



Policy 7310
STUDENT PARTICIPATION IN EXTRA-CURRICULAR PHYSICAL ACTIVITIES

Adopted: 2009-04-28	Reviewed:	Amended: 2019-05-07
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POLICY

SUBJECT: **STUDENT PARTICIPATION IN EXTRA-CURRICULAR PHYSICAL ACTIVITIES**

The Board of Education encourages student participation in extra-curricular activities and that student participation in these activities be dependent upon consideration of safety and health factors.

Student participation in school sports activities and other extra-curricular physical activities will be appropriate to each student's demonstrated level of conditioning and endurance, and will require informed parental consent.

**STUDENT PARTICIPATION IN EXTRA-CURRICULAR PHYSICAL ACTIVITIES**

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REGULATIONSSUBJECT: **STUDENT PARTICIPATION IN EXTRA-CURRICULAR PHYSICAL ACTIVITIES**

Prior to any student's participating in a school sport or extra-curricular physical activity:

1. Schools will:
 - a. Inform students and parents/guardians of recommended conditioning.
 - b. Review with and provide information to students and their parents/guardians regarding the known potential risk factors involved in the particular sport or physical activity.
 - c. As per [Policy #5020](#) and [Policy #5025](#), provide parents/guardians with acknowledgement of risk and consent forms (that might include Appendix A and B) that outline the known and potential risks of participating in the school sport or physical activity as per information provided from [BC School Sports](#) and [YouthSafe Outdoors](#).
 - d. Monitor student conditioning and health as students participate in a sport or physical activity and make any necessary decisions as per any prudent parent or guardian.

2. Students and Parents/Guardians will:
 - a. Attend, when offered, the school's information session and/or review provided information regarding risks, conditioning levels, and pertinent medical information.
 - b. Complete and return the Acknowledgement of Risk and Consent form provided by the school.

Appendix A:



**Fraser-Cascade School District 78: Sudden Cardiac Arrest Screening
Sudden Cardiac Arrest Information**

Medical History	Yes	No
I experience chest pain/discomfort upon exertion		
I have experienced unexplained fainting or near-fainting spells		
I experience excessive and unexplained fatigue associated with exercise		
I have had or been medically diagnosed with a heart murmur		
One or more close relative has died of heart disease before age 50		
A close relative under age 50 has been diagnosed with heart disease		
If answering "yes" to one or more of the above questions, the parent/guardian/student is strongly encouraged to secure a relevant physical examination from a physician, including specific assessment of the items on the following chart.		

Physical Examination

Heart Murmur detected		
Femoral pulses are in normal range		
Physical appearance of Marfan Syndrome is apparent <small>(see Appendix B of SD78 Policy 7310)</small>		
Brachial artery blood pressure taken in sitting position is in normal range		

If you have any concerns arising from a review of this screening tool, as it pertains to an understanding of your physical fitness and health, you may wish to discuss it further with your family physician.

Appendix B:

What Are the Signs and Symptoms of Marfan Syndrome?

The signs and symptoms of Marfan syndrome vary from one person to another, even within the same family. Some people have mild signs and symptoms, while others may have severe problems and discomfort. Signs and symptoms occur in many parts of the body, including:

- The bones and ligaments
- The heart and blood vessels
- The eyes
- The lungs
- The skin

Appearance and Body Build

Some of the major signs of Marfan syndrome are the common physical features seen in people with the condition. People with Marfan syndrome often have:

- A tall, slender body build. They may be very tall or taller than other family members who do not have the condition. However, it should be noted that short, heavy people also can have Marfan syndrome.
- Long arms, legs, fingers, and toes. A person's arm span (the distance from the fingertips of one hand to the fingertips of the other with the arms stretched out from the sides) may be greater than his or her height.
- A long and narrow face.
- A highly arched roof of the mouth with crowded teeth.
- A receding lower jaw, causing an overbite.
- A protruding or sunken chest.
- A curved spine.
- Flat feet that are rotated inward (some people, however, have exaggerated arches).

Bones, Cartilage, and Ligaments

The bones of the limbs, hands, and feet often grow too long in people with Marfan syndrome. This typically leads to a tall, thin body with disproportionately long arms, fingers, legs and toes. People with Marfan syndrome have loose, relaxed ligaments and are usually loose jointed.

Chest abnormalities may occur due to an overgrowth of the ribs. There are two types of chest abnormalities:

- Pigeon breast, also called pectus carinatum. The chest protrudes outward like a bird's chest. This can affect heart and lung function.
- Funnel chest, also called pectus excavatum. The chest is sunken or indented, reducing the space between the breastbone and the backbone. As a result, the heart and lungs are displaced. Heart and lung function may be affected, leading to breathing and endurance problems.

Curvature of the spine may occur. It usually develops during childhood, often gets worse during the teenage growth spurt, and may require surgical treatment. The three main types of abnormal spine curvature are:

- Scoliosis – a side-to-side curvature
- Lordosis – an inward curvature of the spine in the lower back, just above the buttocks
- Kyphosis – an outward curvature of the spine in the upper back (hunchback)