a banned substance.
Creatine	GI distress, cramps, potential contamination	Meat, poultry, fish
Protein and Added Amino Acids	Potential contamination	Beef, pork, chicken, fish, turkey, beans, lentils, tofu, tempeh, nuts, low-fat dairy, eggs
Omega-3 Fatty Acids	Potential contamination	Fatty fish (salmon), flaxseed oil, walnuts, canola oil

Written by SCAN Registered Dietitians (RDs). For advice on customizing a nutrition plan, consult a RD who specializes in sports, particularly a Board-Certified Specialist in Sports Dietetics (CSSD). Find a SCAN RD at www.scandpg.org.

Too much caffeine?
You do the math...

ENERGY PRODUCTS*

8 oz. can: 80-300 mg

16 oz. can: 160-450 mg

2 oz. shot: 200-500 mg

*These products are unregulated; caffeine content varies, and may contain other stimulants.

COFFEE

16 oz. reg brew: 95-200 mg

16 oz. latte: 150 mg

w/double shot: 200-350 mg

CHOCOLATE

1 cup semisweet: 104 mg

9 milk chocolate kisses: 9 mg

29 choc. coffee beans: 336 mg

COLAS

12 oz: 30-50 mg

20 oz: 50-85 mg

32 oz: 80-135 mg

Heavy caffeine use (500 mg)
can negatively impact health and performance:

• sleep interruption • irritability and anxiety
• diminished performance • may result in a positive drug test

Sustained energy comes from food, hydration, rest and recovery!

NCAA · NATA National Athletic Trainers' Association · DIIICA Division III Commissioners Association · Sports, Cardiovascular, and Wellness Nutrition, a dietetic practice group of the Academy of Nutrition and Dietetics

The G4G Guide: Foods and Beverages

Tips to build a healthy plate	Eat Often Whole foods, least processed Naturally packed with nutrients	Eat Occasionally More-processed foods Choose portions carefully	Eat Rarely Most processed, least nutrients Choose small portions
Vegetables • Eat 3–4 cups non-starchy vegetables a day. • See also Grains/Starches	Fresh or frozen vegetables—grilled, steamed, or raw Leafy green salads with dark greens (spinach, spring mix) Vegetables with small amounts of added Fats/Oils from the Yellow or Red column	—	Deep-fried, tempura, or breaded vegetables Vegetables in cheese or creamed vegetables Salads/vegetables with large amounts of Fats/Oils or Protein from the Red column
Fruits • Eat 2–2.5 cups of fruit a day. • Eat your fruit, don't drink it.	Fresh fruit Frozen fruit with minimal added sugar, fat, and/or sauce Fruit canned in water or own juice Dried fruit (unsulfured, without added sugar)	Fresh or frozen fruit with added sugar/syrups Canned fruit in light syrup Dried fruit (sulfured) Dried fruit with added sugar 100% fruit juice	Fresh fruit with cream Frozen fruit with added sugars, fats, and/or sauce Dried fruit with coatings (yogurt, chocolate, etc.) Canned fruit in heavy syrup Sweetened applesauce
Grains/Starches • Choose 100% whole grain for at least half of all grain servings. • Starchy vegetables such as potatoes and corn are included in this group.	Brown rice, wild rice, bulgur Oats, quinoa, barley Baked potato/sweet potato with skin with toppings from Green column Baked sweet-potato "fries" Whole-grain pasta and couscous Whole-grain, low-sugar cereal/granola with less than 10g sugar and at least 3g fiber Whole-grain breads, bagels, rolls, waffles, pancakes, muffins English muffins with at least 3g fiber Popcorn with small amounts of butter or oil	White rice, couscous, pasta Grits, plain Baked French fries White potatoes made or topped with ingredients from the Yellow column Whole-grain cereals/granola with 11–18 grams sugar per serving Sweetened oatmeal/oatmeal packets White-flour breads, bagels, English muffins, rolls, waffles, pancakes Pretzels, baked chips Crackers, high-fiber, reduced-fat	Biscuits, croissants, full-fat muffins Doughnuts, Danishes, pastries, sweetened breads Grains or pasta with cheese or cream sauce French fries (fried in oil) White/sweet potatoes made or topped with moderate to large amounts of Fats/Oils from the Red column Processed cereals with more than 18g sugar per serving Deep-fried chips, most snack crackers Movie-style popcorn
Protein • Vary your protein choices. • Include seafood/fish twice a week. • Include beans for protein and fiber.	Egg whites Omelets with vegetables Fish and shellfish; Tuna canned in water Chicken and turkey breast without skin Ground beef (90/10), ground poultry Pork tenderloin Beans/lentils Tofu, tempeh, edamame Veggie burgers, vegetable- or bean-based	Whole eggs Chicken and turkey with skin Chicken and turkey thighs and legs without skin Ham, roast beef Processed chicken/turkey deli meats Hamburger Ground beef (85% lean) or ground poultry Chicken/turkey sausage or bacon Soy patties, links, burgers Tuna canned in oil	Fried meat, poultry, fish, seafood Ground beef (standard or unspecified fat), fatty (marbled) cuts of red meat, beef ribs, corned beef Cheeseburger Pork sausage and bacon Hot dogs, kielbasa, bratwurst Salami, bologna Refried beans made with lard or topped with cheese Fried tofu
Fats/Oils • Choose healthy fats and oils.	Oils—olive, canola, safflower, sunflower, sesame, grapeseed Salad dressings made with these oils Nuts and seeds—raw, dry, roasted Natural nut butters—peanut, almond, hazelnut, soynut Avocado	Oils—corn, peanut, vegetable Salad dressings made with these oils Mayonnaise made with canola oil Margarine/spreads (trans-fat free, limited additives) Peanut butter with added oils/fats Gravy (made with water or low-fat milk)	Oils—coconut, palm, palm kernel Shortening and lard Most mayonnaises Most margarines Creamy salad dressings Nut butters with added sugar or chocolate Gravy (made with fat drippings)
Beverages • Choose water instead of sugary beverages. • For milk, see Dairy	Water (plain or carbonated) Naturally flavored water (no artificial sweeteners) Decaf tea and decaf coffee Herbal tea 100% vegetable juice	Sports drinks 100% fruit juice Tea** and coffee**, plain or with small amounts of added sugar, cream, or milk Artificially sweetened beverages (diet or light sodas, teas, juices, many flavored waters)	Energy drinks* Coffee and tea with whole milk or cream and sugars or syrup Sweetened beverages of any kind (sodas, sweet teas, fruit punches, juice drinks)
Dairy • Compare sugar contents of yogurts. • Some low-fat dairy products contain added flavors, stabilizers, sugar, or sodium; choose less-processed Green items when possible.	Milk, unsweetened (skim, 1%) Milk alternatives (soy, almond, rice, coconut), unsweetened, with calcium and vitamin D added Yogurt, plain (non-fat or low-fat) Cottage cheese (non-fat or low-fat)	Milk (2% fat) Flavored (vanilla, chocolate, etc.) and sweetened milk (skim, 1%, or 2%) and milk alternatives Hot chocolate made with milk (skim, 1%, 2%) Frozen yogurt Yogurt, flavored, with added sugars or artificial sweeteners (non-fat or low-fat) Cheese and cottage cheese (reduced-fat, 2%) Cheeses naturally lower in fat (Feta, Swiss)	Milk (whole), plain or flavored Hot chocolate made with whole milk Cream, half-and-half Yogurt (full-fat) Cottage cheese (full-fat) Cheese (full-fat) Cream cheese, sour cream (full-fat) Ice cream, milkshakes, gelato Pudding

* For more information on energy drinks, visit HPRC's Dietary Supplements Classification System and read about Energy Drinks. **Contain caffeine.

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For more information about Go for Green® visit **hprc-online.org/nutrition/go-for-green**.