



CONCUSSION AWARENESS POLICY

Bench Personnel

Every person listed on the roster (head coach, assistant coaches and team managers) will be responsible for completing concussion training. Individuals may choose training from either the [Center for Disease Control](#) (CDC) or the [National Federation of State High School Associations](#) (NFHS). Both programs are free of charge. The NFHS requires a user to login but allows for tracking of progress and allows users to log in and print their certification should they require a new certificate.

Once complete, coaches or team administrators can upload their completed certificate into the Affinity registration – they will also be required to keep a hard copy in their team’s notebook. Any person who has not completed concussion training will not be allowed in the technical area.

This would be effective with our state tournaments beginning May 2015 and beginning January 15, 2015 for teams participating in the Kentucky Premier League.

Players

Any player that shows signs or symptoms of concussions in a Kentucky Youth Soccer State Hosted Tournament or Kentucky Premier League game must fill out the notification form and give to onsite tournament director or email to the office. The player will not be allowed to return to competition until a signed clearance has been received from a MD (Medical Doctor), DO (Doctor of Osteopathy), PA (Physician’s Assistant), ARNP (Advanced Registered Nurse Practitioner), ATC (Certified Athletic Trainer); or LAT (Licensed Athletic Trainer).

This would be effective with our state tournaments beginning May 2015 and beginning January 15, 2015 for teams participating in the Kentucky Premier League.



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Possible Concussion Notification for Kentucky Youth Soccer State Hosted Tournaments and Premier League

Today, _____, 2____, at the _____ *[insert name of event]*, _____ *[insert player's name]* received a possible concussion during competition. Kentucky Youth Soccer wants to make you aware of this possibility and signs and symptoms that may arise which may require further evaluation and/or treatment.

It is common for a concussed child or young adult to have one or many concussion symptoms. There are four types of symptoms: physical, cognitive, emotional, and sleep.

If your daughter or son starts to show signs of these symptoms, or there any other symptoms you notice about the behavior or conduct of your son or daughter, you should consider seeking immediate medical attention:

- Memory difficulties
- Neck pain
- Repeats the same answer or question
- Headaches that worsen
- Odd behavior
- Slow reactions
- Vomiting
- Fatigued
- Irritability
- Focus issues
- Irregular sleep patterns
- Less responsive than usual
- Seizures
- Slurred speech
- Weakness/numbness in arms/legs
- Delicate to light or noise

Please take the necessary precautions and seek a professional medical opinion before allowing your daughter or son to participate further. Until a professional medical opinion is provided, please consider the following guidelines:

- refraining from participation in any activities the day of, and the day after, the occurrence.
- refraining from taking any medicine unless (1) current medicine, prescribed or authorized, is permitted to be continued to be taken, and (2) any other medicine is prescribed by a licensed health care professional.
- refraining from cognitive activities requiring concentration cognitive activities such as TV, video games, computer work, and text messaging if they are causing symptoms.

If you are unclear and have questions about the above symptoms, please contact a MD (Medical Doctor), DO (Doctor of Osteopathy), PA (Physician's Assistant), ARNP (Advanced Registered Nurse Practitioner), ATC (Certified Athletic Trainer); or LAT (Licensed Athletic Trainer) who specializes in concussion treatment and management.

Please be advised that a player who suffers a concussion may not return to play until there is provided a signed clearance from a medical doctor.

KENTUCKY YOUTH SOCCER ASSOCIATION



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Player's Team: _____

Age Group: _____

Player Name: _____ Gender: _____

Player Signature: _____ Date: _____

Parent/Legal Guardian Signature: _____ Date: _____

Team Official Signature: _____ Date: _____

*By inserting my name and date and returning this Notification Form, I confirm that I have been provided with, and acknowledge that, I have read the information contained in the Form. If returning the signed Form by mail, send it to the following address: **Kentucky Youth Soccer, 158 Constitution Street, Lexington, KY 40507**. If returning this Form by email, send it to the following address: stateoffice@kysoccer.net.*