

2019-2020

REGISTRATION PACKAGE

Bux-Mont Catholic Ice Hockey Club Players

2019 – 2020 Bux-Mont Catholic Ice Hockey Club (BMCIHC) Form Checklist

Registration forms will not be accepted unless ALL required documents are submitted. All forms listed are required by Bux-Mont Catholic Ice Hockey. Updated forms may be required prior to the season if updated by USA Hockey or Bux-Mont Catholic Ice Hockey.

Returning and New Players	Check Box	BMCIHC Use Only
• Registration Fee		
• Registration Form		
• Registration Agreement / Financial Commitment		
• Player Code of Conduct		
• Parents Code of Conduct		
• Player/Parent Agreement		
• USA Hockey Consent to Treat and Medical Form		
• USA Hockey Waiver of Liability		
• Copy of USA Hockey Card or Copy of USA Hockey Online Registration Form		
• Copy of Birth Certificate (for new players only)		
• Concussion Form		

Failure to do so will prohibit the player from participating in any BMCIHC events until the registration is received.

Bux-Mont Catholic Ice Hockey Club

2019-2020 Registration Form

Please fill out all information completely:

Player's Full Name:

Date of Birth:

Street Address:

City:

State:

Zip:

Home Phone:

Player's Cell Phone:

Player's Email Address:

Parent/Guardian Name:

Parent/Guardian Email Address:

Parent/Guardian Cell Phone:

Played for LC/AB Wood before?

Yes

☐

No

☐

Played Travel before?

Yes

☐

No

☐

2019-2020 School Grade:

2019-2020 School Name:

2019-2020 USA Hockey Registration Number:

Hockey Jersey Size:

Preferred Jersey Number:

The player and parent or guardian all agree they will:

- Participate in the BMCIHC program with full knowledge of all risks and hazards incidental thereto, assume such risks and hazards and do hereby release and hold harmless BMCIHC and the officers, directors and employees of the rink(s) and affiliated organizations from any liability for personal injury or loss or damage to property.
- Abide by the BMCIHC rules and regulations, current and as amended.

The player and parent or guardian hereby acknowledge that the 2019-2020 registration fee of \$200.00 is non-refundable if a sufficient amount of skaters are registered to form a team. In addition, the player and parent or guardian must sign the attached Waiver of Liability, Release Assumption of Risk & Indemnity Agreement.

The parent or guardian hereby gives permission and consent to emergency medical treatment for injuries that may be incurred by the player.

Parent/Guardian Signature:

Date:

PLAYER HISTORY

School Attended in 2018-19:

School Hockey Experience (Number of Years):

School Team Last Season (MS, JV, or Varsity):

Hockey Classification Last Season (A, AA, AAA):

Club Travel Experience (Number of Years):

2019-2020 Club Travel Team:

Current USA Hockey Level (Midget, Bantam, Pee wee, etc.):

Current USA Hockey Classification (AAA, AA, A, B, In-house etc.):

Parent/Guardian Signature:

Date:

REGISTRATION AGREEMENT / FINANCIAL COMMITMENT

In compliance with the Bylaws of Bux-Mont Catholic Ice Hockey Club (BMCIHC):

The player may only step on the ice as a member of the BMCIHC once the player and the parent/guardian of the player have signed a registration agreement. This agreement is to ensure that the player and parent/guardian of the player are financially committed to BMCIHC for the intended season.

The signed registration agreement allows the player to be evaluated to play on a team for BMCIHC.

BMCIHC will make every effort to place the player on a team. Assigning a player to an appropriate level of hockey is permitted. In rare occasions, there may not be a team available for that player. In that case BMCIHC has the right to release the player by means of a written statement. This is typically when the formation of a team at that particular age level is not financially practical. In that case the registration fee will be refunded in full.

Any player who signs a BMCIHC registration form and makes a financial commitment to the club will remain the property of that Club for the balance of the season, unless released by that Club in writing.

I hereby acknowledge the above rules and regulations of the BMCIHC. I agree that I am now registering to play with Bux-Mont Catholic Ice Hockey Club and will be financially committed for the 2019-2020 season.

Fee Schedule [Includes Jerseys and Socks]**

Boys Varsity / Swing Players	\$1,250
Junior Varsity	\$1,250
Girls Varsity (League)	\$1,250
Girls Varsity (Non-league)	\$650
Middle School	\$650
Developmental	\$450

** Two jerseys (home and away) per school team (MS, JV, or V) are provided at no charge. The player will use the same two jerseys for every season they are on that particular team. The player/parent is responsible to pay for additional replacement jerseys, if needed.

Fundraising Events:

There may be fund raising events throughout the season that will be designed to raise money for the club and raise money that can be applied to your player fees.

Player's Name:

Player's Signature:

Parent/Guardian Name:

Parent/Guardian Signature:

Date:

**Make checks payable to: LCCIHA
6 Mildred Lane
Ambler, PA 19002**

PLAYER CODE OF CONDUCT

As a Bux-Mont Catholic Ice Hockey player, I understand that I am a representative of the Bux-Mont Catholic Ice Hockey Club and I will conduct myself within the governing rules, regulations and policies of USA Hockey, the respective leagues in which we participate and the Atlantic District. As a Bux-Mont Catholic Ice Hockey Club representative, I will agree to:

1. Adhere to USA Hockey league rules, regulations and policies as well as by-laws and decisions as determined by the Bux-Mont Catholic Ice Hockey Club.
2. Treat players, opponents, coaches, parents and other fans regardless of race, sex or creed with respect. Refrain from using abusive language and inappropriate actions and gestures.
3. Accept decisions made on or off the ice by an official. I will not argue with an official over a decision made on or off the ice. I will treat officials as being honest in their intentions and accept official decisions in an appropriate manner, without becoming angry. I will not display temper outbursts, throw things or bang the glass.
4. As a BMCIHC player I will be on time for all games and practices and be physically and mentally ready to work hard to improve my skill, ability and effort.
5. Give coaches advance notice of upcoming tardiness or absences.
6. Respect the Ice Rink and its employees, as well as facilities we are visiting.
7. Learn TEAMWORK, SPORTSMANSHIP, DISCIPLINE and RESPECT while playing for fun. Be a TEAM PLAYER- get along with my teammates. Appreciate and support the contribution each person makes to the team.
8. Learn the rules of hockey and play by them. Always be a good sport and set a good example. Understand that any behavior that reflects poorly on my team or Bux-Mont Catholic Ice Hockey Club may result in disciplinary action as decided by coaches and/or the Bux-Mont Catholic Ice Hockey Club Board.
9. As a Bux-Mont Catholic Ice Hockey player I understand that winning is desirable although winning at all cost defeats the purpose of the game. I will learn to win or lose with class, dignity and sportsmanship.

BY SIGNING BELOW I UNDERSTAND THAT A VIOLATION OF THIS CODE OF CONDUCT OR ANY ACTION WHICH IS DETRIMENTAL TO THE CLUB WILL RESULT IN MY SUSPENSION OR TERMINATION FROM ANY OR ALL BUX-MONT CATHOLIC ICE HOCKEY ACTIVITIES.

Player's Name:

Player's Signature:

Date:

PARENTS CODE OF CONDUCT

As a parent of an Bux-Mont Catholic Ice Hockey player, I understand that I am a representative of the Bux-Mont Catholic Ice Hockey Association and will conduct myself within the governing rules, regulations and policies of USA Hockey, , the respective leagues in which our teams participate and Atlantic District.

As a Bux-Mont Catholic Ice Hockey representative, I will agree to:

1. Adhere to USA Hockey league rules, regulations and policies as well as by-laws and decisions as determined by Bux-Mont Catholic Ice Hockey.
2. Be a positive role model to the players, display emotional maturity and be alert to physical safety of players.
3. Promote and maintain a drug and alcohol free sports environment for the team.
4. Treat players, opponents, coaches, officials, parents and other fans- regardless of race, sex or creed- with respect, relative to abusive language, actions, and gestures.
5. Show a positive attitude toward the game and all of its participants by not yelling at players, coaches or officials. Encourage my child to play by the rules.
6. Know and study the rules of the game, and support the officials on and off the ice. This approach will help in the development and support of the game. This will also encourage young officials to improve and not be discouraged. Any criticism of officials only hurts the game.
7. Applaud a good effort in both victory and defeat, and enforce the positive points of the game. Never yell or physically abuse my child after a game or practice. Work toward removing the physical and verbal abuse in youth sports.
8. Recognize the importance of volunteer coaches. They are important to the development of my child and the sport. Communicate with them and support them, but leave the coaching to the coaches. DO NOT COACH FROM THE STANDS.
9. Not be critical of the hockey program, other players and coaches in front of my children or other players and parents. If I have a problem, I will speak in a rational manner directly to the coach or member of Bux-Mont Catholic board.

BY SIGNING BELOW I UNDERSTAND THAT A VIOLATION OF THIS CODE OF CONDUCT OR ANY ACTION WHICH IS DETRIMENTAL TO THE CLUB WILL RESULT IN MY SUSPENSION OR TERMINATION FROM ANY OR ALL BUX-MONT CATHOLIC ICE HOCKEY ACTIVITIES.

Print Parent/Guardian Name

Parent/Guardian Signature

Date

BUX-MONT CATHOLIC ICE HOCKEY (BMCIHC) PLAYER/PARENT AGREEMENT

This AGREEMENT is entered into in the Commonwealth of Pennsylvania between

("The Player") and jointly and severally by the Player's parent and/or legal guardian,

Born on

Residing at

("The Parent") and Bux-Mont Catholic Ice Hockey ("The Club"), a youth hockey organization for the 2017-2018 hockey season, which is defined as lasting from the date of signing of this agreement until the completion of the USA Hockey National Tournaments ("The Season").

It is understood that the Parties **intend to be legally bound by this Agreement**, and that this Agreement was signed in, and is enforceable, in the Commonwealth of Pennsylvania, and that all references to the Player includes males and females.

1. The Parent understands that if the Player resigns or otherwise voluntarily terminates his/her participation for any reason after signing this agreement, the Player is not entitled to a refund of the Player Fee and must pay the entire remaining balance of the Player Fee before a Atlantic District Player Release Form will be issued.
2. The player may also participate with any independent or Atlantic District run program.
3. The Player agrees that he/she will attend all of the Club's ice practices, games, off-ice training, instructional sessions and organized team meetings, except when prevented from doing so for educational or medical reasons, in which case, the player will request permission in advance (when reasonably possible to do so) to be absent. The club acknowledges that such permission will be granted for all reasonable requests. The player agrees that he/she will maintain his/her academic and educational course work at the highest-level possible.
4. The Club requires the Player to obtain USA Hockey registration at their own expense.
5. The Player agrees to obey the laws of the Commonwealth of Pennsylvania and that he/she will maintain good citizenship and behavior at all Club events, as well as in his/her everyday life, recognizing that his/her behavior is a reflection upon the Club.
6. The Player agrees not to use vulgar or profane language, racial, ethnic or gender related slurs toward teammates, coaches, officials, opponents or spectators.

7. The Player agrees that alcohol, tobacco products, and all legally banned substances, which includes marijuana, cocaine, non-prescribed medications, including performance enhancing substances and other related drugs, have no place in hockey and Player agrees not participate in such use.
8. The Player recognizes that there is no place for violent or overly aggressive play in hockey where the obvious intent is to injure or harm another player, and agrees not to participate in such conduct.
9. The Parent agrees to respect and show appreciation for the volunteers who give their time to hockey. Parent further agrees not to yell, taunt, threaten or inflict physical violence upon any player, coach, official or spectator at any Club function.
10. The Parent agrees to be responsible for the financial commitment made in this Agreement (which includes the payment of a Registration Fee and a Player Fee), even in the event that Player's Club or playing privileges are suspended and/or terminated for any reason, including but not limited to disciplinary or academic issues, injury or illness, and understand this to mean that in no case will the Player Fee be prorated for any portion of the season.
11. The Parent agrees that the Registration fee is non-refundable. Once the Player is placed on a team that fee is credited to the Player Fee. If the Player declines his/her position on a team, after the date designated by the Club, the Player will **not** be entitled to receive a refund.
12. The parent shall be obligated to pay the Club tuition as established in Addendum The Club's Payment Schedule for participation as a member of the Club, with the understanding that if a payment is delinquent, then the Player's playing and participation privileges with the Club and his/her team may be suspended until the delinquent amount is paid or an appropriate payment arrangement is made with the Club.
13. The Parent understands that the SHSHL and the Atlantic District requires member Clubs to report any player's outstanding financial obligation to the District. The Parent and Player understand that a reported player cannot be placed on the roster of any other Atlantic District team (middle school, high school, in-house or travel ice hockey team) until the outstanding financial obligation to the Club is satisfied.
14. The Parent understands that the Club may, at their sole discretion, based on past payment history, or other sound business practice, elect to require the full payment of Player Fees once a player is placed on a team.
15. The Player understand that he/she is responsible for fines or costs assessed for damage to facilities, locker rooms, etc., used in conjunction with Club's practices, games or other team events which are caused by the above named player.
16. The Parent understands that there may be additional charges if any payments are not made on a timely basis.
17. The Parent understands that the Club is entitled to assess a reasonable charge for any returned check or credit card charge.
18. The Player and Parent agree to abide by all rules and regulations of USA Hockey, the Atlantic District, the SHSHL, and the Club.
19. The Club does not guarantee nor promise that it can improve the college or professional hockey potential of the player. However, the club will provide, to the best of its ability, the best environment, coaches and skill development, to assist the player in realizing his/her full hockey potential.
20. The Player and Parent will sign the USA Hockey Waiver of Liability, USA Hockey Consent to treat forms, USA Hockey Code of Conduct form.
21. The Player and Parent agree that the club may utilize the Parent's e-mail / mailing addresses and Player photographs, pictures and likenesses for promotional purpose.

The Player and Parent acknowledge that failure to abide by the rules set forth in this agreement constitutes a breach of this Agreement and subjects the Player and his/her Parents to disciplinary action and possible expulsion from the Club.

We hereby agree to the terms of this Agreement, acknowledge that we have read, understand and agree to abide by the rules and regulations set forth herein, and agree to be legally bound by this Agreement.

Player (signature)

Date

Parent (signature)

Date

Name/Title of Club Officer

Organization

Date



USA HOCKEY
CONSENT TO TREAT

This is to certify that on this date, I,

As parent or guardian of

(athlete participant), or for myself as an adult participant, give my consent to USA Hockey and its medical representative to obtain medical care from any licensed physician, hospital, or clinic for the above mentioned participant, for any injury that could arise from participation in USA Hockey sanctioned events.

If said participant is covered by any insurance company, please complete the following:

Name of Insurance Company:

Address:

Policy Number:

Signed:

(Parent/guardian or adult participant)

Relationship to Participant:

Home Address:

Phone:

Date:

Excess accident insurance up to \$25,000, subject to deductibles, exclusions and certain limitations, is provided to all USA Hockey registered team participants. For further details call Winnie Tharp, Marsh USA, Inc., (317) 261-9306.

To file an excess accident claim, call K&K, (800) 237-2917, ext. 5623.

MEDICAL HISTORY FORM

(COMPLETION OF THIS FORM IS OPTIONAL)

Name: _____ Date: _____

Address: _____ Birthdates: _____

Daytime Phone: _____ Evening Phone: _____

WHO TO CONTACT IN CASE OF AN EMERGENCY?

Name: _____ Relationship: _____

Daytime Phone: _____ Evening Phone: _____

Physician's Name: _____

Daytime Phone: _____ Evening Phone: _____

Hospital of Choice: _____

PLEASE COMPLETE THE FOLLOWING:

If the answer to any of the following questions is or was yes, please describe the problem and its implications for proper first aid treatment on a separate piece of paper.

Have you had (or do you presently have) any of the following?

Circle One

Head injury (concussion, skull fracture)	Yes	No
Fainting spells	Yes	No
Convulsions/epilepsy	Yes	No
Neck or back injury	Yes	No
Asthma	Yes	No
High blood pressure	Yes	No
Kidney problems	Yes	No
Hernia	Yes	No
Diabetes	Yes	No
Heart murmur	Yes	No
Allergies	Yes	No

Please specify: _____

Injuries to:

Shoulder	Yes	No
Knee	Yes	No
Ankle	Yes	No
Fingers	Yes	No
Arm	Yes	No
Other: _____		

Impaired vision	Yes	No
Impaired hearing	Yes	No
Other: _____		

Have you had a recent tetanus booster? Yes No If so, when? _____

Are you currently taking any medication? Yes No What? Why? _____

Has the doctor placed any restrictions on your activity? Yes No Explain: _____



Waiver of Liability, Release Assumption of Risk & Indemnity Agreement

It is the purpose of this agreement to exempt, waive and relieve releases from liability for personal injury, property damage, and wrongful death, including if caused by negligence, including the negligence, if any, of releases. "Releases" include USA Hockey, Inc., its affiliate associations, local associations, member teams, event hosts, other participants, coaches, officials, sponsors, advertisers, and each of them, their officers, directors, agents and employees.

For and in consideration of the undersigned participant's registration with USA Hockey, Inc., its affiliates, local associations and member teams (all referred to together as USAH) and being allowed to participate in USAH events and member team activities, participant (and the parent(s) or legal guardian(s) of participant, if applicable) waive, release and relinquish any and all claims for liability and cause(s) of action, including for personal injury, property damage or wrongful death occurring to participant, arising out of participation in USAH events, member team activities, the sport of ice hockey, and/or activities incidental thereto, whenever or however they occur and for such period said activities may continue, and by this agreement any such claims, rights, and causes of action that participant (and participant's parent(s) or legal guardian(s), if applicable) may have are hereby waived, released and relinquished, and participant (and parent(s)/guardian(s), if applicable) does(do) so on behalf of my/our and participant's heirs, executors, administrators and assigns.

Participant (and participant's parent(s)/guardian(s), if applicable) acknowledge, understand and assume all risks relating to ice hockey and any member team activities, and understand that ice hockey and member team activities involve risks to participant's person including bodily injury, partial or total disability, paralysis and death, and damages which may arise there from and that I/we have full knowledge of said risks. These risks and dangers may be caused by the negligence of the participant or the negligence of others, including the "releases" identified below. These risks and dangers include, but are not limited to, those arising from participating with bigger, faster and stronger participants, and these risks and dangers will increase if participant participates in ice hockey and member team activities in an age group above that which participant would normally participate in. I/We further acknowledge that there may be risks and dangers not known to us or not reasonably foreseeable at this time. Participant (and participant's parent(s)/guardian(s), if applicable) acknowledge, understand and agree that all of the risks and dangers described throughout this agreement, including those caused by the negligence of participant and/or others, are included within the waiver, release and relinquishment described in the preceding paragraph. I/We agree to abide by and be bound under the rules of USA Hockey, including the By-Laws of the corporation and the arbitration clause provisions, as currently published. Copies are available to USA Hockey members upon written request.

Participant (and participant's parent(s)/guardian(s), if applicable) acknowledge, understand and assume the risks, if any, arising from the conditions and use of ice hockey rinks and related premises and acknowledge and understand that included within the scope of this waiver and release is any cause of action (including any cause of action based on negligence) arising from the performance, or failure to perform, maintenance, inspection, supervision or control of said areas and for the failure to warn of dangerous conditions existing at said rinks, for negligent selection of certain releases, or negligent supervision or instruction by releases.

If the law in any controlling jurisdiction renders any part of this agreement unenforceable, the remainder of this agreement shall nevertheless remain enforceable to the full extent, if any, allowed by controlling law. This agreement affects your legal rights, and you may wish to consult an attorney concerning this agreement.

Participant (and participant's parent(s)/guardian(s), if applicable) agree if any claim for participant's personal injury or wrongful death is commenced against releases, he/she shall defend, indemnify and that save harmless releases from any and all claims or causes of action by whomever or wherever made or presented for participant's personal injuries, property damage or wrongful death.

Participant (and participant's parent(s)/guardian(s), if applicable) acknowledge that they have been provided and have read the above paragraphs and have not relied upon any representations of releases, they are fully advised of the potential dangers of ice hockey and understand these waivers and releases are necessary to allow amateur ice hockey to exist in its present form. Significant exclusions may apply to USA Hockey's insurance policies, which could affect any coverage. For example, there is no liability coverage for claims of one player against another player. Read your brochure carefully and, if you have any questions, contact USA Hockey or a District Risk Manager.

PARTICIPANT NAME (PRINT)

PARTICIPANT AGE

PARTICIPANT SIGNATURE

DATE SIGNED

PARENT OR GUARDIAN SIGNATURE

DATE SIGNED

If participant is 17 years of age or younger, this form is to be retained by local program.

BUX-MONT CATHOLIC ICE HOCKEY CLUB

Athlete/Parent/Guardian Concussion Information Sheet and Acknowledgement Form

A concussion is a type of traumatic brain injury that disrupts normal functioning of the brain. . A concussion can be caused by a bump, blow, or jolt to the head or body that causes the head and brain to move rapidly back and forth. Concussions are a type of Traumatic Brain Injury (TBI), which can range from mild to severe and can disrupt the way the brain normally functions. Concussions can cause significant and sustained neuropsychological impairment affecting problem solving, planning, memory, attention, concentration, and behavior.

The Centers for Disease Control and Prevention estimates that 300,000 concussions are sustained during sports related activities annually and more than 62,000 concussions are sustained each year in high school contact sports. Second-impact syndrome occurs when a person sustains a second concussion while still experiencing symptoms of a previous concussion. It can lead to severe impairment and even death of the victim.

The Safety in Youth Sports Act signed into law in November of 2011 mandates measures to be taken in order to ensure the safety of student-athletes involved in interscholastic sports in Pennsylvania. It is imperative that athletes, coaches, and parent/guardians are educated about the nature and treatment of sports related concussions and other head injuries. The Act states that:

- A student participating in or desiring to participate in an athletic activity and the student's parent or guardian shall each school year, prior to participation by the student in an athletic activity, sign and return to the student's school an acknowledgment of receipt and review of a concussion and traumatic brain injury information sheet.
- A school entity may hold an informational meeting prior to the start of each athletic season for all ages of competitors regarding concussions and other head injuries, the importance of proper concussion management and how preseason baseline assessments can aid in the evaluation, management and recovery process.
- In addition to students, parents, coaches and other school officials, the informational meetings may include physicians, neuropsychologists, athletic trainers and physical therapists.
- A student who, as determined by a game official, coach from the student's team, certified athletic trainer, licensed physician, licensed physical therapist or other official designated by the student's school entity, exhibits signs or symptoms of a concussion or traumatic brain injury while participating in an athletic activity shall be removed by the coach from participation at that time.
- The coach shall not return a student to participation until the student is evaluated and cleared for return to participation in writing by an appropriate medical professional.
- The governing body of a school entity may designate a specific person or persons, who must be appropriate medical professionals, to provide written clearance for return to participation.
- In order to help determine whether a student is ready to return to participation, an appropriate medical professional may consult any other licensed or certified medical professionals.
- Once each school year, a coach shall complete the concussion management certification training course offered by the Centers for Disease Control and Prevention, the National Federation of State High School Associations or another provider approved by the Department of Health.

- A coach shall not coach an athletic activity until the coach completes a concussion management certification training course.
- The governing body of a school entity shall establish the penalties for a coach found in violation of the requirements of removing a player or returning to play.

Quick facts

- Most concussions do not involve loss of consciousness.
- Athletes who have, at any point in their lives, had a concussion have an increased risk of another concussion.
- Young children and teens are more likely to get a concussion and take longer to recover than adults.
- You can sustain a concussion even if you do not hit your head.
- A blow elsewhere on the body can transmit an “impulsive” force to the brain and cause a concussion.
- Signs and symptoms of a concussion can show up right after the injury or may not appear or be noticed until days or weeks after the injury.

Danger signs

In rare cases, a dangerous blood clot may form on the brain in a person with a concussion and crowd the brain against the skull. An athlete should receive immediate medical attention if after a bump, blow, or jolt to the head or body s/he exhibits any of the following danger signs:

- One pupil larger than the other.
- Is drowsy or cannot be awakened.
- A headache that not only does not diminish, but gets worse.
- Weakness, numbness, or decreased coordination.
- Repeated vomiting or nausea.
- Slurred speech.
- Convulsions or seizures.
- Cannot recognize people or places.
- Becomes increasingly confused, restless, or agitated.
- Has unusual behavior.
- Loses consciousness (even a brief loss of consciousness should be taken seriously).

Examples of signs of concussions observed by coaches, athletic trainers, parents/guardians

- Appears dazed or stunned.
- Is confused about assignment or position.
- Forgets plays or demonstrates short term memory difficulties.
- Unsure of game, score, or opponent.
- Exhibits difficulties with balance, coordination, concentration, and attention.
- Answers questions slowly or inaccurately.
- Demonstrates mood, behavior or personality changes.
- Unable to recall events prior to or after the hit or fall.

Examples of symptoms of concussions reported by student-athletes

- Headache or “pressure” in head.
- Nausea/vomiting.
- Balance problems or dizziness.
- Double vision or changes in vision.
- Sensitivity to light and/or sound.

- Feeling sluggish, hazy, or foggy.
- Difficulty with concentration and/or short term memory.
- Confusion.
- Just not “feeling right” or “feeling down.”

Why should a student-athlete report their symptoms?

- If an athlete has a concussion, his/her brain needs time to heal. While an athlete’s brain is still healing, s/he is much more likely to have another concussion.
- Repeat concussions can increase the time it takes to recover.
- In rare cases, repeat concussions in young athletes can result in brain swelling or permanent damage to their brain. They can even be fatal.

What should a student-athlete do if they think they have a concussion?

- **Don’t hide it.** Tell your Athletic Trainer, Coach, School Nurse, or Parent/Guardian.
- **Report it.** Don’t return to competition or practice with symptoms of a concussion or head injury. The sooner you report it, the sooner you may return-to-play.
- **Take time to recover.** If you have a concussion your brain needs time to heal. While your brain is healing you are much more likely to sustain a second concussion. Repeat concussions can cause permanent brain injury.

What can happen if a student-athlete continues to play with a concussion or returns to play too soon?

- Continuing to play with the signs and symptoms of a concussion leaves the student-athlete vulnerable to second impact syndrome.
- Second impact syndrome is when a student-athlete sustains a second concussion while still having symptoms from a previous concussion or head injury.
- Second impact syndrome can lead to severe impairment and even death in extreme cases.

What should you as a parent/guardian do if you think your athlete has a concussion?

- If you suspect that an athlete has a concussion notify the school and seek medical attention.
- Do not try to judge the severity of the injury yourself.
- Keep your athlete out of play until a health care professional, experienced in evaluating for concussions, says s/he is symptom-free and it’s OK to return to play.
- Rest is the key to helping an athlete recover from a concussion.
- Exercising or activities that involve a lot of concentration, such as studying, working on the computer, or playing video games, may cause concussion symptoms to reappear or get worse.
- Remember that after a concussion returning to sports and school is a gradual process that should be carefully managed and monitored by a health care professional.

Should there be any temporary academic accommodations made for student-athletes who have suffered a concussion?

- To recover cognitive rest is just as important as physical rest. Reading, texting, testing-even watching movies can slow down a student-athletes recovery.
- Stay home from school with minimal mental and social stimulation until all symptoms have resolved.
- Students may need to take rest breaks, spend fewer hours at school, and be given extra time to complete assignments, as well as being offered other instructional strategies and classroom accommodations.

Student-athletes who have sustained a concussion should complete a graduated return-to-play before they may resume competition or practice, according to the following protocol:

- **Step 1:** Completion of a full day of normal cognitive activities (school day, studying for tests, watching practice, interacting with peers) without reemergence of any signs or symptoms. If no return of symptoms, next day advance.
- **Step 2:** Light Aerobic exercise, which includes walking, swimming, and stationary cycling, keeping the intensity below 70% maximum heart rate. No resistance training. The objective of this step is increased heart rate.
- **Step 3:** Sport-specific exercise including skating, and/or running: no head impact activities. The objective of this step is to add movement.
- **Step 4:** Noncontact training drills (e.g. passing drills). Student-athlete may initiate resistance training.
- **Step 5:** Following medical clearance (consultation between school health care personnel and student-athlete's physician), participation in normal training activities. The objective of this step is to restore confidence and assess functional skills by coaching and medical staff.
- **Step 6:** Return to play involving normal exertion or game activity.

Remember

Concussions affect people differently. While most athletes with a concussion recover quickly and fully, some will have symptoms that last for days, or even weeks. A more serious concussion can last for months or longer. It's better to miss one game than the whole season

For more information on Sports-Related Concussions and other Head Injuries, please visit the following websites:

www.cdc.gov/concussion

www.gopats.org

www.biapa.org

www.brainsteps.net

www.stopsportsinjuries.org/concussion

www.ncaa.org/health-safety

www.concussionwise.com/pennsylvania

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Signature of Student-Athlete

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Print Student-Athlete's Name

--

Date

--

Signature of Parent/Guardian

--

Print Parent/Guardian's Name

--

Date

References:

1. The Centers for Disease Control and Prevention (CDC): *"Heads Up Tool Kit for Youth Sports"*
2. NCAA: *"Concussion- A Fact Sheet for Student-Athletes"*