Ohio Department of Health Concussion Information Sheet
For Youth Sports Organizations

Dear Parent/Guardian and Athletes,

This information sheet is provided to assist you and your child in recognizing the signs and symptoms of a concussion. Every athlete is different and responds to a brain injury differently, so seek medical attention if you suspect your child has a concussion. Once a concussion occurs, it is very important your athlete return to normal activities slowly, so he/she does not do more damage to his/her brain.

What is a Concussion?
A concussion is an injury to the brain that may be caused by a blow, bump, or jolt to the head. Concussions may also happen after a fall or hit that jars the brain. A blow elsewhere on the body can cause a concussion even if an athlete does not hit his/her head directly. Concussions can range from mild to severe, and athletes can get a concussion even if they are wearing a helmet.

Signs and Symptoms of a Concussion
Athletes do not have to be “knocked out” to have a concussion. In fact, less than 1 out of 10 concussions result in loss of consciousness. Concussion symptoms can develop right away or up to 48 hours after the injury. Ignoring any signs or symptoms of a concussion puts your child’s health at risk!

Signs Observed by Parents of Guardians
♦ Appears dazed or stunned.
♦ Is confused about assignment or position.
♦ Forgets plays.
♦ Is unsure of game, score or opponent.
♦ Moves clumsily.
♦ Answers questions slowly.
♦ Loses consciousness (even briefly).
♦ Shows behavior or personality changes (irritability, sadness, nervousness, feeling more emotional).
♦ Can’t recall events before or after hit or fall.

Symptoms Reported by Athlete
♦ Any headache or “pressure” in head. (How badly it hurts does not matter.)
♦ Nausea or vomiting.
♦ Balance problems or dizziness.
♦ Double or blurry vision.
♦ Sensitivity to light and/or noise.
♦ Feeling sluggish, hazy, foggy or groggy.
♦ Concentration or memory problems.
♦ Confusion.
♦ Does not “feel right.”
♦ Trouble falling asleep.
♦ Sleeping more or less than usual.

Be Honest
Encourage your athlete to be honest with you, his/her coach and your health care provider about his/her symptoms. Many young athletes get caught up in the moment and/or feel pressured to return to sports before they are ready. It is better to miss one game than the entire season… or risk permanent damage!

Seek Medical Attention Right Away
Seeking medical attention is an important first step if you suspect or are told your child has a concussion. A qualified health care professional will be able to determine how serious the concussion is and when it is safe for your child to return to sports and other daily activities.

♦ No athlete should return to activity on the same day he/she gets a concussion.
♦ Athletes should NEVER return to practices/games if they still have ANY symptoms.
♦ Parents and coaches should never pressure any athlete to return to play.

The Dangers of Returning Too Soon
Returning to play too early may cause Second Impact Syndrome (SIS) or Post-Concussion Syndrome (PCS). SIS occurs when a second blow to the head happens before an athlete has completely recovered from a concussion. This second impact causes the brain to swell, possibly resulting in brain damage, paralysis, and even death. PCS can occur after a second impact. PCS can result in permanent, long-term concussion symptoms. The risk of SIS and PCS is the reason why no athlete should be allowed to participate in any physical activity before they are cleared by a qualified health care professional.

Recovery
A concussion can affect school, work, and sports. Along with coaches and teachers, the school nurse, athletic trainer, employer, and other school administrators should be aware of the athlete’s injury and their roles in helping the child recover.

During the recovery time after a concussion, physical and mental rest are required. A concussion upsets the way the brain normally works and causes it to work longer and harder to complete even simple tasks. Activities that require concentration and focus may make symptoms worse and cause the brain to heal slower. Studies show that children’s brains take several weeks to heal following a concussion.

www.healthyohioprogram.org/concussion

Rev. 02.13
Returning to Daily Activities

1. Be sure your child gets plenty of rest and enough sleep at night – no late nights. Keep the same bedtime weekdays and weekends.
2. Encourage daytime naps or rest breaks when your child feels tired or worn-out.
3. Limit your child’s activities that require a lot of thinking or concentration (including social activities, homework, video games, texting, computer, driving, job-related activities, movies, parties). These activities can slow the brain’s recovery.
4. Limit your child’s physical activity, especially those activities where another injury or blow to the head may occur.
5. Have your qualified health care professional check your child’s symptoms at different times to help guide recovery.

Returning to School

1. Your athlete may need to initially return to school on a limited basis, for example for only half-days, at first. This should be done under the supervision of a qualified health care professional.
2. Inform teacher(s), school counselor or administrator(s) about the injury and symptoms. School personnel should be instructed to watch for:
   a. Increased problems paying attention.
   b. Increased problems remembering or learning new information.
   c. Longer time needed to complete tasks or assignments.
   d. Greater irritability and decreased ability to cope with stress.
   e. Symptoms worsen (headache, tiredness) when doing schoolwork.
3. Be sure your child takes multiple breaks during study time and watch for worsening of symptoms.
4. If your child is still having concussion symptoms, he/she may need extra help with school-related activities. As the symptoms decrease during recovery, the extra help or supports can be removed gradually.

Returning to Play

1. Returning to play is specific for each person, depending on the sport. Starting 4/26/13, Ohio law requires written permission from a health care provider before an athlete can return to play. Follow instructions and guidance provided by a health care professional. It is important that you, your child and your child’s coach follow these instructions carefully.
2. Your child should NEVER return to play if he/she still has ANY symptoms. (Be sure that your child does not have any symptoms at rest and while doing any physical activity and/or activities that require a lot of thinking or concentration).
3. Be sure that the athletic trainer, coach and physical education teacher are aware of your child’s injury and symptoms.
4. Your athlete should complete a step-by-step exercise-based progression, under the direction of a qualified healthcare professional.
5. A sample activity progression is listed below. Generally, each step should take no less than 24 hours so that your child’s full recovery would take about one week once they have no symptoms at rest and with moderate exercise.*

Sample Activity Progression*

Step 1: Low levels of non-contact physical activity, provided NO SYMPTOMS return during or after activity. (Examples: walking, light jogging, and easy stationary biking for 20-30 minutes).

Step 2: Moderate, non-contact physical activity, provided NO SYMPTOMS return during or after activity. (Examples: moderate jogging, brief sprint running, moderate stationary biking, light calisthenics, and sport-specific drills without contact or collisions for 30-45 minutes).

Step 3: Heavy, non-contact physical activity, provided NO SYMPTOMS return during or after activity. (Examples: extensive sprint running, high intensity stationary biking, resistance exercise with machines and free weights, more intense non-contact sports specific drills, agility training and jumping drills for 45-60 minutes).

Step 4: Full contact in controlled practice or scrimmage.

Step 5: Full contact in game play.

*If any symptoms occur, the athlete should drop back to the previous step and try to progress again after a 24 hour rest period.

Resources

ODH Violence and Injury Prevention Program
www.healthyohioprogram.org/vipp/injury.aspx

Centers for Disease Control and Prevention
www.cdc.gov/Concussion

National Federation of State High School Associations
www.nfhs.org

Brain Injury Association of America
www.biausa.org/
• **Lindsay’s Law** is about Sudden Cardiac Arrest (SCA) in youth athletes. This law went into effect in 2017. SCA is the leading cause of death in student athletes 19 years of age or younger. SCA occurs when the heart suddenly and unexpectedly stops beating. This cuts off blood flow to the brain and other vital organs. SCA is fatal if not treated immediately.

• “Youth” covered under Lindsay’s Law are all athletes 19 years of age or younger that wish to practice for or compete in athletic activities organized by a school or youth sports organization.

• Lindsay’s Law applies to all public and private schools and all youth sports organizations for athletes aged 19 years or younger whether or not they pay a fee to participate or are sponsored by a business or nonprofit. This includes:
  1) All athletic activities including interscholastic athletics, any athletic contest or competition sponsored by or associated with a school
  2) All cheerleading, club sports and school affiliated organizations including noncompetitive cheerleading
  3) All practices, interschool practices and scrimmages

• Any of these things may cause SCA:
  1) Structural heart disease. This may or may not be present from birth
  2) Electrical heart disease. This is a problem with the heart’s electrical system that controls the heartbeat
  3) Situational causes. These may be people with completely normal hearts who are either are hit in the chest or develop a heart infection

• **Warning signs** in your family that you or your youth athlete may be at high risk of SCA:
  o A blood relative who suddenly and unexpectedly dies before age 50
  o Any of the following conditions: cardiomyopathy, long QT syndrome, Marfan syndrome, or other rhythm problems of the heart

• **Warning signs** of SCA. If any of these things happen with exercise, see your health care professional:
  • Chest pain/discomfort
  • Unexplained fainting/near fainting or dizziness
  • Unexplained tiredness, shortness of breath or difficulty breathing
  • Unusually fast or racing heart beats

• The youth athlete who faints or passes out before, during, or after an athletic activity MUST be removed from the activity. Before returning to the activity, the youth athlete must be seen by a health care professional and cleared in writing.

• If the youth athlete’s biological parent, sibling or child has had a SCA, then the youth athlete must be removed from activity. Before returning to the activity, the youth athlete must be seen by a health care professional and cleared in writing.

• Any young athlete with any of these warning signs cannot participate in practices, interschool practices, scrimmages or competition until cleared by a health care professional.
• Other reasons to be seen by a healthcare professional would be a heart murmur, high blood pressure, or prior heart evaluation by a physician.

• Lindsay’s Law lists the health care professionals who may evaluate and clear youth athletes. They are a physician (MD or DO), a certified nurse practitioner, a clinical nurse specialist or certified nurse midwife. For school athletes, a physician’s assistant or licensed athletic trainer may also clear a student. That person may refer the youth and family to another health care provider for further evaluation. Clearance must be provided in writing to the school or sports official before the athlete can return to the activity.

• Despite everyone’s best efforts, sometimes a young athlete will experience SCA. If you have had CPR training, you may know the term “Chain of Survival.” The Chain of Survival helps anyone survive SCA.

• Using an Automated External Defibrillator (AED) can save the life of a child with SCA. Depending on where a young athlete is during an activity, there may or may not be an AED close by. Many, but not all, schools have AEDs. The AEDs may be near the athletic facilities, or they may be close to the school office. Look around at a sporting event to see if you see one. If you are involved in community sports, look around to see if there is an AED nearby.

• If you witness a person experiencing a SCA: First, remain calm. Follow the links in the Chain of Survival:
  - **Link 1: Early recognition**
    - Assess child for responsiveness. Does the child answer if you call his/her name?
    - If no, then attempt to assess pulse. If no pulse is felt or if you are unsure, call for help “someone dial 911”
  - **Link 2: Early CPR**
    - Begin CPR immediately
  - **Link 3: Early defibrillation (which is the use of an AED)**
    - If an AED is available, send someone to get it immediately. Turn it on, attach it to the child and follow the instructions
    - If an AED is not available, continue CPR until EMS arrives
  - **Link 4: Early advanced life support and cardiovascular care**
    - Continue CPR until EMS arrives

• Lindsay’s Law requires both the youth athlete and parent/guardian to acknowledge receipt of information about Sudden Cardiac Arrest by signing a form.

Parents Lindsay Law video link
http://progressive.powerstream.net/008/00153/SCA_LL_ParentInfo.mp4
Sudden Cardiac Arrest and Lindsay’s Law

Parent/Athlete Signature Form

What is Lindsay’s Law? Lindsay’s Law is about Sudden Cardiac Arrest (SCA) in youth athletes. It covers all athletes 19 years or younger who practice for or compete in athletic activities. Activities may be organized by a school or youth sports organization.

Which youth athletic activities are included in Lindsay’s law?
- Athletics at all schools in Ohio (public and non-public)
- Any athletic contest or competition sponsored by or associated with a school
- All interscholastic athletics, including all practices, interschool practices and scrimmages
- All youth sports organizations
- All cheerleading and club sports, including noncompetitive cheerleading

What is SCA? SCA is when the heart stops beating suddenly and unexpectedly. This cuts off blood flow to the brain and other vital organs. People with SCA will die if not treated immediately. SCA can be caused by 1) a structural issue with the heart, OR 2) an heart electrical problem which controls the heartbeat, OR 3) a situation such as a person who is hit in the chest or a gets a heart infection.

What is a warning sign for SCA? If a family member died suddenly before age 50, or a family member has cardiomyopathy, long QT syndrome, Marfan syndrome or other rhythm problems of the heart.

What symptoms are a warning sign of SCA? A young athlete may have these things with exercise:
- Chest pain/discomfort
- Unexplained fainting/near fainting or dizziness
- Unexplained tiredness, shortness of breath or difficulty breathing
- Unusually fast or racing heart beats

What happens if an athlete experiences syncope or fainting before, during or after a practice, scrimmage, or competitive play? The coach MUST remove the youth athlete from activity immediately. The youth athlete MUST be seen and cleared by a health care provider before returning to activity. This written clearance must be shared with a school or sports official.

What happens if an athlete experiences any other warning signs of SCA? The youth athlete should be seen by a health care professional.

Who can evaluate and clear youth athletes? A physician (MD or DO), a certified nurse practitioner, a clinical nurse specialist, certified nurse midwife. For school athletes, a physician’s assistant or licensed athletic trainer may also clear a student. That person may refer the youth to another health care provider for further evaluation.

What is needed for the youth athlete to return to the activity? There must be clearance from the health care provider in writing. This must be given to the coach and school or sports official before return to activity.

All youth athletes and their parents/guardians must review information about Sudden Cardiac Arrest, then sign and return this form.

____________________________________  __________________________________
Parent/Guardian Signature                Student Signature

____________________________________  __________________________________
Parent/Guardian Name (Print)              Student Name (Print)

____________________________________  __________________________________
Date                                    Date
Springdale Parks & Recreation recognizes the important role youth sports plays in the development of a child. We strive to create a structured, educational, supervised and fun environment for all participants, coaches and spectators. In order to achieve this, the cooperation of all involved persons is required.

**COACHES**

*Will:*
- Maintain control of players and fans at all times
- Exhibit sportsmanlike example to others; including players, parents, spectators, officials
- Promptly return issued equipment at the end of the season

*Will Not:*
- Encourage players to play in a dangerous, unsportsmanlike or violent manner
- Grab uniforms of players
- Use profanity
- Yell at the officials
- Use alcohol, drugs, or tobacco products during games or practices.

**PLAYERS**

*Will:*
- Maintain good grades and keep school work as a top priority
- Respect and cooperate with adults & teammates and work together as a team
- Address adults and officials as “Coach” or “Mr./Mrs./Ms. - - - ”
- Maintain good sportsmanship at games and practices as well as off the field; including proper post-game acknowledgement of opposing team (i.e. shaking hands).
- Be present, on time and prepared for all practices and games

*Will Not:*
- Use profanity
- Abuse equipment

**PARENTS / SPECTATORS**

*Will:*
- Be a good example at all times and do my very best to make youth sports fun for my child
- Support the Springdale Parks & Recreation program and all coaches, players, and administrators
- Stay off the playing area unless directed by the coach or a staff member
- Have players dressed and to practices and games on time, ready to participate
- Pick up players immediately after practices and games
- Encourage players to place school work as a top priority
- Encourage good sportsmanship and place the emotional and physical well-being of my child ahead of a personal desire to win.
- Promptly return issued equipment at the end of the season

*Will Not:*
- Encourage players to play in a dangerous, unsportsmanlike or violent manner
- Fight, use profanity, or yell at officials, players, coaches, or other fans
- Use alcohol or drugs on or near practice or game sites

- Violations of the Code of Conduct may result in disciplinary action up to and including expulsion from the league. Additionally, constant or excessive heckling or harassment of coaches, players, fans, or officials will result in a minimum one-game suspension.

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<thead>
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WE HEREBY AGREE THAT THE SOCCER ASSOCIATION FOR YOUTH (SAY) ITS MEMBERS, COACHES OR OFFICERS SHALL NOT BE LIABLE FOR ANY INJURY OR LOSS WHICH MY CHILD MAY SUSTAIN WHILE PARTICIPATING IN ACTIVITIES OF ANY KIND WHETHER SPONSORED BY OR UNDER THE SUPERVISION OF SAY AND WE AGREE TO INDEMNIFY AND TO HOLD HARMLESS SAY, ITS MEMBERS, COACHES, OFFICERS OR DESIGNATES OF ANY KIND FROM ANY CLAIM WHATSOEVER.

CHILD’S NAME (please print)

____________________________________

PARENT OR GUARDIAN SIGNATURE

____________________________________ Date __________________________
City of Springdale COVID-19 Waiver and Hold Harmless Agreement

I understand the hazards of the novel coronavirus SARS CoV-2 novel (“COVID-19”) and am familiar with the Centers for Disease Control and Prevention’s (“CDC”) guidelines regarding COVID-19. I acknowledge and understand that the circumstances regarding COVID-19 are changing rapidly. Accordingly, the CDC guidelines are regularly modified. On my own behalf, as well as any of my minor children, we accept full responsibility for familiarizing ourselves with the most recent updates. Notwithstanding the risks associated with COVID-19, which I readily acknowledge, I hereby willingly choose to coach, instruct, host, participate, or allow my children to participate in events, activities, practices and games at the Springdale Community Center or any other property owned or operated by the City of Springdale (the “City”) (collectively the “Facilities”). This Agreement shall also apply to any rentals at the Springdale Community Center. I further understand that there may be visitors from outside of the State of Ohio, where COVID-19 protocols may differ from the State of Ohio, who may be participating in activities at the Facilities and I may come into contact or be exposed to them and am willing to accept that risk. Furthermore, the City reserves the right to remove any and all persons from City Facilities that may be observed not adhering to COVID-19 protocols consistent with this Agreement. I also understand that the City may be ordered, or elect, to close its Facilities or suspend activities at Facilities in which case the City may not refund fees associated with such activities or events.

I agree to follow all local, state, and federal laws and guidelines related to COVID-19 and other health guidelines during any City event, and during my time at the Facilities. I acknowledge and fully assume the risk of illness or death related to COVID-19 arising from me or my children being at the Facilities or participating in any event at the Facilities. I further agree on my own behalf as well as my minor children to hereby RELEASE, WAIVE, DISCHARGE, AND COVENANT NOT TO SUED OR SEEK TO BENEFIT MONETARILY from the City of Springdale, its officials, elected or otherwise, agents, employees, contractors, insurers and assigns (the “RELEASEES”) from any and all liability related to COVID-19 which might occur as a result of me or my children being at the Facilities and/or participating in any event hosted, sponsored by, or organized by the City.

I further agree to indemnify, defend and hold harmless the Releasees from and against any and all claims, demands, suits, judgments, losses or expenses of any nature whatsoever (including, without limitation, attorneys’ fees, costs and disbursements), arising from or out of, or relating to, directly or indirectly, the infection of COVID-19 or any other illness, injury, or death involving me or my minor children. This Agreement shall be binding on any assigns and representatives, and shall be deemed as a RELEASE, WAIVER, DISCHARGE, AND COVENANT NOT TO SUE the above-named RELEASEES.

This Agreement and the provisions contained herein shall be construed, interpreted and controlled according to the laws of Ohio.
I HEREBY KNOWINGLY AND VOLUNTARILY WAIVE ANY RIGHT TO A JURY TRIAL OF ANY DISPUTE ARISING IN CONNECTION WITH THIS AGREEMENT. I ACKNOWLEDGE THAT THIS WAIVER WAS EXPRESSLY NEGOTIATED AND IS A MATERIAL INDUCEMENT FOR PERMISSION BEING GRANTED BY RELEASEES FOR ME OR MY CHILDREN TO USE THE FACILITIES, AND TO PARTICIPATE IN ANY EVENT CITY EVENTS OR ACTIVITIES.

In signing this Agreement, I acknowledge and represent that I have read the foregoing Waiver of Liability and Hold Harmless Agreement, understand it, and sign it voluntarily as my own free act and deed on my own behalf as well as my minor children; no oral representations, statements, or inducements, apart from the foregoing written agreement, have been made; I am at least eighteen (18) years of age and fully competent; and I execute this Agreement for full, adequate and complete consideration fully intending to be bound by its terms.

________________________________________________ Signature of Parent, Guardian, or Adult Participant

________________________________________________ Name of Parent, Guardian, or Adult Participant

________________________________________________ Name of my Child participating in Activities

________________________________________________ Name of my Child participating in Activities

________________________________________________ Name of my Child participating in Activities

________________________________________________ Name of my Child participating in Activities

________________________________________________ Name of my Child participating in Activities

________________________________________________ Name of my Child participating in Activities

________________________________________________ Date
### Springdale Youth Sports Registration

<table>
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<th>Fall</th>
<th>Winter</th>
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Child’s Name: ____________________________ (last) ____________________________ (first)

Date of Birth: _______ / _______ / _______  Age _______  Grade _______

Name of School Player Attends: ____________________________

### EMERGENCY MEDICAL INFORMATION

Family Doctor's Name and Phone: ____________________________

Preferred Hospital: ____________________________

Any allergies, asthma, physical disabilities or prescribed medications:

_____________________________________________________

_____________________________________________________

_____________________________________________________

In the event of an emergency, if the person listed below cannot be contacted, I give my permission for a qualified paramedic or other qualified personnel to administer necessary treatment. YES  NO

### PARENTS OR LEGAL GUARDIAN(S)

(last) ____________________________ (first) ____________________________ cell phone #

(last) ____________________________ (first) ____________________________ cell phone #

Address: ____________________________ Apt # __________

city ____________________________ State __________  zip code __________

home phone # ____________________________

work phone # ____________________________

E-mail: ____________________________

Willing to Coach? Y / N  Willing to Assist? Y / N  Interested in Joining SYB or Sponsoring a Team Y / N

** I have received & reviewed my Concussion & Lindsay Law Information sheet **

Parent / Guardian Signature: ____________________________  Date: ____________

### SYB Refund Policy

Refunds will be given in the event of a medical condition (verified by a doctor’s statement) or if the family moves outside of the City of Springdale prior to the start of the sports season. The SYB board may consider exceptions to the above policy. All refund requests must be submitted in writing to the Community Center on the Request for Refund form. Thank you for registering your child with the Springdale Youth Boosters.

### Office Use Only:

Membership #: ____________ Person Receiving Application: ____________ Date: ____________

Amount Paid $ ____________  Paid By: _______ Cash _______ Check #: ____________  Waiting List (no payment)

All returned checks will be charged a $25 returned check fee.