

Dear Prospective Findlay Silver Blades Members and Parents/Guardians:

Thank you for your interest in Findlay Silver Blades Figure Skating Club (FSBFSC). Findlay Silver Blades FSC is a recreational ice-skating club for youth, ages 4 through their senior year in high school. Our season typically begins in late September and runs through the annual Ice Classics Show held in April. Generally, new members skate 2 times per week, which includes small group lesson time and some practice freestyle time.

If you are interested in joining our club for the remainder of our 2019-2020 season, please see the membership information and payment options listed below. ALL club fees are non-refundable and include ice time, small group instruction time and group costumes for the annual Ice Classics Show. There will be no fundraising for the club. **However, we do offer several options to discount your membership fee and those options are detailed on the next page.**

Our club has no paid administrative positions and depends on parent volunteers. The club is governed by a board elected from our parent volunteers. We have many opportunities to volunteer and encourage you to join in and help. No experience is required!

Our club communication is primarily handled through email so please make sure to include a valid and legible email address on your application.

If you have any questions, please e-mail findlaysilverbladesmembership@gmail.com

We look forward to an exciting season on the ice with you!

Membership Information	
Financial Information	Membership Benefits
<ul style="list-style-type: none">Join by December 1st, Club fee is \$400 <u>OR</u>Join by January 6th, Club fee is \$330Deduct New Member Discount \$50Final payment must be received by February 1st.Deposit of \$100 due with application. <p>Join by December 1st, final cost is \$350</p> <p>Join by January 6th, final cost is \$280</p>	<ul style="list-style-type: none">Learn to Skate USA and ISI memberships.Skate until our Ice Classics Show on April 3rd, 4th and 5th.Group Lessons held Thursday (5:10-6:00 PM) and Saturday (10:45-11:30 AM).Practice Freestyle held Saturday (11:30 AM-12:00 PM).Ice Classic Show practices begin February 13th.Ice Classic Costumes are provided. <p>NOTE: Starting February 13th, Group Lessons and Practice Freestyle is replaced with Ice Classic Show practices.</p>
Payment Options <i>(select one option)</i>	
<input type="checkbox"/> Option AAA – For each skater: \$100 due January 15 th , Remaining Balance due February 1 st .	
<input type="checkbox"/> Option BBB – For each skater, variable payment amounts. Remaining balance due February 1 st .	
<input type="checkbox"/> Option CCC – Contact the treasurer to work out a personal payment plan.	



FINDLAY SILVER BLADES FIGURE SKATING CLUB
Membership Application 2019 - 2020

Please print legibly
using ink and fill
out the entire form,

To apply for membership in the Findlay Silver Blades Figure Skating Club (FSBFSC), please complete this membership application and all attached forms (medical authorization, conduct and disciplinary agreement, concussion agreement and photo release form, Lindsay's Law). **THE FORMS AND DEPOSIT MUST BE RECEIVED BY JULY 15, 2019 TO RESERVE YOUR CHILD'S PLACE ON THIS YEAR'S ROSTER AND RECEIVE A \$25 DISCOUNT.**

Skater Name _____ DOB _____ Are you a U.S. Citizen? _____
Address _____ City/Zip _____
If age 16 or older: Skater Cell _____ Skater Email _____
CHECK ONE: New Member Returning Member CHECK ONE: Full Year Half Year
CHECK PAYMENT OPTION: Option A Option B Option C Option D Option E
ISI # _____ USFS # _____
School attending for 2019-2020 _____ Grade _____

Skater Name _____ DOB _____ Are you a U.S. Citizen? _____
Address _____ City/Zip _____
If age 16 or older: Skater Cell _____ Skater Email _____
CHECK ONE: New Member Returning Member CHECK ONE: Full Year Half Year
CHECK PAYMENT OPTION: Option A Option B Option C Option D Option E
ISI # _____ USFS # _____
School attending for 2019-2020 _____ Grade _____

Skater Name _____ DOB _____ Are you a U.S. Citizen? _____
Address _____ City/Zip _____
If age 16 or older: Skater Cell _____ Skater Email _____
CHECK ONE: New Member Returning Member CHECK ONE: Full Year Half Year
CHECK PAYMENT OPTION: Option A Option B Option C Option D Option E
ISI # _____ USFS # _____
School attending for 2019-2020 _____ Grade _____

Mother Name _____ Occupation/Employer _____
Mother Address (if different than skater) _____
Mother Email _____ Mother Cell _____

Father Name _____ Occupation/Employer _____
Father Address (if different than skater) _____
Father Email _____ Father Cell _____



Remaining Balance Calculator (for each skater)		
Membership Cost	\$ _____	\$ _____
\$150 non-refundable deposit	– \$150	– \$ _____
<input type="checkbox"/> Early Enrollment Discount	– \$25	– \$ _____
<input type="checkbox"/> Multiple Family Discount	– \$50	– \$ _____
<input type="checkbox"/> New Member Discount	– \$100 (FY) / \$50 (HY)	– \$ _____
<input type="checkbox"/> New Member Referral Discount	– \$ _____	– \$ _____
<input type="checkbox"/> Great Scot Raffle Ticket Discount	– \$ _____	– \$ _____
<input type="checkbox"/> Volunteer Donation Discount	– \$ _____	– \$ _____
Remaining Balance Total		\$ _____

PLEASE NOTE:

- Checks should be made payable to **FINDLAY SILVER BLADES FSC**
- Please send all required forms and the non-refundable deposit (\$150 per skater) to:
Ashley Line, 158 Katarina Lane, Findlay, OH 45840
- All club fees and deposits are **non-refundable**.
- There is a \$25 fee for returned checks.
- Any skater whose membership fee is not paid in full by January 6th will incur an additional \$25 late payment fee.
- **A full year member can only try-out for an Ice Classic Show solo or feature number if their membership fee is paid in full by December 15th and they meet the eligibility requirements.**
- **As of January 6th, full year members with a remaining membership balance will not be permitted on FSBFSC ice until the balance is paid in full. The membership balance for a full year member must be paid in full by February 1st to perform in the Ice Classics show.**
- If there are any questions, feel free to email us at findlaysilverbladesmembership@gmail.com

The undersigned, for myself, my family, and the member specified herein, applies for membership in the Findlay Silver Blades Figure Skating Club (FSBFSC) and in consideration of membership in FSBFSC, freely assumes all risks, hazards and losses connected with participation in FSBFSC, agrees to abide by all rules and regulations of FSBFSC and shall indemnify and hold harmless FSBFSC, its officers, directors, members and staff from any and all claims, demands, losses, expenses, causes of action and liabilities of any kind of injuries to persons and/or damage to property arising directly or indirectly out of FSBFSC membership and/or activities regardless of the negligence on the part of anyone whatsoever. I understand that **all** fees paid for membership are **non-refundable** unless the injury/refund policy would apply. I understand the facts about concussions and Lindsay’s Law and have signed all signature forms. There will be a \$25 fee for returned checks.

Parent/Guardian Signature _____ Date: _____

For Office Use: Date Received _____ Amt _____ Check # _____

Findlay Silver Blades Figure Skating Club

Conduct AND Disciplinary Agreement

The following codes of conduct and disciplinary policies apply to all Findlay Silver Blades Figure Skating Club (FSBFSC) ice time (i.e. – group lessons, open paid, synchro, ensemble, holiday show, clinics, testing, competition, Ice Classics Show, etc.) and while representing the club as an individual or team at separate competitions or shows.

SKATER CODE OF CONDUCT

1. It is the skater's responsibility to always be conscientious and aware of other skaters around them.
2. The only time a skater has the SOLE right of way on the ice is when they are the **called** skater. A **called** skater will be skating to their music and be wearing a bright colored vest to highlight his/her identity.
3. Advanced skaters are expected to exhibit patience toward beginner members of the club.
4. No one shall enter the ice unless a FSBFSC professional or board member is present.
5. Sitting on or climbing over the ice arena boards or barriers is prohibited.
6. Chewing gum or food on the ice is prohibited.
7. Skaters are prohibited from **carrying** any electronic device (cell phone, iPod, music player, etc.) while skating.
8. Gouging holes in the ice (by accident or on purpose) may cause a fall or injury. Skaters are required to repair holes immediately.
9. Intentionally forcing a skater into the boards, playing tag, conducting horseplay or running (on or off the ice) is prohibited.
10. No talking while coaches are talking. You should be listening!
11. Follow directions the first time they are given.
12. Only speak to fellow skaters in a positive manner.

PARENT/GUARDIAN CODE OF CONDUCT

1. Skaters, under the age of 10, **require** a designated and responsible adult to be present during their time on and off the ice at The Cube. It is strongly encouraged that skaters age 10 to 16 also have a responsible adult present. An adult presence is necessary in the event of an accident, weather/power failure, conduct issue, schedule change etc.
2. Non-skating children should never be left at the rink unsupervised.
3. Always allow coaches to have your child's full attention while on the ice. It is preferred that parents/friends stay in the lobby of The Cube or watch from the bleacher area.
4. Promptly inform coaches of any physical or mental issue affecting the safety of your child or others.
5. Each family is required to provide volunteer time and/or skills to support the club, competition, Ice Classic Show and board. A family is expected to provide a minimum of: 15 volunteer hours throughout the FSBFSC year prior to the Ice Classics Show, 20 volunteer hours for Ice Classics Show preparation/tear down, 20 volunteer hours during the Ice Classics Show.
6. Parents, not serving on the FSBFSC board, are prohibited from implying or stating they represent the FSBFSC, a majority of FSBFSC members, the FSBFSC board, the head professional or any coach when speaking to donors, patrons, supporters and third-party companies,
7. Communication Policy – Parents are encouraged to contact FSBFSC board with any questions/concerns. Upon initial contact, the responsible party (i.e. FSBFSC board, head professional, coach, third-party business) has 24 to 48 hours to provide a reply or ask additional questions. If follow-up is required, the appropriate responsible party has up to 5 days to provide a response. Continual contact (i.e. calls, text message, email, etc.) during the investigation time can be considered harassment and is prohibited.

SKATER AND PARENT/GUARDIAN SHARED CODE OF CONDUCT

1. Foul language is prohibited!
2. Skaters and parents/guardians are expected to exhibit good sportsmanship, provide positive support, be respectful and courteous towards all skaters, coaches, parents/guardians, board members, volunteers, judges and guests.
3. Resolve conflicts without resorting to hostility, violence or using social media platforms to degrade/slander individuals, groups, teams or the club.

4. Skaters and parents/guardians will not ridicule, bully, blame, harass, intimidate or yell at other skaters, coaches, other parents/guardians, board members, volunteers, judges or guests for any reason.
5. Skaters and parents/guardians will respect other skaters, coaches, other parents/guardians, board members, volunteers, judges and guests, regardless of race, creed, color, sexual orientation or ability.
6. Skaters and parents/guardians will immediately report to the appropriate authorities (coach, board member, etc.) any acts of bullying, harassment or abuse they have witnessed.
7. Respect the decisions of judges/officials and their authority during competitions and test sessions.
8. Alcohol and illegal drug abuse are prohibited anywhere on The Cube premises.
9. Negative comments, inappropriate pictures or items are prohibited from being posted on any social media platform or other forum.
10. Show appreciation and recognize the importance of volunteers and club officials.
11. Skaters need to be dressed in clothing that allows flow of movement and warmth. Mittens and hats are encouraged. Clothing should not contain inappropriate words, symbols or gestures. No inappropriate showing of skin such as bare midriffs (crop tops).
12. Skaters and parents/guardians are prohibited from taking pictures (by accident or on purpose) that show one or more skaters in any stage of undress anywhere in the picture.
13. Skaters and parents need to check the **Findlay Silver Blades** FSC bulletin board, website, and emails for up-to-date notices and/or changes.
14. Skaters and parents are prohibited from placing items on, around or near the **Findlay Silver Blades** FSC bulletin board. If there is information you would like posted, speak either to a board member or the club professional. The appropriate committee and/or the board will determine if the information should be posted.
15. The Cube prohibits gum and any outside food in its facility.

DISCIPLINARY POLICY

First Offense:

Skater and/or Parent/Guardian will be verbally addressed in private regarding the violation.

Serious violations can result in a 1-week suspension from all FSBFSC activities without a refund of fees and may require a face-to-face meeting with the member and/or member's parent/guardian.

Second Offense:

Skater and/or Parent/Guardian will be removed from the activity and/or premises and given a written warning, verbally addressed in private regarding the violation. A face-to-face meeting with the member and/or member's parent/guardian may be needed.

Serious violations can result in a 2-week suspension from all FSBFSC activities without a refund of fees.

Third Offense:

If a skater and/or parent/guardian continues to violate any guideline stipulated in the code of conduct, the FSBFSC board reserves the right to suspend a member for an extended amount of time without a refund of fees, terminate club privileges and/or club membership and remove or ban the person from the premises.

I, _____, have read the **Skater Code of Conduct, Parent/Guardian Code of Conduct, Skater and Parent/Guardian Shared Code of Conduct and Disciplinary Policy** and I agree to uphold all the guidelines and principles of this document. **Skater Signature** _____ **Date** _____

I, _____, have read the **Skater Code of Conduct, Parent/Guardian Code of Conduct, Skater and Parent/Guardian Shared Code of Conduct and Disciplinary Policy** and I agree to uphold all the guidelines and principles of this document. **Parent/Guardian Signature** _____ **Date** _____

Findlay Silver Blades Figure Skating Club Emergency Medical Authorization Form

Skater Name: _____ DOB: ____/____/____
 Skater Name: _____ DOB: ____/____/____
 Skater Name: _____ DOB: ____/____/____
 Address: _____
 Home Phone _____ Parents' Names _____

If divorced or separated, who has legal custody? (please circle) Mother Father

Are there any special circumstances, i.e. medical conditions, custody arrangements, etc., the instructors should be aware of? _____

Purpose of the Emergency Medical Authorization – To enable parents/guardians to authorize the provision of emergency treatment for children who become ill or injured while under club authority and parents/guardians cannot be reached. *** EITHER PART I OR PART II MUST BE COMPLETED ***

PART I – GRANT CONSENT			
Order	Name	Place of work	Phone/Cell Phone
_____	Father _____	_____	_____
_____	Mother _____	_____	_____
_____	Guardian _____	_____	_____
_____	Grandparents _____	_____	_____
_____	Sitter _____	_____	_____
_____	Other Person _____	_____	_____

I hereby give consent for the administration of any treatment deemed necessary by:

Family Physician: _____ **Phone** _____
Family Dentist: _____ **Phone** _____
Medical Specialists: _____ **Phone** _____

In the event the designated preferred physician is not available; I hereby give consent for treatment by any licensed physician or dentist. **YES** ____ **NO** ____ I hereby give consent to allow my child to be transported by Emergency Medical Services to _____ Hospital or any hospital accessible. This authorization does NOT cover major surgery unless the medical opinion of two other licensed physicians or dentists concurring in the necessity for such surgery are obtained prior to the performance of such surgery. **Facts concerning the child's medical history including allergies, medications being taken, and any physical impairment to which the club or a physician should be alerted** _____

Parent/Guardian Signature _____ **Date:** _____

PART II – REFUSAL TO CONSENT

I **DO NOT** give my consent for emergency medical treatment of my child. In the event of illness or injury requiring emergency treatment, I wish the **CLUB** authorities to take no action or to: _____

Parent/Guardian Signature _____ **Date:** _____

Findlay Silver Blades Figure Skating Club Concussion Agreement AND Photo Release Form

It is important for skaters and their parents/legal guardians to recognize and respond to the signs and symptoms of a concussion. By signing this form, you are stating that you understand this importance.

This form must be submitted for each skater, every skating season, before s/he is allowed to take part in any ice time offered by the Findlay Silver Blades Figure Skating Club.

I, _____, parent/guardian of the following skater(s):
(Parent/Guardian Printed Name)

_____, _____, _____
(Skater Printed Name) (Skater Printed Name) (Skater Printed Name)

Affirm that I:

1. Have read the Youth Sports Organization Concussion Information Sheet, and understand the signs and symptoms of a concussion, as well as the possible consequences of my skater returning too soon.
2. Have read and agree to the Findlay Silver Blades Figure Skating Club Injury Policy.
3. Understand that if my skater shows signs or symptoms of a concussion:
 - a. It is my responsibility to seek treatment for her/him.
 - b. S/he may not return to the ice the same day that s/he is removed from the ice.
 - c. S/he may not return to the ice before written release from a physician qualified to evaluate concussions has been approved by the Findlay Silver Blades Figure Skating Club Executive Committee.
 - d. I am solely responsible for enforcing any restrictions detailed in the physician's release.
4. Understand that the liability waiver, contained within the Findlay Silver Blades Figure Skating Club Membership Agreement, remains in effect after my skater's return to the ice.

Parent/Guardian Signature _____ Date _____

*** EITHER PART I OR PART II MUST BE COMPLETED ***

PART I – GRANT CONSENT

I, _____, **DO** authorize to Findlay Silver Blades Figure Skating Club and its representatives the right to
(Parent/Guardian Printed Name)
take photographs of me, my property and my skaters, _____, _____, _____.
(Skater Printed Name) (Skater Printed Name) (Skater Printed Name)

I **DO** authorize Findlay Silver Blades Figure Skating Club, its assigns and transferees to copyright, use and publish the same in print and/or electronically.

I agree that Findlay Silver Blades Figure Skating Club may use such photographs of me with or without my name and for any lawful purpose, including for example such purposes as publicity, illustration, advertising, and Web content.

I have read and understand the above:

Parent/Guardian Signature _____ Date _____

PART II – REFUSE TO CONSENT

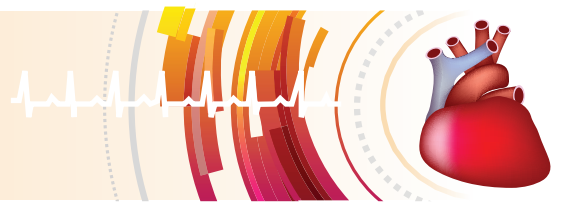
I, _____, **DO NOT** authorize Findlay Silver Blades Figure Skating Club and its representatives the right
(Parent/Guardian Printed Name)
to take photographs of me, my property and my skaters, _____, _____, _____.
(Skater Printed Name) (Skater Printed Name) (Skater Printed Name)

I **DO NOT** authorize Findlay Silver Blades Figure Skating Club, its assigns and transferees to copyright, use and publish the same in print and/or electronically.

I have read and understand the above:

Parent/Guardian Signature _____ Date _____

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) a 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 view the Ohio Department of Health (ODH) video about Sudden Cardiac Arrest, review the ODH SCA handout and then sign and return this form.

Parent/Guardian Signature

Student Signature

Parent/Guardian Name (Print)

Student Name (Print)

Date

Date

Sudden Cardiac Arrest and Lindsay's Law Information for the Youth Athlete and Parent/Guardian



- **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.

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.



<http://www.healthy.ohio.gov/vipp/child/returntoplay/concussion>

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 Learn (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.
5. For more information, please refer to Return to Learn at <http://www.healthy.ohio.gov/vipp/concussion.aspx>

Resources

ODH Violence and Injury Prevention Program
<http://www.healthy.ohio.gov/vipp/concussion.aspx>

Centers for Disease Control and Prevention
<http://www.cdc.gov/headsup/basics/index.html>

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

Brain Injury Association of America
www.biausa.org/

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. Ohio law prohibits your child from returning to a game or practice on the same day he/she was removed.
4. Be sure that the athletic trainer, coach and physical education teacher are aware of your child's injury and symptoms.
5. Your athlete should complete a step-by-step exercise -based progression, under the direction of a qualified healthcare professional.
6. 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.



Ohio Department of Health
Violence and Injury
Prevention Program
246 North High Street, 5th Floor
Columbus, OH 43215
(614) 466-2144

<http://www.healthy.ohio.gov/vipp/child/returntoplay/concussion>