High School Hockey
League of Nassau County

Coach’s Binder
High School Hockey League of Nassau County
Coach’s Binder 2018-2019

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### PLAYERS (ATHLETES)

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<th>Last, First Name</th>
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<th>SIGNATURE</th>
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### TEAM OFFICIALS (Non-Athletes)

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<th>NAME (Last, First)</th>
<th>POSITION</th>
<th>E- Mail</th>
<th>ADDRESS</th>
<th>CITY</th>
<th>Telephone Number</th>
<th>AAU REGISTRATION NUMBER</th>
<th>USAH CEP LEVEL &amp; CERTIFICATION NO</th>
<th>EXP DATE</th>
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AAU Registration Cards
Waiver of Liability
NYSCSH
Waiver of Liability, Release
Assumption of Risk & Indemnity Agreement

It is the purpose of this agreement to exempt, waive and relieve releasees from liability for personal injury, property damage, and wrongful death, including if caused by negligence, including the negligence, if any, of releasees. “Releasees” include AAU Hockey, its affiliate 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 participant’s registration with AAU Hockey, it’s affiliate, local association and member teams and being allowed to participate in AAU Hockey events and member team activities, the 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 AAU Hockey 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 participant’s 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 the risks, if any, arising from the conditions and use of ice hockey rinks and related premises and acknowledges and understands that included within the “releasees” 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. We further acknowledged that there may be risks and dangers not known to us or are not reasonably foreseeable at this time. Participant (and participant’s parent(s)/guardian(s), if applicable) acknowledge, understand and agree that all risks and dangers described throughout this agreement, including those caused by negligence of participant or others, are included within the waiver, release and relinquishment described in the preceding paragraphs. We agree to abide by and be bound under the rules of AAU Hockey, including the By-Laws of the corporation and the arbitration clause provisions, as currently published. Copies are available to AAU 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 acknowledges and understands that included within the scope of this waiver and release is any cause of action (including any because 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 releasees.

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 releasees, he/she shall defend, indemnify and save harmless releasees from any and all claims or causes of action by whomever of whatever 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 read the above paragraphs and have not relied upon any representations of releasees, that 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 it’s present form. Significant exclusions may apply to AAU Hockey’s insurance policy, 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 AAU Hockey or a District League Official.

__________________________________________ Age _______ Date Signed ______________
PARTICIPANT SIGNATURE

__________________________________________
PARTICIPANT NAME (PRINT)

__________________________________________ Date Signed ______________
PARENT OR GUARDIAN SIGNATURE

(IIf Participant is 17 years of age or younger)

This form to be retained by local program.
Consent to Treat
NYSCSH
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 AAU 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 AAU Hockey sanctioned events.

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

Insurance Company _______________________________________________________
Policy Number: _________________________________________________________
Parent/Guardian/Adult Participant Signature: __________________________Date: ______

COMPLETION OF MEDICAL HISTORY INFORMATION BELOW IS OPTIONAL

EMERGENCY CONTACT
Name: ___________________________ Phone: __________________________
Address: _________________________

Physician’s Name: ______________________ Phone: ______________________
Hospital of Choice: __________________________

MEDICAL HISTORY
If the answer to any of the following questions is yes, please describe the problem and its implications for proper first aid treatment on the back of this form.

☐ Head Injury (concussion, skull fracture)
☐ Fainting spells
☐ Convulsions/epilepsy
☐ Neck or back injury

☐ Asthma
☐ High blood pressure
☐ Kidney problems
☐ Hernia
☐ Heart murmur

☐ Allergies ________________
☐ Diabetes
☐ Other ________________

Have you had (or do you currently have) any of the following?
Have you had a recent tetanus booster? ☐ Yes ☐ No If yes, when? __________________________
Are you currently taking any medications? ☐ Yes ☐ No If yes, please list all medications on back.
Has a doctor placed any restrictions on your activity? ☐ Yes ☐ No If yes, please explain on back.

For more information or insurance claim forms, go to aausports.org
School Certification
Scoresheets
### Player Eligibility Game Log

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Total: 25
USA Hockey, AAU & NFHS Coaching Certifications
Coach’s Waiver of Liability
Codes of Conduct
HSHLNC

PLAYER CODE OF CONDUCT

Preamble

The essential elements of character-building and ethics in sports are embodied in the concept of sportsmanship and six core principles: trustworthiness, respect, responsibility, fairness, caring, and good citizenship. The highest potential of sports is achieved when competition reflects these "six pillars of character."

I therefore agree:

1. I will demonstrate good sportsmanship by showing respect and courtesy, and by demonstrating positive support for all players, coaches, and officials at every game, practice or other sporting event.

2. I will not engage in any kind of unsportsmanlike conduct with any official, coach, player, or parent such as taunting; refusing to shake hands; or using profane language or gestures.

3. I will attend every practice and game that I can, and will notify my coach if I cannot. I will be on time for practice and games.

4. I will inform the coach of any physical disability or ailment that may affect my ability to safety play or practice or the safety of others.

5. I will do my best to listen and learn from my coaches.

6. I will treat my coaches, other players, officials and fans with respect regardless of race, sex, creed, or abilities, and I will expect to be treated accordingly.

7. I deserve to have fun during my sports experience and will alert parents or coaches if it stops being fun!

8. I deserve to play in an environment that is free of drugs, tobacco, and alcohol and expect adults to refrain from their use at all youth sports events.

9. I will do my very best in school.

10. I will remember that sports are an opportunity to learn and have fun.

11. I will learn and abide by the rules of the game and the by-laws and regulations of the League.
12. I will not engage in unsportsmanlike conduct with any coach, parent, player, participant, league official or any other attendee.

13. I will not engage in any behavior which would endanger the health, safety, or well being of a coach, parent, player, participant, league official or any other attendee.

14. I will not engage in the use of profanity while attending or participating in a youth sports event.

15. I will not engage in any hazing (including cyber-bullying), verbal, physical or motional abuse or threats aimed at any player, coach, on-ice official, league official, parent, participant, or any other attendee.

16. I will not engage in any racial, sexual, religious or other forms of discrimination

17. I will not initiate a fight or scuffle with any coach, parent, player, participant, league official, or any other attendee.

I also agree that if I fail to abide by the aforementioned rules and guidelines, I will be subject to disciplinary action that could include, but is not limited to the following:

- Verbal warning by official, head coach, and/or head of league organization
- Written warning
- Game suspension with written documentation of incident kept on file by organizations involved
- Game forfeit through the official or coach
- Season suspension

Player Signature

_________________________________________________ 

Print Player Name

_________________________________________________

Parent Signature

_________________________________________________

Print Parent Name
PARENT CODE OF CONDUCT

Preamble

The essential elements of character-building and ethics in sports are embodied in the concept of sportsmanship and six core principles: trustworthiness, respect, responsibility, fairness, caring, and good citizenship. The highest potential of sports is achieved when competition reflects these "six pillars of character." I

I therefore agree:

1. I will not force my child to participate in sports.

2. I will remember that children participate to have fun and that the game is for youth, not adults.

3. I will inform the coach of any physical disability or ailment that may affect the safety of my child or the safety of others.

4. I will learn the rules of the game and the policies of the league.

5. I (and my guests) will be a positive role model for my child and encourage sportsmanship by showing respect and courtesy, and by demonstrating positive support for all players, coaches, officials and spectators at every game, practice or other sporting event.

6. I (and my guests) will not engage in any kind of unsportsmanlike conduct with any official, coach, player, or parent such as booing and taunting; refusing to shake hands; or using profane language or gestures.

7. I will not encourage any behaviors or practices that would endanger the health and well-being of the athletes.

8. I will teach my child to play by the rules and to resolve conflicts without resorting to hostility or violence.

9. I will demand that my child treat other players, coaches, officials and spectators with respect regardless of race, creed, color, sex or ability.

10. I will teach my child that doing one's best is more important than winning, so that my child will never feel defeated by the outcome of a game or his/her performance.
11. I will praise my child for competing fairly and trying hard, and make my child feel like a winner every time.

12. I will never ridicule or yell at my child or other participant for making a mistake or losing a competition.

13. I will emphasize skill development and practices and how they benefit my child over winning. I will also deemphasize games and competition in the lower age groups.

14. I will promote the emotional and physical well-being of the athletes ahead of any personal desire I may have for my child to win.

15. I will respect the officials and their authority during games and will never question, discuss, or confront coaches at the game field, and will take time to speak with coaches at an agreed upon time and place.

16. I will demand a sports environment for my child that is free from drugs, tobacco, and alcohol and I will refrain from their use at all sports events.

17. I will refrain from coaching my child or other players during games and practices, unless I am one of the official coaches of the team.

I understand that a game may be stopped by an Off-Ice or On-Ice Official when if I or any parent or spectator displays inappropriate or disruptive behavior which interferes with other spectators or the game. The Off Ice or On-Ice Officials will identify the violator and remove the offending person from the game area or arena. Removed violators will incur a minimum mandatory 3-game suspension from that team’s games, and must appear before the League Disciplinary Committee before the offending person will be allowed to return to any League games. Violators are subject to further disciplinary action by the Disciplinary Committee.

I agree that if I fail to abide by the aforementioned rules and guidelines, I will be subject to disciplinary action that could include, but is not limited to the following:

- Verbal warning by official, head coach, and/or head of league organization
- Written warning
- Parental game suspension with written documentation of incident kept on file by organizations involved
- Game forfeit through the official or coach
- Parental season suspension

Parent/Guardian Signature__________________________________________________________

Print Name____________________________________________________________
The Town of Oyster Bay, in an attempt to provide a safe and fair playing environment, has adopted the following code of conduct and zero tolerance policy:

Zero tolerance essentially means that all organizations, participants and spectators involved in our programs and/or using our facilities will act in a manner that is sportsman-like and will be respectful to fellow spectators, participants, coaches, referees/umpires and Town employees.

Behavior is outlined as, but not limited to the following: any form of disrespect, insubordination, abusive language, fighting, destruction of property and/or equipment and any behavior deemed as criminal and/or abusive to other players, spectators, coaches and Town employees.

It is the responsibility of these organizations, spectators, and participants to enforce and comply with this zero tolerance policy and code of conduct. Failure to do so will not be tolerated.

Town of Oyster Bay staff has the right to remove any individual(s) from its facilities that do not comply with this policy.

**Zero Tolerance Agreement**

I, the undersigned, have read and received a copy of the Zero Tolerance Policy and understand the potential ramifications of negative or abusive conduct at Town of Oyster Bay youth programs and facilities. I furthermore pledge to adhere to these guidelines and support the Town of Oyster Bay to our fullest ability.

Legal Guardian

Printed Name: ____________________________

Signature: ____________________________ Date: _____________
Concussion Recognition & Policy
Athlete Concussion Information

You may have sustained a concussion. Because of this you were removed from play/practice, and you are strongly advised to seek immediate medical attention and evaluation.

Signs to watch for:

Problems could arise over the first 24-48 hours. You should not be left alone and must go to a hospital at once if you:

• Have a headache that gets worse;
• Are very drowsy or can’t be awakened (woken up);
• Can’t recognize people or places;
• Experience vomiting;
• Behave unusually or seem confused; are very irritable;
• Have seizures (arms and legs jerk uncontrollably);
• Have weak or numb arms or legs; or
• Are unsteady on your feet; have slurred speech.

Remember, it is better to be safe. Consult your doctor after a suspected concussion.

Return to play:

Athletes should not be returned to play the same day of injury. Before you may return to play, you should follow a stepwise symptom-limited program, with stages of progression. For example:

1. rest until asymptomatic (physical and mental rest)
2. light aerobic exercise (e.g. stationary cycle)
3. sport-specific exercise
4. non-contact training drills (start light resistance training)
5. full contact training after medical clearance
6. return to competition (game play)

There should be approximately 24 hours (or longer) for each stage and you should return to stage 1 if symptoms recur. Resistance training should only be added in the later stages.

You MUST obtain written medical clearance from a physician before you will be allowed to return to play or practice.
HSHLNC Concussion Policy

The “CONCUSSION MANAGEMENT AND AWARENESS ACT” was enacted into law in New York State on July 1, 2012. This law prescribes how “school districts, boards of cooperative educational services and nonpublic schools” should handle students who suffer concussions. While the law does not directly apply to club sports or the players involved in club sports outside of school, the Board of Governors of the High School Hockey League of Nassau County (“HSHLNC”) believes that it is in the best interest of the League’s players to require each organization to adhere to the safeguards set forth in this law.

Therefore, it shall be a requirement of all coaches in the HSHLNC to adhere to the following policy whenever there is ANY reason to believe that a player may have sustained a concussion—no matter how mild:

- Immediately remove the player from the game if you suspect the player may have sustained a concussion. (Remember it is not necessary for the player to have sustained a significant blow to the head for a concussion to have occurred.)

- Where a player sustains any physical contact on the ice which might give rise to a concussion, the coach MUST make an assessment for ANY and ALL of the following symptoms in that player:
  - Appears dazed or stunned;
  - Confused about assignment;
  - Forgets plays;
  - Unsure of game, score, or opponent;
  - Moves clumsily;
  - Answers questions slowly;
  - Loses consciousness;
  - Demonstrates behavior or personality change;
  - Forgets events before hit; OR
  - Forgets events after hit.

- Coaches MUST conduct the Sideline and Cognitive Assessments (see annexed) on any player who sustains a physical contact which might give rise to a concussion.

- In the event a coach is aware of ANY ONE of these symptoms in a player, that player MUST be removed from the game and NOT ALLOWED to play or practice with the team until that player has been evaluated and cleared to return to play and practice by a health care professional knowledgeable in the treatment of concussion.

IF YOU ARE UNSURE WHETHER THE PLAYER HAS SUSTAINED A CONCUSSION—DO NOT ALLOW THE PLAYER TO PLAY—IT'S SIMPLY NOT WORTH THE RISK OF FURTHER INJURY TO THE PLAYER—"WHEN IN DOUBT—TAKE HIM OUT"
IF A PLAYER DISPLAYS SIGNIFICANT OR PROGRESSIVELY WORSENING
SYMPTOMS AT A GAME OR PRACTICE, THAT PLAYER SHOULD BE
IMMEDIATELY TRANSPORTED TO A HOSPITAL

- Similarly, where a player complains of ANY ONE of the following symptoms, that player
  MUST be removed from the game or practice and NOT ALLOWED to play or practice with
  the team until that player has been evaluated by a health care professional knowledgeable in
  the treatment of concussion:
    - Headache;
    - Nausea;
    - Balance problems or dizziness;
    - Double or blurry vision;
    - Sensitivity to light;
    - Sensitivity to noise;
    - Feeling sluggish or slowed down;
    - Feeling “in a fog” or groggy;
    - “Don’t feel right”;  
    - Problems concentrating;
    - Problems remembering;
    - Confusion;
    - Irritability;
    - Sadness;
    - Nervousness; or
    - Anxiety

- The parent(s) of any player who is believed to have sustained a concussion MUST be given a
  copy of the “Athlete Information” form annexed hereto. Where the players parent is not in
  attendance a copy of this form should be given to the player and a call made to the parents.

- ANY player suspected of having sustained a concussion MUST NOT be allowed to resume
  play or practice with the team until that player has been cleared to do so by a health care
  professional knowledgeable in the treatment of concussion. Medical clearance to resume
  play or practice MUST BE IN WRITING from the health care professional.
Concussions: The Invisible Injury
Student and Parent Information Sheet

A concussion is a reaction by the brain to a jolt or force that can be transmitted to the head by an impact or blow occurring anywhere on the body. Essentially a concussion results from the brain moving back and forth or twisting rapidly inside the skull.

**FACTS ABOUT CONCUSSIONS ACCORDING TO THE CENTER FOR DISEASE CONTROL (CDC)**

- An estimated 4 million people under age 19 sustain a head injury annually. Of these approximately 52,000 die and 275,000 are hospitalized.
- An estimated 300,000 sports and recreation related concussions occur each year.
- Students who have had at least one concussion are at increased risk for another concussion.

In New York State in 2009, approximately 50,500 children under the age of 19 visited the emergency room for a traumatic brain injury and of those approximately 3,000 were hospitalized.

**REQUIREMENTS OF SCHOOL DISTRICTS**

**Education:**
- Each school coach, physical education teacher, nurse, and athletic trainer will have to complete an approved course on concussion management on a biennial basis, starting with the 2012-2013 school year.
  - School coaches and physical education teachers must complete the CDC course. ([www.cdc.gov/concussion/HeadsUp/online_training.html](http://www.cdc.gov/concussion/HeadsUp/online_training.html))
  - School nurses and certified athletic trainers must complete the concussion course. ([http://preventingconcussions.org](http://preventingconcussions.org))

**Information:**
- Provide concussion management information and sign off with any parental permission form.
- The concussion management and awareness information or the State Education Department’s web site must be made available on the school web site, if one exists.

**Removal from athletics:**
- Require the immediate removal from athletic activities of any pupil that has or is believed to have sustained a mild traumatic brain injury.
- No pupils will be allowed to resume athletic activity until they have been symptom free for 24 hours and have been evaluated by and received written and signed authorization from a licensed physician. For interscholastic athletics, clearance must come from the school medical director.
  - Such authorization must be kept in the pupil’s permanent health record.
  - Schools shall follow directives issued by the pupil’s treating physician.

**CONCUSSION DEFINITION**

**SYMPTOMS**

Symptoms of a concussion are the result of a temporary change in the brain’s function. In most cases, the symptoms of a concussion generally resolve over a short period of time; however, in some cases, symptoms will last for weeks or longer. Children and adolescents are more susceptible to concussions and take longer than adults to recover.

It is imperative that any student who is suspected of having a concussion is removed from athletic activity (e.g. recess, PE class, sports) and remains out of such activities until evaluated and cleared to return to activity by a physician.

Symptoms include, but are not limited to:
- Decreased or absent memory of events prior to or immediately after the injury, or difficulty retaining new information
- Confusion or appears dazed
- Headache or head pressure
- Loss of consciousness
- Balance difficulties, dizziness, or clumsy movements
- Double or blurry vision
- Sensitivity to light and/or sound
- Nausea, vomiting and/or loss of appetite
- Irritability, sadness or other changes in personality
- Feeling sluggish, foggy or light-headed
- Concentration or focusing problems
- Drowsiness
- Fatigue and/or sleep issues – sleeping more or less than usual

Students who develop any of the following signs, or if signs and symptoms worsen, should be seen and evaluated immediately at the nearest hospital emergency room.

- Headaches that worsen
- Seizures
- Looks drowsy and/or cannot be awakened
- Repeated vomiting
- Slurred speech
- Unable to recognize people or places
- Weakness or numbness in arms or legs, facial drooping
- Unsteady gait
- Change in pupil size in one eye
- Significant irritability
- Any loss of consciousness
- Suspicion for skull fracture: blood draining from ear or clear fluid from the nose

Students and Parents are encouraged to…
STATE EDUCATION DEPARTMENT'S GUIDANCE FOR CONCUSSION MANAGEMENT

Schools are advised to develop a written concussion management policy. A sample policy is available on the NYSPHSAA website at www.nysphsaa.org. The policy should include:

- A commitment to reduce the risk of head injuries.
- A procedure and treatment plan developed by the district medical director.
- A procedure to ensure proper education for school nurses, certified athletic trainers, physical education teachers, and coaches.
- A procedure for a coordinated communication plan among appropriate staff.
- A procedure for periodic review of the concussion management program.

CONCUSSION MANAGEMENT TEAM

Schools may, at their discretion, form a concussion management team to implement and monitor the concussion management policy and program. The team could include, but is not limited to, the following:

- Students
- Parents/Guardians
- School Administrators
- Medical Director
- Private Medical Provider
- School Nurse
- Director of Physical Education and/or Athletic Director
- Certified Athletic Trainer
- Physical Education Teacher and/or Coaches
- Classroom Teachers

RETURN TO LEARN and RETURN TO PLAY PROTOCOLS

Cognitive Rest: Activities students should avoid include, but are not limited to, the following:

- Computers and video games
- Television viewing
- Texting
- Reading or writing
- Studying or homework
- Taking a test or completing significant projects
- Loud music
- Bright lights

Students may only be able to attend school for short periods of time. Accommodations may have to be made for missed tests and assignments.

Physical Rest: Activities students should avoid include, but are not limited to, the following:

- Contact and collision
- High speed, intense exercise and/or sports
- High risk for re-injury or impacts
- Any activity that results in an increased heart rate or increased head pressure

Return to Play Protocol once symptom free for 24 hours and cleared by School Medical Director:

Day 1: Low impact, non strenuous, light aerobic activity.

Day 2: Higher impact, higher exertion, moderate aerobic activity. No resistance training.

Day 3: Sport specific non-contact activity. Low resistance weight training with a spotter.

Day 4: Sport specific activity, non-contact drills. Higher resistance weight training with a spotter.

Day 5: Full contact training drills and intense aerobic activity.

Day 6: Return to full activities with clearance from School Medical Director.

Any return of symptoms during the return to play protocol, the student will return to previous day’s activities until symptom free.

OTHER RESOURCES

- New York State Education Department
  http://www.p12.nysed.gov/sss/schoolhealth/schoolhealthservices
- New York State Department of Health
- New York State Public High School Athletic Association
  www.nysphsaa.org/safety/
- Center for Disease Control and Prevention
  http://cdc.gov/TraumaticBrainInjury
- National Federation of High Schools
- Child Health Plus
- Local Department of Social Services – New York State Department of Health
  http://www.health.ny.gov/health_care/medicaid/ldss/htm
- Brain Injury Association of New York State
  http://www.bianys.org
- Nationwide Children’s Hospital – Concussions in the Classroom
  http://www.nationwidechildrens.org/concussions-in-the-classroom
- Upstate University Hospital – Concussions in the Classroom
  http://www.upstate.edu/pmr/healthcare/programs/concussion/classroom.php
- ESPN Video – Life Changed by Concussion
  http://espn.go.com/video/clip?id=7525526&categoryid=5595394
- SportsConcussions.org
  http://www.sportsconcussions.org/ibaseline/
- American Association of Neurological Surgeons
- Consensus Statement on Concussion in Sport – Zurich
CONCUSSION CHECKLIST
(Revision #3)

Name:______________________ Age:_____ Grade:_____ Sport:____________________

Date of Injury:______________ Time of Injury:____________________________________

On Site Evaluation

Description of Injury:__________________________________________________________

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
<th>Unclear</th>
</tr>
</thead>
<tbody>
<tr>
<td>Has the athlete ever had a concussion?</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Was there a loss of consciousness?</td>
<td></td>
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<tr>
<td>Does he/she remember the injury?</td>
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<tr>
<td>Does he/she have confusion after the injury?</td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

Symptoms observed at time of injury:

<table>
<thead>
<tr>
<th>Symptoms</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dizziness</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Headache</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ringing in Ears</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Nausea/Vomiting</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Drowsy/Sleepy</td>
<td></td>
<td></td>
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<tr>
<td>Fatigue/Low Energy</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>“Don’t Feel Right”</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Feeling “Dazed”</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Seizure</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Poor Balance/Coord.</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Memory Problems</td>
<td></td>
<td></td>
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<tr>
<td>Loss of Orientation</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Blurred Vision</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sensitivity to Light</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Vacant Stare/</td>
<td></td>
<td></td>
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<tr>
<td>Glassy Eyed</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Sensitivity to Noise</td>
<td>Yes</td>
<td>No</td>
</tr>
</tbody>
</table>

* Please circle yes or no for each symptom listed above.

Other Findings/Comments:________________________________________________________________________

____________________________________________________________________________________________

Final Action Taken:       Parents Notified       Sent to Hospital

Evaluator’s Signature:__________________________ Title:__________________________________________

Address:__________________________ Date:_______ Phone No.:___________________
**Physician Evaluation**  
*(Revision #3)*

<table>
<thead>
<tr>
<th>Symptoms Observed:</th>
<th>First Doctor Visit</th>
<th>Second Doctor Visit</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dizziness</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Dizziness</td>
<td>Yes</td>
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<tr>
<td>Headache</td>
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<td>No</td>
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<tr>
<td>Headache</td>
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<tr>
<td>Tinnitus</td>
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<td>No</td>
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<td>Fatigue</td>
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<tr>
<td>Fatigue</td>
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<td>No</td>
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<tr>
<td>Drowsy/Sleepy</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
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<tr>
<td>Sensitivity to Light</td>
<td>Yes</td>
<td>No</td>
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<td>Sensitivity to Light</td>
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<tr>
<td>Sensitivity to Noise</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Sensitivity to Noise</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Anterograde Amnesia (after impact)</td>
<td>Yes</td>
<td>N/A</td>
</tr>
<tr>
<td>Anterograde Amnesia (after impact)</td>
<td>Yes</td>
<td>N/A</td>
</tr>
<tr>
<td>Retrograde Amnesia (backwards in time from impact)</td>
<td>Yes</td>
<td>No</td>
</tr>
</tbody>
</table>

* Please indicate yes or no in your respective columns. First Doctor use column 1 and second Doctor use column 2.

**First Doctor Visit:**

**Did the athlete sustain a concussion? (Yes or No)** (one or the other must be circled)

**Post-dated releases will not be accepted. The athlete must be seen and released on the same day. Please note that if there is a history of previous concussion, then referral for professional management by a specialist or concussion clinic should be strongly considered.**

Additional Findings/Comments: _____________________________________________________

________________________

Recommendations/Limitations: ______________________________________________________

Signature: _______________________________ Date: ____________________

Print or stamp name: __________________________ Phone number: _______________________

**Second Doctor Visit:**

*** Athlete must be completely symptom free in order to begin the return to play progression. If athlete still has symptoms more than seven days after injury, referral to a concussion specialist/clinic should be strongly considered. Please check one of the following:

- [ ] Athlete is asymptomatic and is ready to begin the return to play progression.
- [ ] Athlete is still symptomatic more than seven days after injury.

Signature: _______________________________ Date: ____________________

Print or stamp name: __________________________ Phone number: _______________________
Return to play Protocol following a concussion.

The following protocol has been established in accordance to the National Federation of State High School Associations and the International Conference on Concussion in Sport, Prague 2004.

When an athlete shows ANY signs or symptoms of a concussion:
   1. The athlete will not be allowed to return to play in the current game or practice.
   2. The athlete should not be left alone, and regular monitoring for deterioration is essential over the initial few hours following injury.
   3. The athlete should be medically evaluated following the injury.
   4. Return to play must follow a medically supervised stepwise process.

The cornerstone of proper concussion management is rest until all symptoms resolve and then a graded program of exertion before return to sport. The program is broken down into six steps in which only one step is covered a day. The six steps involve the following:

   1. No exertional activity until asymptomatic for 24 hours.
   2. Light aerobic exercise such as walking or stationary bike, etc. No resistance training.
   3. Sport specific exercise such as skating, running, etc. Progressive addition of resistance training may begin.
   4. Non-contact training/skill drills.
   5. Full contact training in practice setting.
   6. Return to competition

If any concussion symptoms recur, the athlete should drop back to the previous level and try to progress after 24 hours of rest.

The student-athlete should also be monitored for recurrence of symptoms due to mental exertion, such as reading, working on a computer, or taking a test.