COMPETITIVE ATHLETICS FOR CHILDREN OF ELEMENTARY SCHOOL AGE*

American Academy of Pediatrics; Committee on the Medical Aspects of Sports, American Medical Association; The American Association for Health, Physical Education and Recreation; and The Society of State Directors of Health, Physical Education, and Recreation

Competitive sports organized by school or other community agencies are now played so universally in all parts of the country by children 13 years of age and younger that the above organizations wish to suggest positive and realistic guidelines to govern participation.

Children of this age are not miniature adults; they are boys and girls in the process of maturation into adults. They seek and can profit from suitable play opportunities, but the benefits are not automatic. High quality supervision and a broad range of physical education activities, including sports adapted to the needs and capacities of growing children, are required for full realization of benefits.

A variety of competitive sports, appropriately a part of a sound physical education program, has the advantage of directing funds, facilities, instruction, and leadership toward all children in the school system or community. Such a program avoids providing a narrow sports experience for children or one directed only to the physically gifted, the well developed, the skillful, or the precocious child.

The problems involved are sufficiently significant and variable to warrant each community's having a local committee representing education, recreational, and medical specialists. Decisions about all school or community athletic programs may then be made in terms of local interest and needs, adequate supervision, and assurance of proper safeguards. Such decisions about athletic programs for children of elementary school age should embody local consideration of the following:

1. Proper physical conditioning.
2. Conduct of the sport: (a) competent teaching and supervision with regard for the relative hazards of each particular sport; (b) modification of rules, game equipment and facilities to suit the maturity level of the participants; (c) qualified officials.
3. Careful grouping according to sex, weight, size, skill and physical maturation when indicated.
4. Good protective equipment, properly fitted.
5. Well-maintained facilities suitable for the sport involved.
6. Proper delineation of the spheres of authority and responsibility for school administration, family, sponsor, physician, coach and athlete.
7. Adequate medical care: (a) periodic health appraisal of children, including a careful health history (see American Medical Association's Guide for Medical Evaluation of Candidates for School Sports);† (b) a physician present or readily available during games and practices; (c) established policies, procedures, and responsibilities for: first aid and referral of injured athletes, definitive treatment and follow-up, and evaluation and certification for return following injury or illness; (d) Attention to matters of physical and emotional fatigue and stress, especially of a cumulative nature or effect; and (e) use of the American Medical Association's Standard Nomenclature of Athletic Injuries* to facilitate re-

* As used in this Statement, "elementary school age" is synonymous with "in grades 1 through 6," "13 years of age and younger," and "preadolescent."


This statement was prepared jointly by the above organizations.

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porting and analysis of injuries and illnesses.

8. Salient educational and recreational considerations include:

(a) prerequisites before an inter-school athletic program is started: (1) provision for daily physical education instruction for all children, under the supervision of certificated physical education teachers, (2) opportunities for every child in the upper elementary grades to participate in an organized and supervised intramural athletic program, (3) and assurance that the athletic program will not curtail the time or budget of the normal school program (i.e., will not utilize school time, facilities, personnel or funds in any way which would jeopardize the total educational experience of the participants or of other children);

(b) program for interschool or community athletics: (1) participation limited to children in the upper elementary grades, (2) parental permission for each child, (3) qualified leadership for the planning and conduct of competitive athletic programs for children, (4) a schedule of contests (frequency and hour) appropriate for children of this maturity level, (5) the activities limited to a neighborhood or community basis without play-offs, bowl contests, or all-star contests, and (6) Avoidance of undesirable corollaries to organized competitive athletics, such as excessive publicity, pep squads, commercial promoting, victory celebrations, elaborate recognition ceremonies, paid admission, inappropriate spectator behavior, high pressure public contests and exploitation of children in any form.

The positive values of sports should be emphasized because of their important effects on stamina and physiologic functioning and because of their lifelong value as recreational activities. Examples of sports appropriate for children of elementary school age are archery, bowling, golf, skating, swimming, tennis, and track.

Boxing has no place in programs for children of elementary school age because its goal is injury and because the educational benefits attributed to it can be realized through other sports.

Sports with varying degrees of collision risk include baseball, basketball, football, ice hockey, soccer, softball, and wrestling. The hazards of such competition are debatable. The risks are usually associated with the conditions under which practice and play are conducted and the quality of supervision affecting the participants.

Unless a school or community can provide exemplary supervision—medical and educational—it should not undertake a program of competitive sports, especially collision sports at the preadolescent level.

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Pediatrics 1968;42;703

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