

SPALDING COUNTY PARKS AND RECREATION DEPARTMENT PLAYER/PARENT CONCUSSION AWARENESS FORM
(6/25/13)

SPALDING COUNTY, SPALDING COUNTY PARKS AND RECREATION, SPALDING COUNTY EMPLOYEES, AND/OR ANY PARTICIPATING YOUTH SPORTS ASSOCIATIONS MAY NOT BE HELD LIABLE FOR ANY INJURIES OR ACCIDENTS OF ANY KIND ACQUIRED WHILE PARTICIPATING IN ANY YOUTH SPORTS

DANGERS OF CONCUSSIONS

Concussions at all levels of sports have received a great deal of attention and a state law has been passed to address this issue. Adolescent athletes are particularly vulnerable to the effects of concussion. Once considered little more than a minor "ding" to the head, it is now understood that a concussion has the potential to result in death, or changes in brain function (either short-term or long-term). A concussion is a brain injury that results in a temporary disruption of normal brain function. A concussion occurs when the brain is violently rocked back and forth or twisted inside the skull as a result of a blow to the head or body. Continued participation in any sport following a concussion can lead to worsening concussion symptoms, as well as increased risk for further injury to the brain, and even death.

Players and parental education in this area is crucial- that is the reason for this document. Refer to it regularly. This form must be signed by a parent or guardian of each athlete who wishes to participate in any recreational youth sport in Spalding County. One copy must remain attached to the sport registration form, and one retained at home.

COMMON SIGNS AND SYMPTOMS OF CONCUSSION

- Headache, dizziness, poor balance, moves clumsily, reduced energy level/tiredness
- Nausea or vomiting
- Blurred vision, sensitivity to light and sounds
- Fogginess of memory, difficulty concentrating, slowed thought process, confused about surroundings or game assignments
- Unexplained changes in behavior and personality
- Loss of consciousness (NOTE: This does not occur in all concussion episodes.)

SPALDING COUNTY PARKS AND RECREATION CONCUSSION POLICY: In accordance with the Georgia law and national playing rules published by the National Federation of State High School Associations, any athlete who exhibits signs, symptoms, or behaviors consistent with a concussion shall be immediately removed from the practice or contest and shall not return to play until an appropriate health care professional has determined that no concussion has occurred. (NOTE: An appropriate health care professional may include, licensed physician (MD/DO) or another licensed individual under the supervision of a licensed physician, such as a nurse practitioner, physician assistant, or certified athletic trainer who has received training in concussion evaluation and management.

- a) No athlete is allowed to return to a game or a practice on the same day that a concussion (a) has been diagnosed, OR (b) cannot be ruled out.
- b) Any athlete diagnosed with a concussion shall be cleared medically by an appropriate health care professional prior to resuming participation in any future practice or contest. The formulation of a gradual return to play protocol shall be a part of the medical clearance.
- c) It is mandatory that every head coach in each Spalding County sport participate in a free, online course on concussion management prepared by NAYS and available at www.nays.org accessed through the Coaches NYSCA Online Clinics.
- d) Each Youth Association will be responsible for monitoring the participation of its coaches in the concussion management course, and shall keep a record of those who participate.
- e) Spalding County Parks and Recreation Personnel cannot attend every game, therefore it is essential that officials, coaches and parents must be responsible for recognizing a possible injury and common signs and symptoms of concussions. If a child exhibits any of the above stated signs and symptoms, the Spalding County Parks and Recreation Concussion Policy must be followed. The parents are responsible for any medical treatment and may be asked to give a statement. The parents must provide a statement from a licensed healthcare professional releasing the child to resume participation in the sport prior to the child being allowed to return to the sport.

I HAVE READ THIS FORM AND I UNDERSTAND THE FACTS PRESENTED IN IT.

SIGNED: _____
(Participant)

(Parent or Guardian)

DATE: _____