

## **OPTIONAL**

### **DIRECTIONS TO FILL OUT FORMS ONLINE & SEND BACK TO BR OFFICE IN ADVANCE**

open a new browser tab  
type in SIGN.NEW into your browser  
an Adobe sign/fill in program will pop up, it's free  
download the packet, and then upload to the SIGN.NEW  
you will be able to write on the forms! and sign! it is so cool  
SAVE IT, DOWNLOAD IT, nice if you can rename it PLAYERNAME - MAR-2021  
and email me as an attachment

If this works....it would be done!  
Many parents are saying it works. If you have time.  
Make sure you emailed back a PDF document ( most common mistake is to not download the  
file before you attach it back to me in an email, make sure it is .pdf type file)

I will confirm that I received paperwork!

Also don't forget you can even send a screenshot of the USAV membership card too, and your  
player will be fully cleared for Tryouts in advance, they would be able to move super quickly out  
of the check in line, and onto the courts!

Thank You,  
Secretary  
Blue Royals Volleyball

## **CONCUSSION MANAGEMENT**

A concussion is a brain injury and all brain injuries are serious. They are caused by a bump, blow, or jolt to the head, or by a blow to another part of the body with the force transmitted to the head. They can range from mild to severe and can disrupt the way the brain normally works. Even though most concussions are mild, all concussions are potentially serious and may result in complications including prolonged brain damage and death if not recognized and managed properly. You can't see a concussion and most sports concussions occur without loss of consciousness. Signs and symptoms of concussion may show up right after the injury or can take hours or days to fully appear. If your child reports any symptoms of concussion, or if you notice the symptoms or signs of concussion yourself, seek medical attention right away.

### **Symptoms may include one or more of the following:**

- Headaches or "Pressure in head"
- Drowsiness
- Nervousness or anxiety
- Nausea or vomiting
- Amnesia
- Irritability
- Neck pain
- "Don't feel right"
- More emotional
- Balance problems or dizziness
- Fatigue or low energy
- Confusion
- Blurred, double, or fuzzy vision
- Sadness
- Change in sleep patterns
- Feeling sluggish or slowed down
- Repeating question or comment
- Feeling foggy or groggy
- Sensitivity to light or noise
- Concentration or memory problems (forgetting game plays)

### **Signs observed by teammates/parents/coaches include the following:**

- Appears dazed
- Can't recall events prior to hit
- Answers questions slowly
- Confused about assignment
- Any change in typical behavior or personality
- Slurred speech
- Is unsure of game, score, or opponent
- Seizures or convulsions
- Moves clumsily, displays incoordination
- Vacant facial expression
- Can't recall events after hit
- Shows behavior or personality changes
- Forgets plays
- Loses consciousness

**What can happen if my child keeps on playing with a concussion or returns to soon?** Athletes with the signs and symptoms of concussion should be removed from play immediately. Continuing to play with the signs and symptoms of a concussion leaves the young athlete especially vulnerable to greater injury. There is an increased risk of significant damage from a concussion for a period of time after that concussion occurs, particularly if the athlete suffers another concussion before completely recovering from the first one. This can lead to prolonged recovery, or even to severe brain swelling (second impact syndrome) with devastating and even fatal consequences. It is well known that adolescent or teenage athletes will often under report symptoms of injuries, and concussions are no different. As a result, education of administrators, coaches, parents and students is the key for student-athlete's safety.

**If you think your child has suffered a concussion inform your child's coach.** Any athlete even suspected of suffering a concussion should be removed from the game or practice immediately. No athlete may return to activity after an apparent head injury or concussion, regardless of how mild it seems or how quickly symptoms clear, without medical clearance. Close observation of the athlete should continue for several hours. The "Zackery Lystedt Law" in Washington requires the following: "a youth athlete who is suspected of sustaining a concussion or head injury in a practice or game shall be removed from competition at that time" and "...may not return to play until the athlete is evaluated by a licensed health care provider trained in the evaluation and management of concussion and received written clearance to return to play from that health care provider".

More information: <http://www.cdc.gov/ConcussionInYouthSports/>



## JUNIOR VOLLEYBALL PLAYER PARTICIPATION & MEDICAL AUTHORIZATION FORM

This **must be** completed - legibly - and signed in all areas by the player's parent or guardian. I understand and agree that this document will be kept in the possession of authorized adult team personnel and that reasonable care will be used to keep this information confidential. **By signing this form the participant affirms having read and agreed to the terms and conditions listed below.**

Club: \_\_\_\_\_ Team Name: \_\_\_\_\_

☐ Male ☐ Female

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Birth Date \_\_\_\_\_ Age \_\_\_\_\_

### Primary Contact: Parent or Guardian

Name: \_\_\_\_\_ Address: \_\_\_\_\_  
City, State & Zip \_\_\_\_\_  
Primary Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

Secondary Contact: ☐ Parent/Guardian ☐ Other \_\_\_\_\_

Name: \_\_\_\_\_  
Primary Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

Primary Insurance Co \_\_\_\_\_ Primary Group/Policy # \_\_\_\_\_ / \_\_\_\_\_  
Family Physician Name \_\_\_\_\_ Physician Phone \_\_\_\_\_

Please elaborate on any medical conditions of which we should be aware:

Please list any medications currently being taken:

In the past 24 months, have you been tested, diagnosed and/or treated for a concussion: ☐ Yes ☐ No

If yes, provide the date (months and year), who performed the testing/diagnosing/treatment and what was the outcome:

Please list any allergies:

If None, please write None.

Participant, \_\_\_\_\_, has my permission to participate in training, competition, events, activities and travel sponsored by USA Volleyball or any of its Regional Volleyball Associations (RVAs). I approve of the leaders who will be in charge of this program. I recognize that the leaders are serving to the best of their ability. I certify that the participant has full medical insurance with the company listed above. I understand and agree that this document will be kept in the possession of authorized adult team personnel and that reasonable care will be used to keep this information confidential. I agree to allow the authorized adult team personnel to release this information in the event of a medical emergency to a third party medical provider. I also certify to the best of my knowledge that the participant named hereon is physically fit to engage in the activities described above.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Relationship to Participant: \_\_\_\_\_

### CHOOSE ONLY ONE OPTION BELOW:

OPTION 1: If, during the course of my daughter's/son's activities in volleyball, she/he should become ill or sustain an injury, I hereby **authorize** you to obtain emergency medical/dental care. I will assume financial responsibility for the bills incurred through my insurance company.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Parent/Guardian

OR

OPTION 2: I **do not authorize** emergency medical/dental care for my daughter/son.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Parent/Guardian



## **Concussion Management and Sudden Cardiac Arrest Acknowledgement**

The Puget Sound Region of USA Volleyball believes participation in athletics improves physical fitness, coordination, self-discipline, and gives students valuable opportunities to learn important social and life skills.

With this in mind it is important we do as much as possible to create and maintain an enjoyable and safe environment. As a parent/guardian or student athlete you play a vital role in protecting participants and helping them get the best from sport.

Player and family education in this area is crucial which is the reason for the Concussion Management and Sudden Cardiac Arrest Awareness pamphlet you received. Refer to it regularly.

This acknowledgement must be signed annually by the parent/guardian and student athlete prior to participation in Puget Sound Region Volleyball events. If you have questions regarding any of the information provided in the pamphlet, please contact the athletic director at your school.

### **ZACHERY LYSEDT LAW COMPLIANCE STATEMENT**

I certify:

- 1) I have been provided with information on concussions in youth sports in compliance with HB 1824.
- 2) I understand that on a yearly basis, the concussions in youth sports information sheet shall be signed and returned to the Puget Sound Region, USAV by myself (or my parent or legal guardian if I am under the age of eighteen (18) years old) prior to my initiating practice or competition.
- 3) If any player/participant is suspected of suffering a concussion or brain injury, the player will be removed from practice or competition and not returned to practice or competition until cleared in writing by a licensed health care provider trained in the evaluation and management of concussions (Medical Doctors, Doctors of Osteopathy, Advanced Registered Nurse Practitioner, Physicians Assistants, and Certified Athletic Trainers).

I have received, read, and understand the information presented within the Sudden Cardiac Arrest Pamphlet.

\_\_\_\_\_  
*Student Athlete (Printed)*

\_\_\_\_\_  
*Student Athlete (Signed)*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Parent/Guardian Name (Printed)*

\_\_\_\_\_  
*Parent/Guardian (Signed)*

\_\_\_\_\_  
*Date*

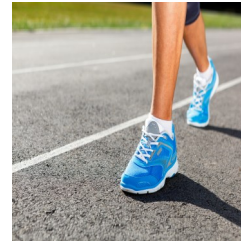
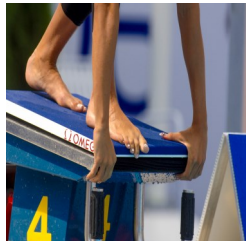
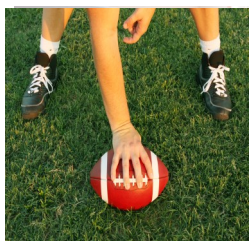


# Sudden Cardiac Arrest

## Information Sheet for

### Student-Athletes, Coaches and Parents/Guardians

SSB 5083 ~ SCA Awareness Act



**What is sudden cardiac arrest?** Sudden Cardiac Arrest (SCA) is the sudden onset of an abnormal and lethal heart rhythm, causing the heart to stop beating and the individual to collapse. SCA is the leading cause of death in the U.S. afflicting over 300,000 individuals per year.

***SCA is also the leading cause of sudden death in young athletes during sports***

**What causes sudden cardiac arrest?** SCA in young athletes is usually caused by a structural or electrical disorder of the heart. Many of these conditions are inherited (genetic) and can develop as an adolescent or young adult. SCA is more likely during exercise or physical activity, placing student-athletes with undiagnosed heart conditions at greater risk. SCA also can occur from a direct blow to the chest by a firm projectile (baseball, softball, lacrosse ball, or hockey puck) or by chest contact from another player (called "commotio cordis").

While a heart condition may have no warning signs, some young athletes may have symptoms but neglect to tell an adult. If any of the following symptoms are present, a cardiac evaluation by a physician is recommended:

- Passing out during exercise
- Chest pain with exercise
- Excessive shortness of breath with exercise
- Palpitations (heart racing for no reason)
- Unexplained seizures
- A family member with early onset heart disease or sudden death from a heart condition before the age of 40

**How to prevent and treat sudden cardiac arrest?** Some heart conditions at risk for SCA can be detected by a thorough heart screening evaluation. However, all schools and teams should be prepared to respond to a cardiac emergency. Young athletes who suffer SCA are collapsed and unresponsive and may appear to have brief seizure-like activity or abnormal breathing (gaspings). SCA can be effectively treated by immediate recognition, prompt CPR, and quick access to a defibrillator (AED). AEDs are safe, portable devices that read and analyze the heart rhythm and provide an electric shock (if necessary) to restore a normal heart rhythm.

***Remember, to save a life: recognize SCA, call 9-1-1, begin CPR, and use an AED as soon as possible!***



### Cardiac 3-Minute Drill

#### 1. RECOGNIZE

##### Sudden Cardiac Arrest

- Collapsed and unresponsive
- Abnormal breathing
- Seizure-like activity

#### 2. CALL 9-1-1

- Call for help and for an AED

#### 3. CPR

- Begin chest compressions
- Push hard/ push fast (100 per minute)

#### 4. AED

- Use AED as soon as possible

#### 5. CONTINUE CARE

- Continue CPR and AED until EMS arrives



**Be Prepared!  
Every Second  
Counts!**