| та,<br>ОНІО<br>SOUT                 | K<br>H   | U                                | s you                    | TH ME          | EMBE                       | RSHIP F                                 | ORM              | ₩<br>US YOUTH<br>SACCER  |
|-------------------------------------|----------|----------------------------------|--------------------------|----------------|----------------------------|---|------------------|--|
|                                     | 2        | ОНЮ                              | SOUTH YOU                | TH SOCCER      | ASSOCIA                    | TION, INC COA                           | ACHES            | United States<br>Youth Soccer Association<br>Member of the United States           |
| ID # [                              | ]        | Male = M<br>Female = F<br>[ ]    | Coach's<br>License Level |                |                            | AGUE USE ONLY<br>STRATION CHANGE<br>[ ] | CORRECTION       | Affiliated with the Federation<br>Internationale de Football<br>Association (FIFA) |
|                                     |          |                                  | This sec                 | tion must be c | ompleted by t              | he team coach                           |                  |  |
| League<br>Name<br>Club/Team<br>Name |          |                                  |                          |                |                            | Age<br>Groups                           | Div.             |  |
| (USE COD<br>ONLY)>                  | E        |                                  |                          |                |                            |   |                  |  |
|                                     | Region   | State                            | District                 | Lea            | ague                       | Club                                    | Team             | Recreational = R<br>Competitive = C  |
| Last<br>Name                        |          |                                  |                          |                |                            | First<br>Name                           |                  | Init.  |
| Address                             |          |                                  |                          |                |                            | City                                    |                  |  |
|                                     | State    | •                                |                          | Area           |                            | Telephone Number                        |                  |  |
| MUST LIST THE                       | NAMES OF | THESE PLAYER                     | S AND THEIR F            | IGH SCHOOL 1   | THAT THEY PL               | AYED FOR LAST FA                        | ALL.             | CER THIS SEASONAL YEAF   |
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| 8                                   |          |                                  |                          |                |                            |   |                  |  |
| -                                   |          | n 5 players from<br>E ABOVE INFO | -                        |                | d high school<br>Email Ado | varsity, reserve or frea                | shmen soccer las | fall.  |
| JUNNEUT.                            |          |                                  |                          |                |                            |   |                  |  |

| I have received the Ohio Department of Health |
|---|
| Information Sheet: "What Coaches and Referees |
| Need to Know – Youth Sports Organizations"    |

Signature of Coach:

# \*\*Ohio's return-to-play law goes into effect on April 26th, 2013\*\*

# Ohio's Return-to-Play Law: What Coaches & Referees Need to Know – <u>Youth Sports Organizations</u> (Non-school sports)



### Training In Recognizing the Signs and Symptoms of a Concussion

Starting April 26th, 2013, individuals are not allowed to serve as a coach or referee for a youth sports organization, whether volunteer or paid, without:

1. successfully completing, every three years, an online training program in recognizing the signs and symptoms of concussions and head injuries provided by the Ohio Department of Health

### -OR-

2. holding a Pupil Activity Permit (PAP) from the Ohio Department of Education.

### For those who currently hold a Pupil Activity Permit:

Starting April 26th, 2013, in order to renew their permit (every three years), coaches with a current PAP will be required to present evidence that they have successfully completed:

1. a training program in recognizing the symptoms of concussions and head injuries that is linked on the Department of Health's web site (www.healthyohioprogram.org/concussion)

### -OR-

2. a training program authorized and required by an organization that regulates interscholastic conferences or events.

### <u>Online Training</u>

The Ohio Department of Health has approved the following free online trainings for coaches and referees: National Federation of State High School Associations Concussion in Sports - What you Need to Know:http://www.nfhslearn.com/electiveDetail.aspx?courseID=38000

(This free on-line course is available through the NFHS. You will need to click the "order here" button and complete a brief registration form to take the course. However, you do not need to be a member of NFHS to access this course.) Follow these steps to complete the course:

- 1. Click on the button that says, please login to order. In the window that appears, click Register Now.
- When your registration is complete you may "order" the free concussion course offered along the left hand side of the page. Continue following prompts. Although it may look like you'll be charged for the course, there is no cost.
- 3. Once you've completed "checkout," you'll be able to take the free online course.
- 4. When you've completed and passed the course, you have the option of printing a certificate of completion.

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Center for Disease Control and Prevention Heads Up Concussion in Youth Sports On-Line Training Program: http://www.cdc.gov/concussion/HeadsUp/online\_training.html

### PLEASE NOTE: Both courses offer a "certificate of completion" upon successful passage.

### Removal From and Return to Play

- 1. Starting April 26th, 2013, coaches, referees, or officials must remove an athlete exhibiting the signs and symptoms of a concussion during practice or a game. These include:
  - -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.

- -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.
- 2. The athlete <u>CANNOT</u> return to play on the same day that he or she is removed.
- 3. The athlete <u>IS NOT PERMITTED</u> to return to play until they have been assessed and receive written clearance by a physician or by any other licensed health care provider approved by the youth sports organization. It is important to review your organization's policy regarding which health care providers are authorized to clear an athlete to return-to-play.

### For More Information

### Ohio Department of Health - Ohio's Return to Play Law:

www.healthyohioprogram.org/concussion

## Centers for Disease Control and Prevention - Head's Up in Youth Sports:

www.cdc.gov/concussion/HeadsUp/youth.html

### **Ohio Department of Education – Pupil Activity Permit:**

http://www.ode.state.oh.us/GD/Templates/Pages/ODE/ODEDetail.aspx?page=3&TopicRelationID=1328&ContentID=8 4483&Content=126368