

Henry Clay Football

2009 Player Participation Forms

Please follow these instructions. In order to participate in tryouts for Henry Clay Football, all completed forms must be returned and \$50 must be paid for school athletic insurance **no later than July 13, 2009**. Physical forms and insurance money will be returned to any student who does not make the team.

KHSAA Physician and Parental Permission Form (2 pages)

- Part I – Athlete Information
- Part II – Medical Information
- Part III – Physical Examination (MUST be dated after December 15, 2008)
- Part IV – Emergency Permission Form
- Part V – Consent to Participate, Acknowledgement of risk, Acknowledgement of Eligibility Rules, Liability Waiver, and Consent and Release

Complete and return these 2 pages

Other Required Forms (4 pages)

- HC Football Player Information Sheet
- Parental Permission for Student Transportation
- HIPAA Privacy Rules Release Form
- MRSA information and Acknowledgement
- Heat Acclimation Information/Hydration/Nutrition

Complete and return Info Sheet, Transportation Form, HIPAA Release, MRSA Acknowledgement

The following MUST be turned in by JULY 13, 2009:

- \$50 for school participation insurance – make checks payable to Henry Clay Athletics
- KHSAA Physician and Parental Permission Form (2 pages)
- HC Football Player Information Sheet (1 page)
- Parental Permission for Student Transportation (1 page)
- HIPAA Privacy Rules Release Form (1 page)
- MRSA Acknowledgement



KENTUCKY HIGH SCHOOL ATHLETIC ASSOCIATION
2280 Executive Drive, Lexington, Kentucky 40505
Athletic Participation/Physical Examination Form/Consent and Release
PART I - ATHLETE INFORMATION

(This part must be completed by the student)

Name (Last, First, Initial) _____ School Year _____
Home Address (Street, City, State, Zip): _____
Gender _____ Grade _____ School _____ Birth Place (County, State): _____
Date of Birth: _____
Attendance History: _____
Grade School Name School Year Varsity Play - (Yes/No)?
9
10
11
12

- I am planning to participate in the following (circle all you might try to play):
Baseball Basketball Cross Country Football Golf Soccer Fast Pitch Softball
Swimming Tennis Track and Field Volleyball Wrestling Cheerleading Other

Part II - MEDICAL HISTORY
This part must be completed by parent and student and presented to the authorized health care provider before the physical.

- CHECK THE APPROPRIATE RESPONSE TO EACH ITEM:
1. Have you ever been hospitalized? YES NO
2. Have you ever had surgery of any kind (e.g., tonsillectomy)?
3. Are you presently taking any medications or pills?
4. Do you have any allergies (medicine, bees, or other insects)?
5. Have you ever passed out during exercise?
6. Have you ever been dizzy during or after exercise?
7. Have you ever had chest pain during or after exercise?
8. Have you ever had high blood pressure?
9. Have you ever been told you have a heart murmur?
10. Have you ever had racing of your heart?
11. Has anyone in your family died of heart problems before 50?
12. Do you have any skin problems? (itching, rashes, acne)
13. Have you ever had a head injury?
14. Have you ever been knocked out or unconscious?
15. Have you ever had a seizure or suffer from epilepsy?
16. Have you ever had a stinger, burner or pinched nerve?
17. Have you ever had heat related problems?
18. Have you ever been dizzy or passed out in the heat?
19. Do you cough heavily, or breath heavily during activity?
20. Do you use any special equipment (e.g., knee brace)?
21. Have you had any problems with your eyes or vision?
22. Have you ever sprained/strained, dislocated, fractured, broken or had repeated swelling or other injuries of any bones?
23. Are you missing one of any paired organs (e.g., eyes)?
24. Have you ever been diagnosed with any form of asthma?
25. Are you using an inhaler for asthma?
26. Are you diabetic?
27. Do you administer insulin to yourself?
28. Are you presently using tobacco in any form?
29. Do you have a history of sickle-cell anemia in your family?
30. Have you had any other medical problems?
31. Have you had a medical problem or injury within the last year?

- 32. Can you swim?
33. When was your last tetanus shot?
Please explain any YES answers from questions 1-31 on page 1.

PART III - PHYSICAL EXAMINATION

This part must be completed by the authorized health care provider named in Bylaw 2.

PATIENT NAME: _____ HEIGHT: _____ WEIGHT _____ BP _____ PULSE _____
VISION: R: 20/____ L: 20/____ BOTH: 20/____ CORRECTED? Y N
HEART Normal Abnormal Comment
Rhythm (Regular/Irregular)
Murmur (supine)
Murmur (standing)
ENT
Lungs
Skin
Abdominal
Genitalia
Musculoskeletal
Neck
Shoulder
Elbow
Wrist
Hand
Back
Knee
Ankle
Foot
Dental
Other

After having reviewed the data above and the student's medical history, I make the following recommendations on participation in athletics:

- 1. Cleared
2. Cleared after additional evaluation for _____
3. Restricted from participating in the sports of _____
4. Cleared only to participate in the sports of _____
Recommendations/Restriction (attach additional if necessary) _____

In accordance with KHSAA Bylaws, I have examined the physical condition of the student and find the said student to be physically fit to practice for and participate in interscholastic athletic contests.

Authorized Signature _____ Provider's Name (please print) _____
Address: _____ City/State/Zip _____
Date: _____ Phone _____
This Physical Examination is valid for one year from date administered.

PART IV - EMERGENCY PERMISSION FORM
(This part must be completed by student and custodial parent / guardian)

STUDENT NAME _____
 SOCIAL SECURITY NUMBER _____
 ADDRESS _____
 CITY/STATE/ZIP _____
 SCHOOL _____
 BIRTH DATE _____
 PHONE _____
 PERSON TO CONTACT IN CASE OF MEDICAL EMERGENCY:

NAME _____
 RELATION _____
 ADDRESS _____
 CITY/STATE/ZIP _____
 DAYTIME PHONE _____
 EVENING PHONE _____
 Please list any health problems/concerns your child may have, including allergies (medications / others) and any medications presently being used: _____

Students desiring to participate in Wrestling must also complete KHSAA Form WH101 and required attachments between October 15 and the first contest.

This form must be reproduced in order for a copy to travel with respective athlete.

PART V - CONSENT TO PARTICIPATE, ACKNOWLEDGMENT OF RISK, ACKNOWLEDGMENT OF ELIGIBILITY RULES, LIABILITY WAIVER AND CONSENT AND RELEASE

The student and parent/significant guardian must read this statement carefully. This form must be completed before the student participates (hereinafter including try out for, practice and/or compete) in interscholastic athletics.

As parent/legal guardian, I agree to allow my child to participate in interscholastic athletics. The student and parent/legal guardian recognize that participation in interscholastic athletics involves some inherent risks for potentially severe injuries, including but not limited to death, serious neck, head and spinal injuries which may result in complete or partial paralysis, brain damage, serious injury to virtually all internal organs, serious injury to virtually all bones, joints, ligaments, muscles, tendons, and other aspects of the muscular skeletal system, and serious injury or impairment to other aspects of the body, or effects to the general health and well being of the child. Because of these inherent risks, the student and parent/legal guardian recognize the importance of the student obeying the coaches' instructions regarding playing techniques, training and other team rules. By signing this form, the student and parent/legal guardian acknowledge that the student's participation is wholly voluntary and to having read and understood this provision.

The student and parent/legal guardian individually and on behalf of the student, hereby irrevocably and unconditionally release, acquit, and forever discharge the KHSAA and its officers, agents, attorneys, representatives and employees (collectively, the "Releasées") from any and all losses, claims, demands, actions and causes of action, obligations, damages, and costs or expenses of any nature (including attorney's fees) that the student and/or parent/legal guardian incur or sustain to person, property or both, which arise out of, result from, occur during or are otherwise connected with the student's participation in interscholastic athletics if due to the ordinary negligence of the Releasées.

The student and parent/legal guardian acknowledge that they have received, read and understood the document entitled KHSAA Eligibility Rules and Parental Permission Form Bylaw References as of April 30, 2007. Please be aware that a student is subject to the one year period of ineligibility in Bylaw 6, Section 1, otherwise known as the "Transfer Rule," upon participation in any varsity contest regardless of the amount of participation or lack thereof.

The student and parent/legal guardian agree to abide by the KHSAA Bylaws and Due Process Procedure as now enacted or later amended. The student and parent/legal guardian further acknowledge that they agree to abide by the rulings of the Commissioner, Assistant Commissioner, Hearing Officer and Board of Control.

The student and parent/legal guardian acknowledge that the student must have insurance coverage up to a limit of \$25,000 in order to be eligible to participate in interscholastic athletics.

PART V - CONSENT TO PARTICIPATE, ACKNOWLEDGMENT OF RISK, ACKNOWLEDGMENT OF ELIGIBILITY RULES, LIABILITY WAIVER AND CONSENT AND RELEASE (continued)

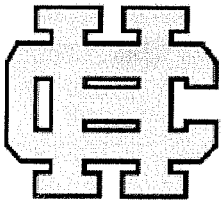
The student and parent/significant guardian must read this statement carefully. This form must be completed before the student participates (hereinafter including try out for, practice and/or compete) in interscholastic athletics.

The student and parent/legal guardian consent to this student receiving a physical examination as required by the KHSAA. The student and parent/legal guardian, individually and on behalf of this student, give the high school, the KHSAA and their representatives permission to release this student's demographic information and participation statistics and other information as may be requested, and agree that the student may be photographed or otherwise digitally or electronically captured during competition and such image or other report may be used without permission or compensation.

The student and parent/legal guardian, individually and on behalf of this student, consent to the high school and the KHSAA and their representatives to use and disclose the necessary personally identifiable information from the student's education records including, but not limited to academic, financial and health care information, to third parties including, but not limited to, school representatives, coaches, athletic trainers, medical facilities, medical staffs, KHSAA legal counsel and the media, for the purpose of receiving proper/necessary medical care and complying with the KHSAA bylaws, including but not limited to, making determinations regarding eligibility to participate in interscholastic athletics and any administrative or legal proceedings resulting from participation or attempted participation in interscholastic athletics, without such disclosure constituting a violation of my rights under the Family Educational Rights and Privacy Act. I further release the high school, the KHSAA and their representatives from any and all claims arising out of the use and disclosure of said necessary personally identifiable information. I also agree to release to the high school, the KHSAA, and their representatives, upon request, the detailed and completed application for financial aid.

The student and parent/legal guardian, individual and on behalf of the student, hereby consent to allow the student to receive medical treatment that may be deemed advisable by the high school, the KHSAA, and their representatives in the event of injury, accident or illness while participating in interscholastic athletics, including, but not limited to, transportation of the student to a medical facility.

Students' Name (please print)	_____	School	_____
Student and Parent/Guardian Address	_____		
Signature of Student	_____	Date	_____
Name of Parent(s)/Guardian(s) who has/have custody of this student (please print)	_____	Emergency Phone Number	_____
Signature of Parent(s)/Guardian(s) who has/have custody of this student	_____	Date	_____
Insurance Carrier	_____	Policy Number	_____



Henry Clay High School Football

Player Information Sheet

Player Information

Player Name _____ Date of Birth ___/___/___

City, County, State of Birth _____

Grade: Senior Junior Sophomore Freshman GPA-Last grading period _____

Date of Entry into 9th Grade _____ Expected Year of Graduation _____

Home Address _____

Transfer: Yes No If yes, from _____
Street Zip

Height _____ Weight _____ Number worn last year _____

Position(s) played last year _____
Offense Defense

Other sports at HCHS _____

Parent/Guardian 1 Information

Name _____

Home Address _____
Street Zip

Home Phone _____ Emergency Phone _____

E-Mail Address _____
(Please provide; E-mail is used frequently to send information to players and their parents/guardians)

Parent/Guardian 2 Information

Name _____

Home Address _____
Street Zip

Home Phone _____ Emergency Phone _____

E-Mail Address _____

Parent Signature and Date

Player Signature and Date

FAYETTE COUNTY PUBLIC SCHOOLS

701 East Main Street
Lexington, Kentucky 40502
(859) 381-4100

PARENTAL PERMISSION FOR
EXTRA-CURRICULAR ACTIVITY/STUDENT TRANSPORTATION

This form is used to establish formal parental permission for student transportation.

I, _____, parent/legal guardian of _____,
hereby grant permission to Fayette County Public Schools to transport my child to the activities
listed on the attached schedule. My child participates in the extra-curricular activity of
_____ at _____ School. I acknowledge the
attached activity schedule denotes the destination(s), date(s), and departing time(s) from
school. The return to school will be immediately after the activity has concluded.

In the event Fayette County Public Schools are not providing transportation, I
acknowledge and understand the mode of transportation is noted on the activity schedule.

By signing this form I am acknowledging and agreeing to the mode of transportation to
be used. I do further certify that I am of full legal capacity to execute this authorization.

Date: _____

PARENT/LEGAL GUARDIAN

HIPAA Privacy Rules Rule Release Form

The University of Kentucky Sports Medicine Center faculty and staff are committed to protecting the privacy of all health information obtained and maintained through this participation physical examination. This “protected health information” (PHI) provides information about this athlete’s _____ (Name) past and present health. The purpose of this release form is to explain who this information will be released to and to obtain written authorization from the parent(s)/legal guardian(s) for release of this information.

This athlete’s PHI will be shared/released to a school official (such as head coach) to certify approval of physical activity and for treatment purposes if the parent/guardian is not available. For these reasons, this signed form is mandatory for participation in KHSAA sanctioned sports. Protection of this PHI will fall under applicable law including the Health Insurance Portability and Accountability Act (HIPAA) at the clinic (details included in clinic Notice of Privacy Practices) and the Family Education Right to Privacy Act (FREPA) that applies at the school.

I have read and understand the information above.

Parent(s)/Legal Guardian(s):

Date: _____

MRSA Handout for Athletes and Parents/Guardians

I understand that MRSA can be a serious infection. I understand that precautions will be taken by myself, my athlete, their coaches, and administration. I understand that with all precautions taken, MRSA is not completely preventable, but the risks can be lowered by following the instructions above.

I am advised and agree to implement the above procedures.

Athlete Name

Athlete Signature

Date

Parent/Guardian Name

Parent/Guardian Signature

Date

Please return this page to your athlete's coach and keep the previous 2 pages for reference.

Henry Clay High School Athletic Department Staphylococcus Infection (MRSA) Protocol

Purpose: To establish steps to be taken when Community Acquired Methicillin-Resistant Staphylococcus (MRSA) is suspected and/or confirmed within the Henry Clay high school athletic department.

Definition: MRSA is a strain of *staphylococcus* that is resistant to antibiotics called betalactams. Beta-lactam antibiotics include methicillin and other more common antibiotics such as oxacillin, penicillin and amoxicillin (http://www.cdc.gov/ncidod/dhqp/ar_mrsa_ca_public.html#2). MRSA can be contracted by skin-to-skin contact, sharing of personal hygiene items (i.e. razors or towels), athletic equipment, and contact sports. MRSA can cause skin infections that may look like a pimple or boil and can be red, swollen, painful, and/or have pus or other drainage (http://www.cdc.gov/ncidod/dhqp/ar_mrsa_ca_public.html#6).

Signs/Symptoms: What does MRSA look like?

Staph infections often begin with an open wound – allowing bacteria to enter the body and develop into an infection. Look for:

- Pimples, boils, or blisters, which become red, swollen, painful, and/or have pus or other drainage.
- Sometimes mistaken for spider bites.
- Some people may have chills, fevers, feel nauseated, and have acute pain.

Prevention: Staphylococcus infections can be defeated before they start by taking preventative measures. The athletic training staff and coaching staffs working together can severely limit the incident of infection.

Coach's prevention techniques:

- 1) Promote clean practice gears (uniforms, pads, shirts, shorts, and equipment)
- 2) Promote hand washing
- 3) Dress all open wounds or send athletes to ATC for dressing of wounds
- 4) Report any suspicious wounds to ATC
- 5) Monitor any suspicious wounds for:
 - a. Redness – a large area surrounding the wound will be involved
 - b. Swelling – will involve a large area
 - c. Drainage – watch for white or yellow pus

Athletic trainer's prevention techniques will include but not limited to the following:

- 1) Daily cleaning of treatment tables
- 2) Washing/sanitizing hands before each exam
- 3) Use of gloves when dealing with open wounds or bodily fluids
- 4) Wash towels after each use
- 5) Mop floor daily

Athlete/Parent's prevention techniques:

- 1) Wash all practice clothes including equipment such as pads every day in hot water
- 2) Immediately take a shower after each practice/game

- 3) Make sure ATC or coach covers each open wound
- 4) Report any suspicious wounds to the ATC or a physician

Treatment: If an athlete is suspected of having an infection, the athlete will be removed from participation and referred to a family physician. The physician will be supplied with a Skin Condition form (see attachment) to fill out for the athlete to return to the athletic trainer. The athletic trainer will follow the protocols set forth by the physician for treatment and return to play.

Follow-up: If an athlete does have a confirmed case of CA-MRSA, Henry Clay high school will implement a cleaning process of the following areas: the athletic training room, involved team's locker room, weight room, wrestling mats, and Central office gymnasium.

- [Home](#)
- [Contact](#)
- [Install Training](#)
- [MARKET](#)
 - [Artificial Turf Grass Crumb Rubber Infill Studies & Reports](#)
 - [CPSC, CPSIA & Conformity](#)
 - [Green & Landscape Shows](#)
 - [Market Details](#)
 - [WTLE - Western Turfgrass & Landscape Expo](#)
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Penn State study debunks staph [MRSA] scare in synthetic turf

By [ASGi](#) • March 16th, 2008

Aug 29, 2006
Athletic Turf News

As high school and college athletes prepare for a new football season, sports trainers and coaches are concerned about outbreaks of an antibiotic-resistant staph bacterium that some people have associated with synthetic turf fields. But a study by researchers in Penn State's College of Agricultural Sciences should help put those concerns to rest.

Conducted by the university's Center for Turfgrass Science, the study found no trace of *Staphylococcus aureus* bacterium in any of the 20 infilled synthetic turf fields tested in various locations in Pennsylvania.

"These infilled systems are not a hospitable environment for microbial activity," says study author Andy McNitt, associate professor of soil science. "They tend to be dry and exposed to outdoor temperatures, which fluctuate rapidly. Plus, the infill media itself (ground-up tires) contains zinc and sulfur, both of which are known to inhibit microbial growth.

Considering the temperature range for growth of *S. aureus* is 7-48 degrees Celsius, we didn't expect to find this bacterium in fields exposed to sunlight, since the temperatures on these fields far exceed 48 degrees frequently." *Staphylococcus aureus* is a common bacterium that often lives harmlessly on the

skin or in the nose. When introduced into the body through a cut or medical incision, it can cause anything from minor skin lesions to life-threatening bloodstream infections, pneumonia or organ damage.

A strain of the bacterium, MRSA (methicillin-resistant staphylococcus aureus), has developed resistance to the antibiotic — synthetic penicillin — typically used to treat it and is becoming a major concern for sports teams with synthetic turf fields. The strain has also become one of the most common causes of skin infections requiring emergency room treatment nationally.

“Currently, there are between 700 and 800 [over 1000 are scheduled to be installed in North America in 2008] of these fields being installed annually in the country, and there’s been quite a scare about turf and MRSA,” McNitt says. “Some pro football players came down with it, and a Pennsylvania high school team has had 13 players sickened by it over the last two years. So this is an important finding.” [studies, digging deep into these claims found that personal hygiene often plays a role in contracting MRSA - and that you can get it off of almost any surface you touch that is "infected" - see MRSA article in previous posting]

McNitt says the center’s study didn’t differentiate between MRSA and the nonresistant strain because “they are the same bacterium. It’s just that some of the bacteria have developed resistance to antibiotics.”

“We didn’t differentiate, as we didn’t find any staph — resistant or otherwise — in the synthetic turf.”

The Penn State study also found low overall microbial populations in the synthetic turf systems. “The microbe population of natural turfgrass far exceeds anything we’ve found in the infill systems,” McNitt says.

“In fact, a number of the infill systems had zero living microbes in the sample at the time of testing.”

Even though temperatures of indoor fields would not be expected to fluctuate nearly as much as outdoor fields, he says, the microbe population of the indoor fields tended to be lower than outdoor fields.

“That was unexpected,” he says. “We really expected to see higher microbe populations indoors and purposely tested the fields during periods of high use and humidity. While we are unsure as to why the indoor fields had lower microbe counts, it could be due to the almost complete lack of moisture.”

The researchers did find *S. aureus* on other surfaces (blocking pads, weight equipment, stretching tables and used towels), as well as on the hands of five randomly tested passersby. The bottom line, McNitt says, is that while everyone should be concerned about the spread of bacteria and the cleanliness of equipment and other surfaces that players contact, infilled synthetic turf systems do not appear to be a breeding ground for microbes generally.

“Some other studies indicate that a player playing on synthetic turf may acquire more skin abrasions due to the abrasiveness of the surface,” McNitt says. “Thus, they have more entry points for the staph, but they’re not getting it from the field — they’re picking it up in the locker room or somewhere else. One study shows that players who shave their ankles prior to taping up, for instance, also have a greater incidence of staph because the shaving creates little nicks for infection to enter.”

McNitt will present a keynote address on the study at The International Horticulture Society Conference on Turfgrass Science and Management for Sport Fields in Beijing, China, in June 2007. A preliminary

ACCLIMATION PROGRAM FOR SUMMER:

A major concern of parents, coaches, and athletic trainers alike is the safety of children as they go back into school sports and athletics. Most heat-related problems occur within the first few days of activity for athletes going into a practice schedule. Athletes should be encouraged to slowly get used to working in the heat. Athletes may need 14-21 days to safely acclimate to heat and should take this time to adjust to the heat before tryouts/summer practices begin. When working out in the heat, athletes need to do conditioning and can practice running drills of their sport. This should be done daily so that the athlete will acclimate to the heat.

Here is an example of a summer acclimation schedule that can help your child/athlete adjust to the heat and prevent heat illness:

Week 1:

Days 1-7 (June 22-26): Get used to working out in the heat for 20 minutes a day during the time that your practices will be. For example, if your football or soccer practice is scheduled for 6pm, workout at that time.

Week 2:

Days 8-10 (June 28-30): Work up to working out for 30 minutes outside. Make sure you always follow the above guidelines and get plenty water.

Days 11-14 (July 1-4): Work up to working out for 40 minutes outside.

Week 3:

Days 15-17 (July 5-7): Work up to working out for 50 minutes outside.

Days 18-21 (July 8-12): Work up to working out for 60 minutes outside.

****Make sure that you are always supervised by an adult when exercising in the heat and drinking plenty of water.**

HYDRATION AND NUTRITION RECOMMENDATIONS

Before Activity:

- Drink one to three 8 oz cups of cold water about 10-20 minutes before exercising in the heat.
- Stretch and warm-up about 10 minutes before exercise.

During Activity:

- Continue to try to match fluid loss with fluid intake. Make sure athletes drink water every 10-15 minutes. If you are in the heat longer than 45 minutes, also drink a sports drink.
 - Water is always the best choice during activity, but, for activity 30-60 minutes in duration, encourage sports drinks. AVOID CARBONATED, ENERGY, OR CAFFEINATED BEVERAGES – THEY CAUSE DEHYDRATION. Flavored sports drinks may promote an increase in the amount of fluids consumed.
 - Caffeinated drinks such as soda or energy drinks contain caffeine which can increase blood pressure, heart rate, and respiratory rate.

After Activity:

- Continue drinking water after the activity even if you don't feel thirsty.
 - It can take up to 12 hours to achieve fluid replacement after strenuous activity.
 - Try to replace fluids within 1 to 2 hours after exercise is complete.
- After exercise, don't stop cold and rest. Make sure athletes cool down immediately following strenuous exercise. Cooling down can help athletes feel better as well as reduce muscle soreness.

*** REMEMBER: Children produce more heat, sweat less, and may be less likely to drink enough fluids during exercise.

NUTRITION RECOMMENDATIONS:

- Select meals that contain foods from all five food groups.
- Start each day with a good breakfast – cold cereal, milk, toast, and fruit juice make a quick meal full of starch (energy). If you have practice first thing in the morning, avoid milk and fruit juices because they could make you sick to your stomach.
- Use snacks to power up with and make sure that includes a snack before bedtime. (Time between dinner and breakfast can be about 12 hours).
- Avoid meals that contain a lot of sugar or caffeine. Also, watch out for foods that may upset the stomach – raw fruits or vegetables or beans.
- Consume only moderate amounts of protein and limit fats and oils.
- Choose a meal high in starch – this is easy to digest.
- Allow enough time for digestion before games or practices.

PRE-GAME MEAL TIPS:

Athletes of all ages should fuel their bodies 2 to 3 hours before practices and games using a high carbohydrate meal or snack. This will help give your body enough energy to make it through the activity.

- Athletes need to replace sodium lost in sweat – especially for heavy crampers. This can be done by lightly salting your food or drinking sport drinks such as Gatorade or Powerade.
- Make sure that you rehydrate with water before, during, and after activity. Dehydration can cause a decrease in strength and speed.
- Athletes should fill 2/3 of their plates with high-carbohydrate foods. Carbohydrates are the fuel for your activity. This means a moderate amount of vegetables, fruits, pasta, and breads should be included at every meal.
- Eat a variety of foods and try to limit any fast-food intake, especially on game days.
- **The two most important times to make sure you get the energy you need is at breakfast and after training.**