



EASTERN NEW YORK YOUTH SOCCER ASSOCIATION

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The Game for All Kids!



Possible Concussion Notification For Capital District Youth Soccer League Games

1. Unlike other injuries, there may be consequences to “playing through” a concussion. Eastern New York Youth Soccer Association would like to make sure players are not exposed to these risks.
2. Any player that sustains a head injury in the eyes of a referee or coach will be removed from play.
 - a. If a Health Care Professional, Medical Doctor (MD), Doctor of Osteopathy (DO), or a trainer certified in concussions is on the sideline and they deem the player has not suffered a concussion, then the player may come back into the game.
 - b. If the player is diagnosed with a concussion by a Health Care Professional, the referee must have the player sit out. The referee must also make a note on both the lineup card and in the referee report that the player sustained a head injury. The player’s pass must be sent to the **league** office along with a copy of the referee report within the next day.
3. If there is not a Health Care Professional, MD, DO, or a trainer certified in concussions on the sideline then that player **MUST** sit out. The referee will make a note on both the lineup card and in the referee report that they player is suspected of a head injury .That player's pass will be retained by the referee and sent into the league office. That player may not return to play until that player gets clearance in writing from a Health Care Professional, MD, DO or a trainer certified in concussions.
4. The following form **MUST** be submitted to:

Capital District Youth Soccer League
19 Aviation Road, Suite 9
Albany, NY 12205
5. Your player pass will be held in the **league** office until you are cleared by Health Care Professional, Medical Doctor (MD), Doctor of Osteopathy (DO), or a trainer certified in concussions.





Possible Concussion Notification For Capital District Youth Soccer League Games

Today, _____, [insert date], at the _____ [insert name of event],
_____ [insert player's name] received a possible concussion during practice or competition. **Capital District Youth Soccer League** and Staff want 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 | - Delicate to light or noise |
| - Headaches that worsen | - Odd behavior | - Repeats the same answer or question |
| - Vomiting | - Fatigued | - Slow reactions |
| - Focus issues | - Irregular sleep Patterns | - Irritability |
| - Seizures | - Slurred speech | - Less responsive than usual |
| - Weakness/numbness in arms/legs | | |

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 medical doctor or doctor of osteopathy 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 or doctor of osteopathy who specializes in concussion treatment and management.

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:

19 Aviation Road, Suite 9, Albany, NY 12205. If returning this Form by email, send it to the following address: cdysloffice@cdysl.org

Capital District Youth Soccer League: Yes No

If yes, method and recipient: _____

References:

Kissick MD, James and Karen M. Johnston MD, PhD. "Return to Play After Concussion." Collegiate Sports Medical Foundation. Volume 15, Number 6, November 2005.

http://www.csmfoundation.org/Kissick_-_return_to_play_after_concussion_-_CJSM_2005.pdf.
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National Federation of State High School Associations. "Suggested Guidelines for Management of Concussion in Sports". 2008 NFHS Sports Medicine Handbook (Third Edition). 2008 77-82.

<http://www.nfhs.org>.
April 21, 2011.

Children's National Medical Center. "Safe Concussion Outcome, Recovery & Education (SCORE) Program." Adapted by Gerard Gioia, PhD; Micky Collins, PhD; Shireen Atabaki, MD, MPH; Noel Zuckerbraun, MD, MPH. [http:// www.childrensnational.org/score](http://www.childrensnational.org/score).

June 27, 2011.

