

Sports for all, Forever



**AAU Hockey**  
2014-2015

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**AAU**  
**'Real Hockey'**

# AAU Ice Hockey National Policies

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## Introduction

During the past few years, Amateur Athletic Union (AAU) Ice Hockey programs have been expanding and an extraordinary pace. First with our scholastic programs including High School Varsity, Junior Varsity, Prep and Middle Schools. And more recently with the nation-wide and now international expansion of our Youth and Junior programs.

In addition, over these same recent years the Amateur Athletic Union (AAU) has been revising procedures and policies to better serve our AAU members. Including such items as the creation of our Youth Protection Handbook, the institution of Background Screening for all adult non-athlete members, and other changes.

It is also important to note that over the past decade there has been a great deal of medical research published on the subject of traumatic brain injuries (concussions) within youth sports. And as of 2014, all 50 states and Washington DC have now adopted laws concerning concussions within youth sports.

Please be aware that all of our youth ice hockey coaches should determine what laws apply within their state and assure that their programs are in compliance. Within this publication we have provided brief descriptions published by the states with links to learn more about these laws. For example, in some states it is a criminal act to return a child into an athletic competition following a possible concussion without clearance from a medical professional.

In view of the factors above, our AAU Ice Hockey national program has drawn together existing AAU national policies as well as recently developed national Ice Hockey into this handbook to better educate and prepare our non-athlete volunteers. This will assist our members in providing a safe and healthy environment for the children and families who have grown to expect nothing but the very best from the AAU.

Concussion and youth handbook go to:

<http://image.ausports.org/dnn/hockey/2015/AAU-Hockey-Policies.pdf>

*Keith Noll*, National Chair — AAU Hockey

## **Amateur Athletic Union (AAU)**

### **National Policy regarding fighting, threats, abuse and disruptive behavior**

*Source - AAU Code - National Policies XVII.C*

The AAU or event operators may take action in the event of fighting, threats, abuse (physical and verbal) and disruptive behavior. Anyone involved in such incidents, including but not limited to athletes, non-athletes, parents, spectators, officials, vendors, or other event attendees, at an AAU sanctioned event may be removed from the event. In addition the athlete(s) or teams associated with the persons involved in the incident may be disqualified from the sanctioned event. Further, the AAU and/or Event Host reserve(s) the right, in their sole discretion to remove or deny entry of/to any participant, coach, and/or spectator from any Event (site/venue), practice or meeting.

### **AAU Ice Hockey - Policy requiring Non-Athlete Membership (eff. 8-1-15)**

AAU has adopted numerous policies designed to protect all children who participate within AAU youth sports, activities and events. These protections include conducting background screening, concussion training and other educational requirements. Such protections depend upon the ability to assure that all adult non-athletes who are participating within AAU clubs, leagues, tournaments and events as a coach, manager, trainer or have a role that brings them into contact with youth participants must be a current AAU member.

Therefore, it is the national policy of AAU Ice Hockey that no adult may be permitted to participate within any games or practices (whether on-ice or off-ice sessions) without first becoming an adult non-athlete member of AAU and having otherwise qualified by obtaining all required coaching certifications, such as the concussion certification through the Center for Disease Control (CDC) and Positive Coaching Alliance courses. This requirement applies to all training, instruction and physical activities, which involve the club or team.

### **AAU Ice Hockey - Policy on Youth Protection (eff. 8-1-15)**

The Amateur Athletic Union is committed to improving the development, safety and welfare of athletes and participants involved in sport. There are a lot of reasons to play sport – at any level. A life-long activity, people often play sport to have fun and spend time with friends. Sport also encourages a healthy lifestyle, builds self-confidence; athletes also do better off the field. They learn goal-setting, teamwork with time management skills. Athletes are less likely to use cigarettes, drugs and alcohol; they have higher graduation rates and are more likely to attend college.

Here, we identify six types of misconduct: emotional, physical, sexual, bullying, harassment and hazing. All forms of misconduct are intolerable and in direct conflict with the AAU Youth Protection Handbook. The Amateur Athletic Union publishes this handbook as a resource to guide the development, Implementation and internal review of effective athlete welfare and misconduct prevention strategies for AAU leadership and its members.

The COMPLETE AAU policy on Youth Protection is available at the end of this document as well as online at: [www.aausports.org](http://www.aausports.org)

## **Amateur Athletic Union (AAU) National Policy regarding concussions**

It is the purpose of the Amateur Athletic Union of the United States, Inc. ("AAU"), to promote amateur sports and we wish for our members/participants who participate to do so in a manner that provides reasonable safety for their well-being.

The events and activities that are authorized by AAU are run by Local Host(s), local organizing committee (s), and/or member clubs. Athletic activities involve risks and dangers of injury and accidents may occur sometimes without fault. Available medical assistance may vary from venue to venue. The AAU recognizes that the potential for harm from concussions is a serious matter. While some accidents and even concussions may occur, the basis for the AAU's Concussion Policy is based upon trying to limit the potential harm, which could result from continued participation after such an injury.

We have therefore established this Concussion Policy for and on behalf of the AAU, which is as follows: Where there is reasonable cause to believe that a concussion may have occurred, such participant shall not be allowed to continue his/her participation in an AAU authorized event/activity without a medical release to resume such participation.

The AAU recommends all of its coaches, and other non-athlete members working with youth athletes avail themselves to the Center for Disease Control's (CDC) Head's Up program. Coaches and other club leaders can take a free on-line course that will provide important information in the recommendation and decision-making in handling situations that may involve concussion injuries. This course will only take approximately 30 minutes of your day. The CDC also has downloadable handouts for athletes and their parents.

All fifty states and Washington DC now have laws governing sports organizations and responsibility relative to concussion. It is important that we educate our members on this matter.

### **AAU Ice Hockey - Policy requiring Concussion Training (eff. 8-1-15)**

The sport of Ice Hockey provides the potential for concussions to occur, even in the absence of body-checking and even with properly fitted protective equipment. Youth participants may trip, fall, hit the boards or skate into another player, coach or official. In addition, youth hockey teams often travel to other states, many of which require by law that coaches obtain Head's Up training and certification from the Center for Disease Control's (CDC).

Therefore, it is the national policy of AAU Ice Hockey that all AAU Head Coaches must obtain Head's Up training and certification from the Center for Disease Control's (CDC). Further, it is strongly recommended that all adult non-athletes who are participating within AAU clubs, leagues, tournaments and events as a coach, manager, trainer or have a role that brings them into contact with youth participants should also obtain Head's Up training and certification from the Center for Disease Control's (CDC).

It is the responsibility of all AAU Head Coaches to assure that they comply with any additional legal requirements, which may exist within their own state.

## Finding concussion information within each state

Please click on the state you are interested in to view that state's information:

	<a href="#">Idaho</a>	<a href="#">Missouri</a>	<a href="#">Pennsylvania</a>
<a href="#">Alabama</a>	<a href="#">Illinois</a>	<a href="#">Montana</a>	<a href="#">Rhode Island</a>
<a href="#">Alaska</a>	<a href="#">Indiana</a>	<a href="#">Nebraska</a>	<a href="#">South Carolina</a>
<a href="#">Arizona</a>	<a href="#">Iowa</a>	<a href="#">Nevada</a>	<a href="#">South Dakota</a>
<a href="#">Arkansas</a>	<a href="#">Kansas</a>	<a href="#">New Hampshire</a>	<a href="#">Tennessee</a>
<a href="#">California</a>	<a href="#">Kentucky</a>	<a href="#">New Jersey</a>	<a href="#">Texas</a>
<a href="#">Colorado</a>	<a href="#">Louisiana</a>	<a href="#">New Mexico</a>	<a href="#">Utah</a>
<a href="#">Connecticut</a>	<a href="#">Maine</a>	<a href="#">New York</a>	<a href="#">Vermont</a>
<a href="#">Delaware</a>	<a href="#">Maryland</a>	<a href="#">North Carolina</a>	<a href="#">Virginia</a>
<a href="#">District of Columbia</a>	<a href="#">Massachusetts</a>	<a href="#">North Dakota</a>	<a href="#">Washington</a>
<a href="#">Florida</a>	<a href="#">Michigan</a>	<a href="#">Ohio</a>	<a href="#">West Virginia</a>
<a href="#">Georgia</a>	<a href="#">Minnesota</a>	<a href="#">Oklahoma</a>	<a href="#">Wisconsin</a>
<a href="#">Hawaii</a>	<a href="#">Mississippi</a>	<a href="#">Oregon</a>	<a href="#">Wyoming</a>

## AAU Ice Hockey - Policy on Body Checking (eff. 8-1-15)

Body checking is not permitted within any Ice Hockey programs without the prior approval of the AAU - Ice Hockey National Chair.

1. All AAU Junior level membership is currently restricted to only programs being supervised by the United Hockey Union (UHU) and the National Chair. Appropriate additional insurance coverage for all non-USA athletes must be secured and approved through the UHU.
2. Body-checking within AAU licensed scholastic leagues (such as High School Varsity, Club, Junior Varsity, Prep and Middle Schools) must be secured by the AAU Ice Hockey - National Chair.
3. Body-checking within youth programs (for participants who are under the age of 18) is currently restricted to only programs being supervised by the United Hockey Union (UHU) and have appropriate additional insurance coverage.
4. Body-checking within AAU Adult programs is not permitted.

## **AAU Ice Hockey - Policy on Restricted Areas (eff. 8-1-15)**

During any AAU game or scrimmage, parents, spectators and event attendees are not permitted to enter the playing area (ice surface), or either player's bench, or the timekeepers bench or either penalty box without the knowledge and permission of an on-ice official and the event operator. In addition, parents, spectators and event attendees are not permitted to congregate around these areas or to otherwise disrupt the progress of a game, scrimmage or practice session.

## **AAU Ice Hockey - Policy on Players Bench & Penalty Box Management (eff. 8-1-15)**

During any AAU game or scrimmage, only uniformed players and a maximum of 5 Team Officials may be permitted to occupy a team's Player's Bench (please be aware that AAU Districts, Leagues or Events may further limit the number of coaches permitted). Further, only AAU member coaches, managers and/or trainers who:

1. are attached to the participating team's club, and
2. have passed the legally required Concussion Training, and
3. have passed the Positive Coaching Alliance - Double-Coach training may serve as a Team Official.

In addition, during any AAU game or scrimmage, neutral Penalty Box personnel may be provided by AAU, the event operator or the facility operator. In the absence of such neutral off-ice personnel, a team may provide an adult non-athlete individual to operate only within their own Penalty Box (and under the direct supervision of the on-ice officials) only if the person serving is an AAU member coach, manager and/or trainer who (1) is attached to the participating team's club, and (2) has passed the legally required Concussion Training, and (3) has passed the Positive Coaching Alliance Double-Coach training.

## **AAU Ice Hockey - Policy on Timekeeping (eff. 8-1-15)**

Although a home team may provide a coach or parent to serve as a scorekeeper or timekeeper, once a person assumes such duties then they must no longer conduct themselves as a coach or as a fan. They must assume a neutral role and are now subordinate to the referees-linesman and no longer to their former team. Most communication should be conducted through the referee-linesman. There shall be no communication with officials or players of either team, except with regards to penalty expiration.

## **AAU Ice Hockey - Default playing rules (eff. 8-1-15)**

Although AAU Ice Hockey does permit licensed leagues and tournament to adopt or amend playing rules (provided that they do not compromise safety) in the absence of such a selection the default AAU Ice Hockey rules are the National Federation of State High School Associations (NFHS).



## SIGNS AND SYMPTOMS

These signs and symptoms may indicate that a concussion has occurred.

### SIGNS OBSERVED BY COACHING STAFF

Appears dazed or stunned
Is confused about assignment or position
Forgets sports plays
Is unsure of game, score, or opponent
Moves clumsily
Answers questions slowly
Loses consciousness (even briefly)
Shows behavior or personality changes
Can't recall events prior to hit or fall
Can't recall events after hit or fall

### SYMPTOMS REPORTED BY ATHLETE

Headache or "pressure" in head
Nausea or vomiting
Balance problems or dizziness
Double or blurry vision
Sensitivity to light
Sensitivity to noise
Feeling sluggish, hazy, foggy, or groggy
Concentration or memory problems
Confusion
Does not "feel right"

## ACTION PLAN

**If you suspect that a player has a concussion, you should take the following steps:**

1. Remove athlete from play.
2. Ensure athlete is evaluated by an appropriate health care professional. Do not try to judge the seriousness of the injury yourself.
3. Inform athlete's parents or guardians about the known or possible concussion and give them the fact sheet on concussion.
4. Allow athlete to return to play **only** with permission from an appropriate health care professional.

***It's better to miss one game than the whole season.***

For more information and to order additional materials **free-of-charge**, visit:  
[www.cdc.gov/ConcussionInYouthSports](http://www.cdc.gov/ConcussionInYouthSports)



## HEADS UP CONCUSSION IN YOUTH SPORTS

## A Fact Sheet for **ATHLETES**

### CONCUSSION FACTS

A concussion is a brain injury that affects how your brain works.

- A concussion is caused by a bump, blow, or jolt to the head or body.
- A concussion can happen even if you haven't been knocked out.
- If you think you have a concussion, you should not return to play on the day of the injury and not until a health care professional says you are OK to return to play.

### CONCUSSION SIGNS AND SYMPTOMS

Concussion symptoms differ with each person and with each injury, and they may not be noticeable for hours or days. Common symptoms include:

- Headache
- Confusion
- Difficulty remembering or paying attention
- Balance problems or dizziness
- Feeling sluggish, hazy, foggy, or groggy
- Feeling irritable, more emotional, or "down"
- Nausea or vomiting
- Bothered by light or noise
- Double or blurry vision
- Slowed reaction time
- Sleep problems
- Loss of consciousness

During recovery, exercising or activities that involve a lot of concentration (such as studying, working on the computer, or playing video games) may cause concussion symptoms to reappear or get worse.

### WHAT SHOULD I DO IF I THINK I HAVE A CONCUSSION?

- **DON'T HIDE IT. REPORT IT.** Ignoring your symptoms and trying to "tough it out" often makes symptoms worse. Tell your coach, parent, and athletic trainer if you think you or one of your teammates may have a concussion. Don't let anyone pressure you into continuing to practice or play with a concussion.
- **GET CHECKED OUT.** Only a health care professional can tell if you have a concussion and when it's OK to return to play. Sports have injury timeouts and player substitutions so that you can get checked out and the team can perform at its best. The sooner you get checked out, the sooner you may be able to safely return to play.
- **TAKE CARE OF YOUR BRAIN.** A concussion can affect your ability to do schoolwork and other activities. Most athletes with a concussion get better and return to sports, but it is important to rest and give your brain time to heal. A repeat concussion that occurs while your brain is still healing can cause long-term problems that may change your life forever.

### HOW CAN I HELP PREVENT A CONCUSSION?

Every sport is different, but there are steps you can take to protect yourself.

- Follow your coach's rules for safety and the rules of the sport.
- Practice good sportsmanship at all times.

*It's better to miss one game than the whole season.*

For more information, visit [www.cdc.gov/Concussion](http://www.cdc.gov/Concussion).



## A Fact Sheet for PARENTS

### WHAT IS A CONCUSSION?

A concussion is a type of traumatic brain injury. Concussions are caused by a bump or blow to the head. Even a “ding,” “getting your bell rung,” or what seems to be a mild bump or blow to the head can be serious.

You can’t see a concussion. Signs and symptoms of concussion can show up right after the injury or may not appear or be noticed until days or weeks after the injury. If your child reports any symptoms of concussion, or if you notice the symptoms yourself, seek medical attention right away.

### WHAT ARE THE SIGNS AND SYMPTOMS OF A CONCUSSION?

#### Signs Observed by Parents or Guardians

*If your child has experienced a bump or blow to the head during a game or practice, look for any of the following signs and symptoms of a concussion:*

- Appears dazed or stunned
- Is confused about assignment or position
- Forgets an instruction
- Is unsure of game, score, or opponent
- Moves clumsily
- Answers questions slowly
- Loses consciousness (even briefly)
- Shows mood, behavior, or personality changes

#### Symptoms Reported by Athlete

- Headache or “pressure” in head
- Nausea or vomiting
- Balance problems or dizziness
- Double or blurry vision
- Sensitivity to light
- Sensitivity to noise
- Feeling sluggish, hazy, foggy, or groggy
- Concentration or memory problems
- Confusion
- Just “not feeling right” or “feeling down”

### HOW CAN YOU HELP YOUR CHILD PREVENT A CONCUSSION OR OTHER SERIOUS BRAIN INJURY?

- Ensure that they follow their coach’s rules for safety and the rules of the sport.
- Encourage them to practice good sportsmanship at all times.
- Make sure they wear the right protective equipment for their activity. Protective equipment should fit properly and be well maintained.
- Wearing a helmet is a must to reduce the risk of a serious brain injury or skull fracture.
  - However, helmets are not designed to prevent concussions. There is no “concussion-proof” helmet. So, even with a helmet, it is important for kids and teens to avoid hits to the head.

### WHAT SHOULD YOU DO IF YOU THINK YOUR CHILD HAS A CONCUSSION?

#### 1. SEEK MEDICAL ATTENTION RIGHT AWAY.

A health care professional will be able to decide how serious the concussion is and when it is safe for your child to return to regular activities, including sports.

#### 2. KEEP YOUR CHILD OUT OF PLAY.

Concussions take time to heal. Don’t let your child return to play the day of the injury and until a health care professional says it’s OK. Children who return to play too soon—while the brain is still healing—risk a greater chance of having a repeat concussion. Repeat or later concussions can be very serious. They can cause permanent brain damage, affecting your child for a lifetime.

#### 3. TELL YOUR CHILD’S COACH ABOUT ANY PREVIOUS CONCUSSION.

Coaches should know if your child had a previous concussion. Your child’s coach may not know about a concussion your child received in another sport or activity unless you tell the coach.

***It’s better to miss one game than the whole season.***

For more information, visit [www.cdc.gov/Concussion](http://www.cdc.gov/Concussion).



# Parent/Athlete Concussion Information Sheet

A concussion is a type of traumatic brain injury that changes the way the brain normally works. A concussion is caused by bump, blow, or jolt to the head or body that causes the head and brain to move rapidly back and forth. Even a “ding,” “getting your bell rung,” or what seems to be a mild bump or blow to the head can be serious.

## WHAT ARE THE SIGNS AND SYMPTOMS OF CONCUSSION?

Signs and symptoms of concussion can show up right after the injury or may not appear or be noticed until days or weeks after the injury.

If an athlete reports **one or more** symptoms of concussion listed below after a bump, blow, or jolt to

### Did You Know?

- Most concussions occur *without* loss of consciousness.
- Athletes who have, at any point in their lives, had a concussion have an increased risk for another concussion.
- Young children and teens are more likely to get a concussion and take longer to recover than adults.

the head or body, s/he should be kept out of play the day of the injury and until a health care professional, experienced in evaluating for concussion, says s/he is symptom-free and it’s OK to return to play.

SIGNS OBSERVED BY COACHING STAFF	SYMPTOMS REPORTED BY ATHLETES
Appears dazed or stunned	Headache or “pressure” in head
Is confused about assignment or position	Nausea or vomiting
Forgets an instruction	Balance problems or dizziness
Is unsure of game, score, or opponent	Double or blurry vision
Moves clumsily	Sensitivity to light
Answers questions slowly	Sensitivity to noise
Loses consciousness ( <i>even briefly</i> )	Feeling sluggish, hazy, foggy, or groggy
Shows mood, behavior, or personality changes	Concentration or memory problems
Can’t recall events <i>prior</i> to hit or fall	Confusion
Can’t recall events <i>after</i> hit or fall	Just not “feeling right” or “feeling down”

## CONCUSSION DANGER SIGNS

In rare cases, a dangerous blood clot may form on the brain in a person with a concussion and crowd the brain against the skull. An athlete should receive immediate medical attention if after a bump, blow, or jolt to the head or body s/he exhibits any of the following danger signs:

- One pupil larger than the other
- Is drowsy or cannot be awakened
- A headache that not only does not diminish, but gets worse
- Weakness, numbness, or decreased coordination
- Repeated vomiting or nausea
- Slurred speech
- Convulsions or seizures
- Cannot recognize people or places
- Becomes increasingly confused, restless, or agitated
- Has unusual behavior
- Loses consciousness (*even a brief loss of consciousness should be taken seriously*)

## WHY SHOULD AN ATHLETE REPORT THEIR SYMPTOMS?

If an athlete has a concussion, his/her brain needs time to heal. While an athlete's brain is still healing, s/he is much more likely to have another concussion. Repeat concussions can increase the time it takes to recover. In rare cases, repeat concussions in young athletes can result in brain swelling or permanent damage to their brain. *They can even be fatal.*

### *Remember*

Concussions affect people differently. While most athletes with a concussion recover quickly and fully, some will have symptoms that last for days, or even weeks. A more serious concussion can last for months or longer.

## WHAT SHOULD YOU DO IF YOU THINK YOUR ATHLETE HAS A CONCUSSION?

If you suspect that an athlete has a concussion, remove the athlete from play and seek medical attention. Do not try to judge the severity of the injury yourself. Keep the athlete out of play the day of the injury and until a health care professional, experienced in evaluating for concussion, says s/he is symptom-free and it's OK to return to play.

Rest is key to helping an athlete recover from a concussion. Exercising or activities that involve a lot of concentration, such as studying, working on the computer, or playing video games, may cause concussion symptoms to reappear or get worse. After a concussion, returning to sports and school is a gradual process that should be carefully managed and monitored by a health care professional.

It's better to miss one game than the whole season. For more information on concussions, visit: [www.cdc.gov/Concussion](http://www.cdc.gov/Concussion).

\_\_\_\_\_  
Student-Athlete Name Printed

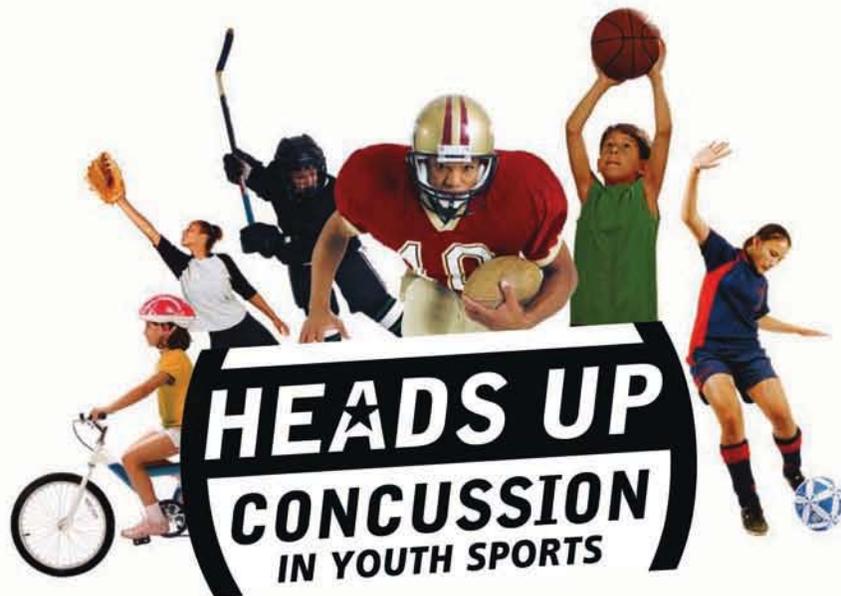
\_\_\_\_\_  
Student-Athlete Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent or Legal Guardian Printed

\_\_\_\_\_  
Parent or Legal Guardian Signature

\_\_\_\_\_  
Date



### SIGNS AND SYMPTOMS

These signs and symptoms may indicate that a concussion has occurred.

SIGNS OBSERVED BY COACHING STAFF	SYMPTOMS REPORTED BY ATHLETE
Appears dazed or stunned	Headache or "pressure" in head
Is confused about assignment or position	Nausea or vomiting
Forgets sports plays	Balance problems or dizziness
Is unsure of game, score, or opponent	Double or blurry vision
Moves clumsily	Sensitivity to light
Answers questions slowly	Sensitivity to noise
Loses consciousness (even briefly)	Feeling sluggish, hazy, foggy, or groggy
Shows behavior or personality changes	Concentration or memory problems
Can't recall events prior to hit or fall	Confusion
Can't recall events after hit or fall	Does not "feel right"

### ACTION PLAN

If you suspect that a player has a concussion, you should take the following steps:

1. Remove athlete from play.
2. Ensure athlete is evaluated by an appropriate health care professional. Do not try to judge the seriousness of the injury yourself.
3. Inform athlete's parents or guardians about the known or possible concussion and give them the fact sheet on concussion.
4. Allow athlete to return to play **only** with permission from an appropriate health care professional.

### IMPORTANT PHONE NUMBERS

FILL IN THE NAME AND NUMBER OF YOUR LOCAL HOSPITAL(S) BELOW:

Hospital Name: \_\_\_\_\_

Hospital Phone: \_\_\_\_\_

Hospital Name: \_\_\_\_\_

Hospital Phone: \_\_\_\_\_

**For immediate attention, CALL 911**

*If you think your athlete has sustained a concussion... take him/her out of play, and seek the advice of a health care professional experienced in evaluating for concussion.*

For more information and to order additional materials **free-of-charge**, visit:  
[www.cdc.gov/ConcussionInYouthSports](http://www.cdc.gov/ConcussionInYouthSports)



## A Fact Sheet for COACHES

To download the coaches fact sheet in Spanish, please visit [www.cdc.gov/ConcussionInYouthSports](http://www.cdc.gov/ConcussionInYouthSports)

Para descargar la hoja informativa para los entrenadores en español, por favor visite

[www.cdc.gov/ConcussionInYouthSports](http://www.cdc.gov/ConcussionInYouthSports)

### THE FACTS

- A concussion is a **brain injury**.
- All concussions are **serious**.
- Concussions can occur **without** loss of consciousness.
- Concussions can occur **in any sport**.
- Recognition and proper management of concussions when they **first occur** can help prevent further injury or even death.

### WHAT IS A CONCUSSION?

Concussion, a type of traumatic brain injury, is caused by a bump, blow, or jolt to the head. Concussions can also occur from a blow to the body that causes the head and brain to move quickly back and forth—causing the brain to bounce around or twist within the skull.

This sudden movement of the brain can cause stretching and tearing of brain cells, damaging the cells and creating chemical changes in the brain.

### HOW CAN I RECOGNIZE A POSSIBLE CONCUSSION?

To help spot a concussion, you should watch for and ask others to report the following two things:

1. A forceful bump, blow, or jolt to the head or body that results in rapid movement of the head.
2. Any concussion signs or symptoms, such as a change in the athlete's behavior, thinking, or physical functioning.

Signs and symptoms of concussion generally show up soon after the injury. But the full effect of the injury may not be noticeable at first. For example, in the first few minutes the athlete might be slightly confused or appear a little bit dazed, but an hour later he or she can't recall coming to the practice or game.

You should repeatedly check for signs of concussion and also tell parents what to watch out for at home. Any worsening of concussion signs or symptoms indicates a medical emergency.

*It's better to miss one game than the whole season.*

## SIGNS AND SYMPTOMS<sup>1</sup>

### SIGNS OBSERVED BY COACHING STAFF

- Appears dazed or stunned
- Is confused about assignment or position
- Forgets an instruction
- Is unsure of game, score, or opponent
- Moves clumsily
- Answers questions slowly
- Loses consciousness (even briefly)
- Shows mood, behavior, or personality changes
- Can't recall events prior to hit or fall
- Can't recall events after hit or fall

### SYMPTOMS REPORTED BY ATHLETE

- Headache or "pressure" in head
- Nausea or vomiting
- Balance problems or dizziness
- Double or blurry vision
- Sensitivity to light
- Sensitivity to noise
- Feeling sluggish, hazy, foggy, or groggy
- Concentration or memory problems
- Confusion
- Just "not feeling right" or "feeling down"

*Adapted from Lovell et al. 2004*

### WHAT ARE CONCUSSION DANGER SIGNS?

In rare cases, a dangerous blood clot may form on the brain in an athlete with a concussion and crowd the brain against the skull. Call 9-1-1 or take the athlete to the emergency department right away if after a bump, blow, or jolt to the head or body the athlete exhibits one or more of the following danger signs:

- One pupil larger than the other
- Is drowsy or cannot be awakened
- A headache that gets worse
- Weakness, numbness, or decreased coordination
- Repeated vomiting or nausea
- Slurred speech
- Convulsions or seizures
- Cannot recognize people or places
- Becomes increasingly confused, restless, or agitated
- Has unusual behavior
- Loses consciousness (even a brief loss of consciousness should be taken seriously)

### WHY SHOULD I BE CONCERNED ABOUT CONCUSSIONS?

Most athletes with a concussion will recover quickly and fully. But for some athletes, signs and symptoms of concussion can last for days, weeks, or longer.

If an athlete has a concussion, his or her brain needs time to heal. A repeat concussion that occurs before the brain recovers from the first—usually within a short time period (hours, days, weeks)—can slow recovery or increase the chances for long-term problems. In rare cases, repeat concussions can result in brain swelling or permanent brain damage. It can even be fatal.<sup>2,3</sup>

### HOW CAN I HELP ATHLETES TO RETURN TO PLAY GRADUALLY?

An athlete should return to sports practices under the supervision of an appropriate health care professional. When available, be sure to work closely with your team's certified athletic trainer.

Below are five gradual steps that you and the health care professional should follow to help safely return an athlete to play. Remember, this is a gradual process. These steps should not be completed in one day, but instead over days, weeks, or months.

**BASELINE:** Athletes should not have any concussion symptoms. Athletes should only progress to the next step if they do not have any symptoms at the current step.

**STEP 1:** Begin with light aerobic exercise only to increase an athlete's heart rate. This means about 5 to 10 minutes on an exercise bike, walking, or light jogging. No weight lifting at this point.

**STEP 2:** Continue with activities to increase an athlete's heart rate with body or head movement. This includes moderate jogging, brief running, moderate-intensity stationary biking, moderate-intensity weightlifting (reduced time and/or reduced weight from your typical routine).

**STEP 3:** Add heavy non-contact physical activity, such as sprinting/running, high-intensity stationary biking, regular weightlifting routine, non-contact sport-specific drills (in 3 planes of movement).

**STEP 4:** Athlete may return to practice and full contact (if appropriate for the sport) in controlled practice.

**STEP 5:** Athlete may return to competition.

If an athlete's symptoms come back or she or he gets new symptoms when becoming more active at any step, this is a sign that the athlete is pushing him or herself too hard.

The athlete should stop these activities and the athlete's health care provider should be contacted. After more rest and no concussion symptoms, the athlete should begin at the previous step.

## PREVENTION AND PREPARATION

Insist that safety comes first. To help minimize the risks for concussion or other serious brain injuries:

- Ensure that athletes follow the rules for safety and the rules of the sport.
- Encourage them to practice good sportsmanship at all times.
- Wearing a helmet is a must to reduce the risk of severe brain injury and skull fracture.
  - However, helmets are not designed to prevent concussions. There is no "concussion-proof" helmet. So, even with a helmet, it is important for kids and teens to avoid hits to the head.

Check with your league, school, or district about concussion policies. Concussion policy statements can be developed to include:

- The school or league's commitment to safety
- A brief description of concussion
- Information on when athletes can safely return to school and play.

Parents and athletes should sign the concussion policy statement at the beginning of the season.

## ACTION PLAN

### WHAT SHOULD I DO WHEN A CONCUSSION IS SUSPECTED?

No matter whether the athlete is a key member of the team or the game is about to end, an athlete with a suspected concussion should be immediately removed from play. To help you know how to respond, follow the Heads Up four-step action plan:

**1. REMOVE THE ATHLETE FROM PLAY.** Look for signs and symptoms of a concussion if your athlete has experienced a bump or blow to the head or body. When in doubt, sit them out!

**2. ENSURE THAT THE ATHLETE IS EVALUATED BY AN APPROPRIATE HEALTH CARE PROFESSIONAL.**

Do not try to judge the severity of the injury yourself. Health care professionals have a number of methods that they can use to assess the severity of concussions. As a coach, recording the following information can help health care professionals in assessing the athlete after the injury:

- Cause of the injury and force of the hit or blow to the head or body
- Any loss of consciousness (passed out/knocked out) and if so, for how long
- Any memory loss immediately following the injury

- Any seizures immediately following the injury
- Number of previous concussions (if any)

**3. INFORM THE ATHLETE'S PARENTS OR GUARDIANS.** Let them know about the possible concussion and give them the Heads Up fact sheet for parents. This fact sheet can help parents monitor the athlete for signs or symptoms that appear or get worse once the athlete is at home or returns to school.

**4. KEEP THE ATHLETE OUT OF PLAY.** An athlete should be removed from play the day of the injury and until an appropriate health care professional says they are symptom-free and it's OK to return to play. After you remove an athlete with a suspected concussion from practice or play, the decision about return to practice or play is a medical decision.

### REFERENCES

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3. Centers for Disease Control and Prevention (CDC). Sports-related recurrent brain injuries-United States. *Morbidity and Mortality Weekly Report* 1997; 46(10):224-227. Available at: [www.cdc.gov/mmwr/preview/mmwrhtml/00046702.htm](http://www.cdc.gov/mmwr/preview/mmwrhtml/00046702.htm).

***If you think your athlete has a concussion...  
take him/her out of play and seek the advice of a health care professional  
experienced in evaluating for concussion.***



## SIGNOS Y SÍNTOMAS

Estos signos y síntomas podrían indicar la presencia de una conmoción cerebral.

### SIGNOS QUE NOTAN LOS ENTRENADORES

El atleta luce aturdido o inconsciente
Se confunde con la actividad asignada
Olvida las jugadas
No se muestra seguro del juego, de la puntuación ni de sus adversarios
Se mueve con torpeza
Responde a las preguntas con lentitud
Pierde el conocimiento (así sea momentáneamente)
Muestra cambios de conducta o de personalidad
No puede recordar lo ocurrido antes de un lanzamiento o un caída
No puede recordar lo ocurrido después de un lanzamiento o un caída

### SÍNTOMAS QUE REPORTA EL ATLETA

Dolor o "presión" en la cabeza
Náuseas o vómitos
Problemas de equilibrio o mareo
Visión borrosa o difusa
Sensibilidad a la luz
Sensibilidad al ruido
Se siente débil, confuso, aturdido o grogui
Problemas de concentración
Problemas de memoria
Confusión
No se "siente bien"

## PLAN DE ACCIÓN

**Si usted sospecha que un jugador ha sufrido una conmoción cerebral, debe hacer lo siguiente:**

1. Saque al jugador del juego.
2. Haga que el jugador sea examinado por un profesional de la salud. No intente juzgar usted mismo la seriedad de la lesión.
3. Informe a los padres o tutores del jugador que éste ha tenido o es posible que haya tenido una conmoción cerebral y deles la hoja informativa sobre la conmoción cerebral.
4. Permita que el jugador regrese al juego **sólo** tras la autorización de un profesional de la salud.

***Es preferible perderse un juego que toda la temporada.***

Para obtener más información o solicitar más materiales **de forma gratuita**, visite:

**[www.cdc.gov/ConcussionInYouthSports](http://www.cdc.gov/ConcussionInYouthSports)**



## Hoja Informativa para los ATLETAS

### ¿QUÉ ES LA CONMOCIÓN CEREBRAL?

La conmoción cerebral es una lesión del cerebro que:

- Es causada por un golpe en la cabeza o una sacudida
- Puede cambiar el funcionamiento normal del cerebro
- Puede ocurrir en cualquier deporte durante las prácticas de entrenamiento o durante un juego
- Puede ocurrir aun cuando no se haya perdido el conocimiento
- Puede ser seria aun si se piensa que sólo se trata de un golpe leve

### ¿CUÁLES SON LOS SÍNTOMAS DE LA CONMOCIÓN CEREBRAL?

- Dolor o "presión" en la cabeza
- Náuseas (sentir que quieres vomitar)
- Problemas de equilibrio, mareo
- Visión doble o borrosa
- Molestia causada por la luz
- Molestia causada por el ruido
- Sentirse debilitado, confuso, aturdido o grogui
- Dificultad para concentrarse
- Problemas de memoria
- Confusión
- No "sentirse bien"

### ¿QUÉ DEBO HACER SI CREO QUE HE SUFRIDO UNA CONMOCIÓN CEREBRAL?

- **Dile a tus entrenadores y a tus padres.** Nunca ignores un golpe en la cabeza o una sacudida aun cuando te sientas bien. También dile al entrenador si crees que uno de tus compañeros de equipo sufrió una conmoción.

- **Ve al médico para que te examine.** Un médico u otro profesional de la salud podrá decirte si sufriste una conmoción cerebral y cuándo estarás listo para volver a jugar.
- **Tómate el tiempo suficiente para curarte.** Si sufriste una conmoción cerebral, tu cerebro necesitará tiempo para sanar. Es más probable que sufras una segunda conmoción mientras tu cerebro esté en proceso de curación. Las segundas conmociones y cualquier conmoción adicional pueden causar daños al cerebro. Por eso es importante que descanses hasta que un médico u otro profesional de la salud te permitan regresar al campo de juego.

### ¿CÓMO PUEDO PREVENIR UNA CONMOCIÓN CEREBRAL?

Aunque todo deporte es diferente, hay medidas que puedes tomar para protegerte.

- Sigue las reglas de seguridad del entrenador y las reglas del deporte que practicas.
- Mantén el espíritu deportivo en todo momento.
- Utiliza los implementos deportivos adecuados, incluido el equipo de protección personal. Para que este equipo te proteja, debe:
  - > Ser adecuado para el deporte que practicas, tu posición en el juego y tipo de actividad
  - > Usarse correctamente y ajustarse bien a tu cuerpo
  - > Usarse en todo momento durante el juego

***Es preferible perderse un juego que toda la temporada.***

Para obtener más información, visite [www.cdc.gov/ConcussionInYouthSports](http://www.cdc.gov/ConcussionInYouthSports).



## Hoja Informativa para los PADRES

### ATENCIÓN CONMOCIÓN CEREBRAL EN EL DEPORTE JUVENIL

#### ¿QUÉ ES LA CONMOCIÓN CEREBRAL?

Una conmoción cerebral es una lesión en el cerebro, causada por un golpe en la cabeza o una sacudida. Incluso una pequeña conmoción o lo que parece ser un golpe o sacudida leve puede ser serio.

La conmoción cerebral no puede verse. Los signos y síntomas de una conmoción pueden aparecer inmediatamente después de la lesión o puede que no aparezcan, o se hagan visibles algunos días o meses después de haber sufrido la lesión. Si su hijo tiene los signos de una conmoción cerebral o si usted nota algún síntoma, busque atención médica de inmediato.

#### ¿CUÁLES SON LOS SIGNOS Y SÍNTOMAS DE LA CONMOCIÓN CEREBRAL?

##### Signos que notan los padres y los tutores

*Si su hijo ha sufrido un golpe en la cabeza o una sacudida durante un juego o una práctica, obsérvelo para determinar si tiene alguno de los siguientes signos y síntomas de una conmoción cerebral:*

- Luce aturdido o fuera de control
- Se confunde con la actividad asignada
- Olvida las jugadas
- No se muestra seguro del juego, la puntuación ni de sus adversarios
- Se mueve con torpeza
- Responde con lentitud
- Pierde el conocimiento (así sea momentáneamente)
- Muestra cambios de conducta o de personalidad
- No puede recordar lo ocurrido antes de un lanzamiento o un caída
- No puede recordar lo ocurrido después de un lanzamiento o un caída

##### Síntomas que reporta el atleta

- Dolor o "presión" en la cabeza
- Náuseas o vómitos
- Problemas de equilibrio, mareo
- Visión doble o borrosa
- Sensibilidad a la luz y al ruido
- Se siente débil, confuso, aturdido o grogui
- Problemas de concentración o memoria
- Confusión
- No se "siente bien"

#### ¿CÓMO AYUDAR A SU HIJO A PREVENIR UNA CONMOCIÓN CEREBRAL?

Aunque todo deporte es diferente, hay medidas que puede tomar para protegerse.

- Haga que siga las reglas impartidas por el entrenador y las reglas del deporte que practica.
- Invítelo a mantener el espíritu deportivo en todo momento.
- Haga que su hijo use el equipo protector adecuado según la actividad que realiza. El equipo de protección debe ajustarse bien, debe hacersele el mantenimiento adecuado, y el jugador debe usarlo correctamente y en todo momento.

#### ¿QUÉ DEBE HACER SI CREE QUE SU HIJO HA SUFRIDO UNA CONMOCIÓN CEREBRAL?

- 1. Busque atención médica de inmediato.** Un profesional de la salud podrá determinar la seriedad de la conmoción cerebral que ha sufrido el niño y cuándo podrá regresar al juego sin riesgo alguno.
- 2. No permita que su hijo siga jugando.** Las conmociones cerebrales necesitan de un cierto tiempo para curarse. No permita que su hijo regrese al juego hasta que un profesional de la salud le haya dicho que puede hacerlo. Los niños que regresan al juego antes de lo debido—mientras el cerebro está en proceso de curación—corren un mayor riesgo de sufrir otra conmoción. Las conmociones cerebrales siguientes pueden ser muy serias. Pueden causar daño cerebral permanente que afectarán al niño de por vida.
- 3. Informe al entrenador del niño sobre cualquier conmoción cerebral que el niño haya sufrido recientemente.** Los entrenadores deben saber si el niño ha sufrido una conmoción recientemente en CUALQUIER deporte. El entrenador no necesariamente sabrá si el niño ha tenido una conmoción en otro deporte o actividad a menos que usted se lo diga.

***Es preferible perderse un juego que toda la temporada.***

Para obtener más información, visite [www.cdc.gov/ConcussionInYouthSports](http://www.cdc.gov/ConcussionInYouthSports).



# Hoja informativa para los deportistas y sus padres acerca de las conmociones cerebrales

Una conmoción es un tipo de lesión cerebral traumática que ocasiona cambios en la forma en que funciona el cerebro normalmente. Una conmoción es causada por un golpe, impacto o sacudida en la cabeza o el cuerpo que hace que la cabeza y el cerebro se muevan rápida y repentinamente hacia adelante y hacia atrás. Hasta un "chichoncito" o lo que pareciera ser tan solo un golpe o una sacudida leve en la cabeza pueden ser algo grave.

## ¿CUÁLES SON LOS SIGNOS Y SÍNTOMAS DE UNA CONMOCIÓN CEREBRAL?

Los signos y síntomas de una conmoción cerebral pueden aparecer justo después de una lesión o puede que no aparezcan o se noten sino hasta días o semanas después de ocurrida la lesión.

Si un deportista presenta **uno o más** de los síntomas de una conmoción cerebral indicados a continuación,

### ¿Sabía usted que...?

- La mayoría de las conmociones cerebrales ocurren sin pérdida del conocimiento.
- Los deportistas que han sufrido una conmoción cerebral en algún momento de sus vidas, tienen un mayor riesgo de sufrir otra.
- Los niños pequeños y los adolescentes tienen más probabilidad de sufrir una conmoción cerebral y de que les tome más tiempo recuperarse que los adultos.

luego de un golpe, impacto o sacudida en la cabeza o el cuerpo, no se le debe permitir continuar jugando el día de la lesión y no debe volver a jugar hasta que un profesional médico con experiencia en evaluación de conmociones cerebrales indique que ya no presenta síntomas y que puede volver a jugar.

SIGNOS OBSERVADOS POR EL PERSONAL DE ENTRENAMIENTO	SÍNTOMAS REPORTADOS POR LOS DEPORTISTAS
Parece aturdido o desorientado	Dolor de cabeza o "presión" en la cabeza
Está confundido en cuanto a su posición de juego	Náuseas o vómitos
Olvida las instrucciones	Problemas de equilibrio o mareo
No está seguro del juego, de la puntuación o de adversarios	Visión borrosa o doble
Se mueve con torpeza	Sensibilidad a la luz
Responde a las preguntas con lentitud	Sensibilidad al ruido
Pierde el conocimiento (aunque sea por poco tiempo)	Sentirse débil, desorientado, aturdido, atontado o grogui
Muestra cambios de ánimo, comportamiento o personalidad	Problemas de concentración o de memoria
No puede recordar lo ocurrido antes del golpe o caída	Confusión
No puede recordar lo ocurrido después del golpe o caída	No "sentirse bien" o "con ganas de no hacer nada"

## SIGNOS DE PELIGRO POR UNA CONMOCIÓN CEREBRAL

En casos poco frecuentes, en las personas que sufren una conmoción cerebral puede formarse un coágulo de sangre peligroso que podría hacer que el cerebro ejerza presión contra el cráneo. Un deportista debe recibir atención médica de inmediato si luego de sufrir un golpe, impacto o sacudida en la cabeza o el cuerpo presenta alguno de los siguientes signos de peligro:

- Una pupila está más grande que la otra
- Está mareado o no se puede despertar
- Dolor de cabeza que es persistente y además empeora
- Debilidad, entumecimiento o menor coordinación
- Náuseas o vómitos constantes
- Dificultad para hablar o pronunciar las palabras
- Convulsiones o ataques
- No puede reconocer a personas o lugares
- Se siente cada vez más confundido, inquieto o agitado
- Se comporta de manera poco usual
- Pierde el conocimiento (las pérdidas del conocimiento deben considerarse como algo serio aunque sean breves)

## ¿POR QUÉ DEBE UN DEPORTISTA NOTIFICAR A ALGUIEN SI TIENE SÍNTOMAS?

Si un deportista sufre una conmoción, su cerebro necesitará tiempo para sanar. Cuando el cerebro de un deportista se está curando, tiene una mayor probabilidad de sufrir una segunda conmoción. Las conmociones repetidas (o secundarias) pueden aumentar el tiempo que toma la recuperación. En casos poco frecuentes, repetidas conmociones

### Recuerde

Las conmociones cerebrales afectan a las personas de manera diferente. Si bien la mayoría de los deportistas que sufren una conmoción cerebral se recuperan en forma completa y rápida, algunos tienen síntomas que duran días o incluso semanas. Una conmoción cerebral más grave puede durar por meses o aún más.

cerebrales en los jóvenes deportistas pueden ocasionar inflamación del cerebro o daño cerebral permanente. Incluso pueden ser mortales.

## ¿QUÉ DEBE HACER SI CREE QUE SU DEPORTISTA HA SUFRIDO UNA CONMOCIÓN CEREBRAL?

Si considera que un deportista tiene una conmoción cerebral, sáquelo del juego y busque atención médica de inmediato. No intente juzgar usted mismo la seriedad de la lesión. No permita que el deportista regrese a jugar el mismo día de la lesión y espere a que un profesional médico con experiencia en la evaluación de conmociones cerebrales indique que ya no presenta síntomas y que puede volver a jugar.

El descanso es la clave para ayudar a un deportista a recuperarse después de una conmoción cerebral. Durante el ejercicio o las actividades que requieran de mucha concentración, como estudiar, trabajar en la computadora o los juegos de video, pueden causar que los síntomas de la conmoción cerebral reaparezcan o empeoren. Después de una conmoción cerebral, volver a practicar deportes y regresar a la escuela debe ser un proceso gradual que tiene que ser controlado y observado cuidadosamente por un profesional médico.

Mejor perder un juego que toda la temporada. Para más información sobre la conmoción cerebral, visite: [www.cdc.gov/Concussion](http://www.cdc.gov/Concussion).

\_\_\_\_\_  
Nombre del estudiante o deportista

\_\_\_\_\_  
Firma del estudiante o deportista

\_\_\_\_\_  
Fecha

\_\_\_\_\_  
Nombre del padre o tutor legal

\_\_\_\_\_  
Firma del padre o tutor legal

\_\_\_\_\_  
Fecha



## SIGNOS Y SÍNTOMAS

Estos signos y síntomas podrían indicar la presencia de una conmoción cerebral.

SIGNOS QUE NOTAN LOS ENTRENADORES	SÍNTOMAS QUE REPORTA EL ATLETA
El atleta luce aturdido o inconsciente	Dolor o "presión" en la cabeza
Se confunde con la actividad asignada	Náuseas o vómitos
Olvida las jugadas	Problemas de equilibrio o mareo
No se muestra seguro del juego, de la puntuación ni de sus adversarios	Visión borrosa o difusa
Se mueve con torpeza	Sensibilidad a la luz
Responde a las preguntas con lentitud	Sensibilidad al ruido
Pierde el conocimiento (así sea momentáneamente)	Se siente débil, confuso, aturdido o grogui
Muestra cambios de conducta o de personalidad	Problemas de concentración o memoria
No puede recordar lo ocurrido antes de un lanzamiento o un caída	Confusión
No puede recordar lo ocurrido después de un lanzamiento o un caída	No se "siente bien"

## PLAN DE ACCIÓN

Si usted sospecha que un jugador ha sufrido una conmoción cerebral, debe hacer lo siguiente:

1. Saque al jugador del juego.
2. Haga que el jugador sea examinado por un profesional de la salud. No intente juzgar usted mismo la seriedad de la lesión.
3. Informe a los padres o tutores del jugador que éste ha tenido o es posible que haya tenido una conmoción cerebral y deles la hoja informativa sobre la conmoción cerebral.
4. Permita que el jugador regrese al juego **sólo** tras la autorización de un profesional de la salud.

## NÚMEROS DE TELÉFONO IMPORTANTES

ABAJO MENCIONE LOS NOMBRES DE HOSPITALES LOCALES:

Nombre del hospital: \_\_\_\_\_

Teléfono del hospital: \_\_\_\_\_

Nombre del hospital: \_\_\_\_\_

Teléfono del hospital: \_\_\_\_\_

**Para ser atendido de inmediato, LLAME al 911**

**Si cree que uno de sus atletas ha sufrido una conmoción cerebral... sáquelo del juego y hágalo examinar por un profesional de la salud con experiencia en la evaluación de conmociones cerebrales.**

Para obtener más información o solicitar más materiales **de forma gratuita**, visite:  
[www.cdc.gov/ConcussionInYouthSports](http://www.cdc.gov/ConcussionInYouthSports)



## Hoja Informativa para los ENTRENADORES

Para descargar la hoja informativa para los entrenadores en español, por favor visite: [www.cdc.gov/ConcussionInYouthSports](http://www.cdc.gov/ConcussionInYouthSports)  
To download the coaches fact sheet in Spanish, please visit [www.cdc.gov/ConcussionInYouthSports](http://www.cdc.gov/ConcussionInYouthSports)

### DATOS IMPORTANTES

- Una conmoción cerebral es una **lesión en el cerebro**.
- Todas las conmociones cerebrales son **serias**.
- Las conmociones cerebrales pueden ocurrir **sin** que haya pérdida del conocimiento.
- Las conmociones cerebrales pueden ocurrir **en cualquier deporte**.
- Saber reconocer y atender en forma adecuada una conmoción cerebral cuando **ocurre por primera vez** puede ayudar a prevenir lesiones mayores y hasta la muerte.

### ¿QUÉ ES UNA CONMOCIÓN CEREBRAL?

Una conmoción cerebral es una lesión que afecta el funcionamiento normal de las células del cerebro.

Una conmoción es causada por un golpe en la cabeza o el cuerpo que provoca un movimiento rápido del cerebro dentro del cráneo. Incluso una pequeña conmoción o lo que parece ser un golpe o sacudida leve puede ser serio. Una conmoción cerebral también puede ser el resultado de una caída o de una colisión entre jugadores o contra obstáculos como el poste de una portería.

El potencial de que ocurran conmociones cerebrales es mayor en los medios atléticos donde las colisiones son comunes.<sup>1</sup> Sin embargo, las conmociones cerebrales pueden ocurrir en **cualquier** actividad o deporte recreativo formal o informal. Todos los años,

en los Estados Unidos se registran hasta 3.8 millones de casos de conmoción cerebral en actividades deportivas o recreativas.<sup>2</sup>

### ¿CÓMO RECONOCER UNA POSIBLE CONMOCIÓN CEREBRAL?

Para saber cómo reconocer una conmoción, debe estar atento a las siguientes dos cosas entre sus atletas:

1. Un fuerte golpe en la cabeza o el cuerpo que causa un movimiento rápido de la cabeza.

-y-

2. Cualquier cambio en la conducta, razonamiento o funcionamiento físico del atleta. (Vea los signos y síntomas de una conmoción cerebral en la tabla de la siguiente página).

**Es preferible perderse un juego que toda la temporada.**



## SÍNTOMAS Y SÍNTOMAS

### SÍNTOMAS OBSERVADOS POR EL EQUIPO DE ENTRENADORES

- El atleta luce aturdido o inconsciente
- Se confunde con la actividad asignada
- Olvida las jugadas
- No se muestra seguro del juego, de la puntuación ni de sus adversarios
- Se mueve con torpeza
- Responde a las preguntas con lentitud
- Pierde el conocimiento (así sea momentáneamente)
- Muestra cambios de conducta o de personalidad
- No puede recordar lo ocurrido antes de un lanzamiento o una caída

- No puede recordar lo ocurrido después de un lanzamiento o una caída

### SÍNTOMAS QUE REPORTA EL ATLETA

- Dolor o "presión" en la cabeza
- Náuseas o vómitos
- Problemas de equilibrio o mareo
- Visión borrosa o difusa
- Sensibilidad a la luz
- Sensibilidad al ruido
- Se siente débil, confuso, aturdido o grogui
- Tiene problemas de concentración
- Tiene problemas de memoria
- Confusión
- No se "siente bien"

Adaptado de Lovell et al., 2004

A los atletas que experimentan alguno de estos signos y síntomas después de una sacudida o golpe en la cabeza debe impedírseles jugar hasta que un profesional de la salud con experiencia en la evaluación de conmociones cerebrales les autorice a volver al campo de juego. Los signos y síntomas de una conmoción cerebral pueden durar desde varios minutos hasta días, semanas, meses o aún períodos más largos en algunos casos.

Recuerde que la conmoción cerebral no puede verse y algunos atletas pueden no sentir los síntomas ni reportar los sino hasta horas o días después de ocurrida la lesión. Si cree que alguno de sus atletas tiene una conmoción cerebral, debe mantenerlo fuera del juego o de las prácticas.

### PREVENCIÓN Y PREPARACIÓN

Como entrenador, usted puede desempeñar un papel importante en la prevención de las conmociones cerebrales y en la respuesta adecuada a las mismas en caso de que ocurran. A continuación hay algunas medidas que puede tomar para asegurarse de que sus atletas y su equipo estén mejor protegidos:

- **Eduque a los atletas y a los padres sobre la conmoción cerebral.** Hable con los atletas y sus padres sobre los peligros y las consecuencias potenciales a largo plazo de las conmociones cerebrales. Para obtener más información sobre los efectos a largo plazo de las conmociones cerebrales, vea el siguiente video en línea (disponible por ahora solo en inglés):

[http://www.cdc.gov/ncepc/itbil/Coaches\\_Tool\\_Kit.htm#Video](http://www.cdc.gov/ncepc/itbil/Coaches_Tool_Kit.htm#Video).

Explique sus inquietudes sobre la conmoción cerebral y sus expectativas en torno a las formas en las que se debe jugar en forma segura, tanto a atletas como a parientes y a los ayudantes de entrenadores. Distribuya las hojas informativas sobre la conmoción cerebral a los atletas y sus padres al inicio de la temporada y hágalos de nuevo en caso de presentarse un incidente de este tipo.

- **Insista en que la seguridad es la prioridad número uno.**

- > Enséñeles a los atletas las técnicas para jugar en forma segura y animelos a respetar las reglas del juego.
- > Anime a los atletas a mantener un buen espíritu deportivo en todo momento.
- > Asegúrese de que los atletas usen los equipos de protección adecuados según su actividad deportiva (como cascos, almohadillas protectoras, canilleras o protectores dentales y para los ojos). El equipo de protección debe ajustarse bien y recibir el mantenimiento adecuado, y el jugador debe usarlo correctamente y en todo momento.
- > Repase con su equipo la hoja informativa para los atletas y ayúdelos a reconocer los signos y síntomas de una conmoción cerebral.

Consulte con su liga o administrador de deporte juvenil las políticas concernientes a la conmoción cerebral. Se puede establecer una declaración de políticas que incluya el compromiso que tiene la liga con la seguridad en el deporte, una descripción breve de lo que es una conmoción cerebral e información sobre cuándo pueden los atletas que han sufrido una conmoción regresar al campo de juego sin correr peligro (es decir, un atleta que

tenga o pueda tener una conmoción cerebral no debe jugar hasta que sea evaluado y reciba el permiso de un profesional de la salud). Los padres y atletas deben firmar la declaración de políticas sobre la conmoción cerebral al inicio de la temporada de deportes.

- **Enséñeles a los atletas y a los padres que jugar con una conmoción cerebral no es actuar en forma inteligente.** Algunas veces los jugadores y los padres creen equivocadamente que jugar lesionado es una demostración de fortaleza y coraje. Convenza a los demás de que no deben presionar a los atletas para que jueguen. No deje que los atletas lo convengan de que "están bien" después de haber sufrido alguna sacudida o golpe en la cabeza. Pregunte a los atletas si alguna vez han tenido una conmoción cerebral.

- **Previenga los problemas a largo plazo.** Una nueva conmoción cerebral que ocurra antes de que el cerebro se recupere de la primera, generalmente en un período corto de tiempo (horas, días o semanas), puede retrasar la recuperación o aumentar la probabilidad de que se presenten problemas a largo plazo. En casos poco frecuentes, las conmociones cerebrales repetidas pueden causar inflamación del cerebro, daño cerebral permanente y hasta la muerte. Esta es una afección más seria conocida como *síndrome del segundo impacto*.<sup>4,5</sup> Evite que los atletas con conmoción cerebral diagnosticada o posible regresen a sus actividades de juego hasta que un profesional de la salud con experiencia en la evaluación de conmociones cerebrales los haya evaluado y dado el permiso para volver a jugar. Recuérdeles a sus atletas: "Es preferible perder un juego que toda la temporada."

## PLAN DE ACCIÓN

### ¿QUÉ DEBE HACER UN ENTRENADOR SI SE CREE QUE HAY UNA POSIBLE CONMOCIÓN CEREBRAL?

- 1. Saque al jugador del juego.** Esté atento a los signos y síntomas de una conmoción cerebral si el atleta ha experimentado una sacudida o golpe en la cabeza. A los atletas que presentan signos y síntomas de conmoción no se les debe permitir volver a jugar. Si no está seguro de esos signos, mantenga al jugador fuera del partido.
- 2. Asegúrese de que el atleta sea evaluado de inmediato por un profesional de la salud capacitado en este tipo de situaciones.** No intente juzgar usted mismo la seriedad de la lesión. Los profesionales de la salud tienen una serie de métodos que pueden usar para evaluar la gravedad de una conmoción cerebral. Como entrenador, usted puede llevar un registro de la siguiente información para ayudarles a los profesionales de la salud a evaluar al atleta después de una lesión:
  - Causa de la lesión y fuerza del impacto o golpe en la cabeza
  - Cualquier pérdida del conocimiento (se desmayó; si fue así, ¿por cuánto tiempo?)
  - Cualquier pérdida de la memoria ocurrida inmediatamente después de la lesión
  - Cualquier convulsión ocurrida inmediatamente después de la lesión
  - Número de conmociones cerebrales previas (si ha habido alguna)
- 3. Informe a los padres o tutores del jugador que existe la posibilidad de que éste tenga una conmoción cerebral y déles la hoja informativa sobre la conmoción cerebral.** Asegúrese de que ellos saben que el atleta debe ser examinado por un profesional de la salud con experiencia en la evaluación de conmociones cerebrales.
- 4. Permita que el atleta vuelva a jugar sólo con el permiso de un profesional de la salud con experiencia en la evaluación de conmociones cerebrales.** Otra conmoción cerebral antes de que el cerebro se recupere de la primera puede retrasar la recuperación o aumentar la probabilidad de que se presenten problemas a largo plazo. Prevenga problemas comunes a largo plazo así como el poco frecuente *síndrome del segundo impacto* retrasando el regreso del atleta a las actividades deportivas hasta que el jugador reciba una evaluación médica adecuada y la autorización para volver a jugar.

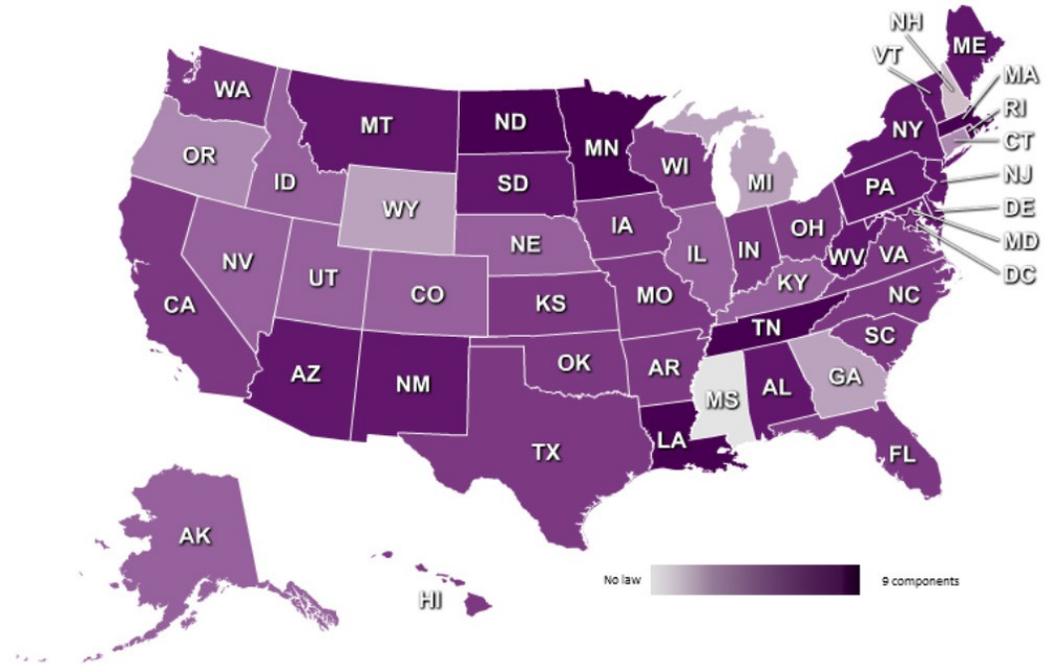
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**Si cree que uno de sus atletas ha sufrido una conmoción cerebral...  
sáquelo del juego y hágalo examinar por un profesional de la salud  
con experiencia en la evaluación de conmociones cerebrales.**

# State Laws on Traumatic Brain Injury: 2009-2014

source National Conference of State Legislatures (NCSL) eff. 7/28/14

State	Description of Law
 <p style="text-align: center;"><b>Concussion laws exist within all 50 states</b></p>	<h3 style="margin: 0;">State Laws Concerning Sport-Related Concussions among Youth</h3> 
<b>Alabama</b>	<p><a href="#">Ala. Code §22-11E (2012 HB 308)</a></p> <p>Makes changes to current law by requiring each local board of education to develop guidelines and other pertinent information regarding medical evaluation of concussions or head injuries. This law also requires a youth athlete who has been removed from a practice or an athletic game because of a concussion be withheld from practice for or participation in athletic games and may not return to play the day of the injury.</p> <p><a href="#">Ala. Code §22-11E (2011 HB 108)</a></p> <p>Requires the governing body of each sport or recreational organization to develop guidelines and other information to educate youth athletes and their parents or guardians of the nature and risk of concussion and brain injury. Also requires coaches to be trained in recognizing the symptoms of a concussion and how to seek proper medical treatment. This law requires immediate removal of a youth athlete who is suspected of sustaining a concussion or brain injury from a practice or game.</p>
<b>Alaska</b>	<p><a href="#">Alaska Stat. §14.30.142-143 (2011 HB 15)</a></p> <p>This bill requires the governing body of a school district and the Alaska school activities association to develop and publish guidelines and other information to educate coaches, student athletes and parents of student athletes regarding the</p>

## State Laws on Traumatic Brain Injury: 2009-2014

source National Conference of State Legislatures (NCSL) eff. 7/28/14

State	Description of Law
	<p>nature and risks of concussions. Schools are required to provide a student and the parent or guardian written information on the nature and risks of concussions. This bill also requires that a student who is suspected of having sustained a concussion during a practice or game to be immediately removed from play and may not return to play until the student has been evaluated and cleared for participation in writing by a qualified person who has received training and is currently certified in the evaluation and management of concussions.</p> <p><a href="#">Alaska Stat. §18.15.360; 47.07.030; 47.07.046; 47.80.500 (2010 SB 219)</a></p> <p>Establishes a traumatic or acquired brain injury program and registry within the Department of Health and Social Services. Also allows for a Medicaid waiver for traumatic brain injury services, upon federal approval. Along with other mandatory services, the program will offer case management services for those with traumatic or acquired brain injury residing in a community setting or those transitioning into a community setting.</p>
<b>Arizona</b>	<p><a href="#">Ariz. Rev. Stat. Ann. §15.341.A.24 (2011 Senate Bill 1521)</a></p> <p>Amends current law to require school boards to develop and enforce concussion and head injury policies for all pupils participating in school district sponsored practices, games or other interscholastic activities. These guidelines must inform and educate coaches, parents and pupils of the dangers of concussions and head injuries, and requires the immediate removal from athletic activity if a pupil is suspected of sustaining a concussion. The pupil may return to play when evaluated and cleared by a health care provider.</p>
<b>Arkansas</b>	<p><a href="#">2013 Ark. Acts, Act 1435 (2013 SB 1158)</a></p> <p>Creates the Arkansas Concussion Protocol Act; requires the Department of Health to develop concussion protocols to protect youth athletes engaged in youth athletic activities.</p>
<b>California</b>	<p><a href="#">Cal. Education Code §49475 (2011 AB 25)</a></p> <p>Requires a school district that elects to offer athletic programs to remove from an activity an athlete who is suspected of sustaining a concussion or head injury. Also prohibits the return of the athlete until he or she is evaluated, and receives written clearance from a licensed health care provider. Requires an annual related information sheet to be signed and returned by the athlete and his or her parent or guardian before practice or participation.</p> <p><a href="#">Cal. Penal Code §13515.36 (2010 SB 1296)</a></p> <p>Requires the Commission on Peace Officer Standards and Training to assess the training needed by peace officers on the topic of returning veterans or other persons suffering from traumatic brain injury (TBI) or post-traumatic stress disorder (PTSD). Among other provisions, the law also requires the commission to distribute a training bulletin via the internet to the specified law enforcement</p>

## State Laws on Traumatic Brain Injury: 2009-2014

source National Conference of State Legislatures (NCSL) eff. 7/28/14

State	Description of Law
	<p>agencies on the topics of TBI and PTSD and to report to the legislature by June 30, 2012 to the extent to which peace officers are receiving adequate training on how to interact with persons suffering from TBI or PTSD.</p> <p>Cal. Welfare and Institutions Code § <a href="#">4354</a>; <a href="#">4354.5</a>; <a href="#">4355</a>; <a href="#">4356</a>; <a href="#">4357</a>; <a href="#">4357.1</a>; <a href="#">4358.5</a>; <a href="#">4359</a>; <a href="#">14132.992</a> (2009 AB 398)</p> <p>Removes the State Department of Mental Health as the agency responsible for administering the program of services for persons with traumatic brain injury and establishes the Department of Rehabilitation as the responsible agency. Once secured funding, requires Department of Rehabilitation to fund an array of services for adults 18 years of age and older with acquired traumatic brain injury and requires the department to determine the requirements for service delivery, uniform data collection and other aspects of program administration. Service providers participating in the program must meet and to monitor and evaluate the performance of those service providers.</p>
<b>Colorado</b>	<p><a href="#">2011 Colo., Sess. Laws, Chap. 67</a> (2011 SB 40)</p> <p>Creates the Jake Snakenberg Youth Concussion Act. This law requires each coach of a youth athletic interscholastic activity in public and private middle, junior and high schools to complete an annual concussion recognition course. Also requires a student athlete to be removed from game, competition or practice if the athlete has sustained or is suspected of sustaining a concussion. The athlete may not participate in any team activities involving physical exertion until he/she is evaluated and receives written clearance from a health care provider.</p>
<b>Connecticut</b>	<p>2014 Conn. Acts, P.A. 14-66 (Reg. Sess.) (2014 HB 5113)</p> <p>Amends current law to require the Board of Education and the Commissioner of Public Health to develop: concussion education plans, informed consent forms, and current best practices for concussion prevention.</p> <p><a href="#">2010 Conn. Acts, P.A. 10-62 (Reg. Sess.)</a> (2010 SB 456)</p> <p>Requires student athletic coaches to complete annual training and review regarding concussions and head injuries. To be reissued a coaching permit, coaches are also required to complete refresher courses once every five years. These training and refresher courses must be approved by the State Board of Education. This law also requires a student athlete to be removed from play or other kinds of physical exertion when showing signs of a concussion, and are not permitted to resume participation without written clearance from a licensed medical professional.</p>
<b>Delaware</b>	<p><a href="#">Vol. 78 Del. Laws, Chap. 192</a> (2011 SB 111)</p> <p>Requires the Delaware interscholastic athletic association to adopt regulations to address the appropriate recognition and management of student athletes exhibiting signs and symptoms consistent with a concussion during practices,</p>

## State Laws on Traumatic Brain Injury: 2009-2014

source National Conference of State Legislatures (NCSL) eff. 7/28/14

State	Description of Law
	scrimmages and interscholastic contests. This law also requires the signing of an informational sheet by students and their parents or guardians.
<b>District of Columbia</b>	<p>2011 D.C. Stat., Chap. 22 (2011 B 7)</p> <p>Requires an athlete under 18 years old who is suspected of sustaining a concussion in an athletic activity shall be removed from physical participation. Provides that an athlete who has been removed from an athletic activity may not return to physical participation in the athletic activity until he or she has been evaluated by a health-care provider and receives written clearance to return, and establishes a training program.</p>
<b>Florida</b>	<p><a href="#">2012 Fla. Laws, Chap. 167</a></p> <p>Requires an independent sanctioning authority for youth athletic teams and the Florida High School Athletic Association to adopt guidelines relating to the nature and risk of concussion and head injury in youth athletes. This law also requires the removal from practice or competition under certain circumstances and written medical clearance to return.</p>
<b>Georgia</b>	<p><a href="#">2013 Ga. Laws, p. 25</a> (2013 HB 284)</p> <p>Enacts the Return to Play Act and requires public and private schools youth athletic activities and public recreation facilities to provide information to parents on the nature and risk of concussion and head injury and to establish concussion management and return to play policies. Provides for the endorsement of concussion recognition education courses.</p>
<b>Hawaii</b>	<p><a href="#">2012 Hawaii Sess. Laws Act. 197</a> (2012 HB 2273)</p> <p>Requires the department of education and the state high school athletic association to develop a concussion awareness program to provide guidelines for public and private schools.</p>
<b>Idaho</b>	<p><a href="#">2012 Idaho Sess. Laws, Chap. 299</a> (2012 HB 632)</p> <p>Requires coaches, referees, game officials, game judges and athletic trainers shall review youth concussion guidelines and information upon employment and biannually. Also requires every Idaho middle school, junior high school and high school that participates in or offers an organized athletic league to develop protocol to be followed for removing athletes from play in the event of a concussion. Athletes may not return to play until athlete is evaluated and authorized to return by a qualified health care professional who is trained in the evaluation and management of concussions.</p> <p><a href="#">2010 Idaho Sess. Laws, Chap. 294</a> (2010 HB 676)</p> <p>Requires sports related concussion and head injury guidelines to be developed by the Department of Education and the Idaho High School Activities Association to</p>

## State Laws on Traumatic Brain Injury: 2009-2014

source National Conference of State Legislatures (NCSL) eff. 7/28/14

State	Description of Law
	inform and educate coaches, parents/guardians, and youth athletes. These guidelines, information, and forms may be used by all organized youth sport organizations and associations that sponsor, promote or otherwise administer youth sport organizations or activities.
Illinois	<p><a href="#">2011 Ill. Laws, P.A. 204 (2011 HB 200)</a></p> <p>Requires each school board to adopt a policy regarding student athlete concussions and head injuries to be included with any participation agreement. Also requires school districts to use educational materials to educate specified people regarding concussions and authorizes park districts to make available to residents and users of park district facilities educational materials that describe the nature and risk of concussion and head injuries.</p> <p><a href="#">2011 Ill. Laws, P.A. 97-0078 (2011 HB 3275)</a></p> <p>Amends current law to creates the Veterans Traumatic Brain Injury and Post-Traumatic Stress Disorder Public Service Announcement Fund.</p>
Indiana	<p>2014 Ind. Acts, P.L. 89 (2014 SB 180)</p> <p>Requires the state department of health to study and report findings and recommendations to the legislative council concerning implementation of a program for the treatment of veterans who have traumatic brain injury or posttraumatic stress disorder.</p> <p>2014 Ind. Acts, P.L. 34 (2014 SB 222)</p> <p>Amends current law to require high school students who were removed from practice or a game because of a suspected concussion or head injury, to return to play no less than 24 hours after the concussion. Also requires coaches to complete a certified coaching education course which includes concussion awareness.</p> <p><a href="#">2012 Ind. Acts, P.L. 110 (2012 SB 15)</a></p> <p>Requires the department of health and the office of the secretary of family and social services to study how to implement brain injury services and rehabilitation programs. The department and office are required to report the study's findings to the health finance commission.</p> <p><a href="#">2011 Ind. Acts, P.L. 144 (2011 SB 93)</a></p> <p>Requires the Department of Education to develop and disseminate guidelines, information sheets and forms to inform and educate coaches, student athletes and parents of the nature and risk of concussions and head injuries. Also requires the removal from practice of a game of a high school student suspected of sustaining a concussion or head injury. The high school student may return to play until they are evaluated and cleared by a licensed health care provider trained in the evaluation and management of concussions and head injuries.</p>

## State Laws on Traumatic Brain Injury: 2009-2014

source National Conference of State Legislatures (NCSL) eff. 7/28/14

State	Description of Law
<b>Iowa</b>	<p><a href="#">2013 Iowa Acts, Chap. 98</a> (2013 HF 545)</p> <p>Allows the Commission of Veterans Affairs to expend moneys on expenses related to screening or treatment for any medical need related to a military service-connected traumatic brain injury for which payment or reimbursement is not otherwise available through any other federal or state program or, if applicable, through a veteran's private insurance or managed care organization.</p> <p><a href="#">2011 Iowa Acts, 32</a> (2011 SF 367)</p> <p>Requires the Iowa high school athletic association and the Iowa girls high school athletic union to distribute guidelines and information to coaches, students and parents/guardians about the risks, signs and symptoms of concussions/brain injuries. Also requires a student's immediate removal from athletic participation upon exhibiting signs, symptoms or behaviors consistent with a concussion. The student may not recommence participation until they have been evaluated and cleared by a licensed health care provider.</p>
<b>Kansas</b>	<p><a href="#">2011 Kan. Sess. Laws, Chap. 45</a> (2011 HB 2182)</p> <p>Creates the School Sports Head Injury Prevention Act and requires the school activities association to compile information about the nature and risk of concussions and head injuries from sports and other activities. Coaches, parents and athletes will receive information about concussions prior to any student's participation in athletics. Also requires the immediate removal from play of any athlete that suffers or is suspected of sustaining a concussion during competition or practice. The student may return to competition or practice after being evaluated and receiving written clearance from a health care professional.</p>
<b>Kentucky</b>	<p><a href="#">2012 Ky. Acts, Chap. 72</a> (2012 HB 281)</p> <p>Requires coaches to complete training on recognizing and treating concussions and head injuries. Also requires a medical evaluation before an athlete with a suspected concussion or head injury may return to play.</p>
<b>Louisiana</b>	<p><a href="#">La. Acts 2011, 314</a> (2011 SB 189)</p> <p>Creates the Louisiana Youth Concussion Act which requires youth athlete concussion education requirements for coaches, officials, volunteers, athletes and parents or guardians. Also requires the removal of youth athletes from competition or practice upon sustaining a concussion. A youth athlete suspected of sustaining a concussion or head injury may only return to competition or practice after being evaluated and receiving written clearance from a health care provider for a full or graduated return to play.</p>
<b>Maine</b>	<p><a href="#">2012 Me. Acts, Chap. 688</a> (2012 SB 654)</p> <p>Directs the commissioner of education to propose a model policy for public and private schools on the management of concussive and other head injuries in</p>

## State Laws on Traumatic Brain Injury: 2009-2014

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State	Description of Law
	<p>school activities and athletics and specifies requirements for the model policy. This law also requires schools to adopt a policy on the management of head injuries and provides that the commissioner and school officials may share the model policy with statewide and local organizations that sponsor sports and athletics.</p> <p><a href="#">2011 Me. Acts, Chap. 293</a> (2011 HB 887)</p> <p>Requires the department of health and human services to develop a comprehensive neurorehabilitation service system to assist, educate and rehabilitate persons with an acquired brain injury, which must include care management and coordination, crisis stabilization services, physical therapy, occupational therapy, speech therapy, neuropsychology, neurocognitive retraining, positive neurobehavioral supports and teaching, social skills retraining, counseling, vocational rehabilitation, and independent living skills and supports.</p> <p><a href="#">2009 Me. Acts, Chap. 79</a> (2009 HP 903)</p> <p>Establishes a working group to make recommendations on the prevention, diagnosis, and treatment of head injuries in student athletes, including baseline and post-concussion testing and diagnosis of student athletes, return to play guidelines, training for school coaches, athletic directors and trainers, delivery of post-concussive management services, and ways to integrate education, training, and diagnostic programs into school athletic programs. This workgroup will include related state organizations and stakeholder groups.</p>
<b>Maryland</b>	<p><a href="#">2011 Md. Laws, Chap. 549</a> (2011 HB 858)</p> <p>Requires the department of education to develop policies and to implement programs to provide awareness of the risks of concussions/head injuries to coaches, school personnel, students, and parents/guardians. Also requires the removal from play of a student suspected of sustaining a concussion or other head injury in a practice or game. The student may not return to play until evaluated and cleared by a licensed health care provider trained in the evaluation and management of concussions.</p>
<b>Massachusetts</b>	<p><a href="#">2010 Mass. Acts, Chap. 166</a> (2010 SB 2469)</p> <p>Requires the department of health to direct the division of violence and injury prevention to develop an interscholastic athletic head injury safety training program in which all public schools and any school subject to the Massachusetts Interscholastic Athletic Association rules shall participate. Participation in the program shall be required annually of coaches, trainers, parent volunteers for any extracurricular athletic activity, physicians and nurses who are employed by a school or school district or who volunteer to assist with an extracurricular athletic activity, school athletic directors, school marching band directors, and a parent or legal guardian of a child who participates in an extracurricular athletic activity. Students' parents/guardians are also required to complete and sign a form releasing them to participate in an extracurricular activity. Students who become unconscious during practice or competition may not return to practice or</p>

## State Laws on Traumatic Brain Injury: 2009-2014

source National Conference of State Legislatures (NCSL) eff. 7/28/14

State	Description of Law
	competition until receiving a written authorization from a doctor, licensed neuropsychologist, certified athletic trainer, or another appropriately trained licensed health care professional.
<b>Michigan</b>	<p><a href="#">2012 Mich. Pub. Acts, Act 342</a> (2012 SB 1122)</p> <p>Requires the development of a concussion awareness training program that includes the criteria for the removal of a youth athlete from physical participation in an athletic activity and the risks to an athlete of not reporting a suspected concussion. Also makes the training program available to all individuals required to participate in the program and interested individuals, including school personnel, coaches, parents, students and athletes.</p>
<b>Minnesota</b>	<p><a href="#">2011 Minn. Laws, Chap. 90</a> (2011 SB 612)</p> <p>Requires an organization that charges a fee for a youth athletic activity to inform all participating coaches, officials, youth athletes and parents of the nature and risks of concussions. Also would require a coach or official to remove a youth athlete from the athletic activity if the youth athlete exhibits signs, symptoms, or behaviors consistent with a concussion or is suspected of sustaining a concussion. The athlete may not return to the activity until they no longer exhibit signs, symptoms, or behaviors consistent with a concussion or are evaluated and cleared by a trained provider. This provider needs to develop a recovery plan for the youth athlete.</p>
<b>Mississippi</b>	<p><a href="#">2014 House Bill 48</a></p> <p>Requires public, charter and private schools that provide youth athletic activities to adopt and implement a concussion management and return to play policy that includes certain components and to provide parents with the concussion policy before the start of the regular school athletic season. Requires the State Department of Health shall endorse a concussion recognition education course to provide public information regarding the nature and risk of concussions in youth athletics.</p> <p><a href="#">2010 Miss. Laws, Chap. 476</a> (2010 SB 3004)</p> <p>Requires the state department of education to include traumatic brain injury as an intellectual disability that qualifies individuals between the ages of three and 20, for special education and other state services. Among other provisions, this law allows the Department of Rehabilitation Services to match state funds with the Division of Medicaid federal funds for care and rehabilitation for individuals with traumatic brain injury.</p>
<b>Missouri</b>	<p><a href="#">Mo. Rev. Stat. §167.765</a> (2011 HB 300)</p> <p>Provides for the establishment of the interscholastic youth sports brain injury prevention act; which requires rules to educate coaches, student athletes, and their parents or guardians on the nature and risk of concussion and brain injury.</p>

## State Laws on Traumatic Brain Injury: 2009-2014

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State	Description of Law
	Also requires an athlete to be removed from the field/practice for a minimum period if suspected of sustaining a brain injury.
<b>Montana</b>	<p><a href="#">2013 Mont. Laws, Chap. 260</a> (2013 SB 112)</p> <p>Requires each school district to adopt a policy addressing the dangers of concussions and provides minimum requirements for the contents of a district policy. Requires that a youth athlete who exhibits signs, symptoms, or behaviors consistent with a concussion be removed from participation under medical clearance is obtained.</p>
<b>Nebraska</b>	<p>2014 Neb. Laws, L.B. 923</p> <p>Creates the position of State School Security Director in the State Department of Education and requires schools to establish a return to learn protocol for students who have sustained a concussion.</p> <p><a href="#">2011 Neb. Laws, L.B. 260</a> (2011 LB 260)</p> <p>Creates the Concussion Awareness Act and requires each school to make available training on concussions and brain injuries to all coaches of school athletic teams. Requires a student suspected of having sustained a concussion or brain injury to be removed from a practice or game and may not return to play until the student has been evaluated and received written clearance from a licensed health care professional.</p> <p><a href="#">Neb. Rev. Stat. § 71-8248</a> (2009 LB 195)</p> <p>Establishes and maintains the statewide trauma registry, which tracks incidence, severity and causes of trauma, including traumatic brain injury. All hospitals involved in the care of a trauma patient will have unrestricted access to all prehospital reports for the trauma registry for that specific trauma occurrence.</p>
<b>Nevada</b>	<p><a href="#">2011 Nev. Stats., Chap. 170</a> (2011 AB 455)</p> <p>Requires the Nevada Interscholastic Activities Association and the board of trustees of each school district to adopt policies concerning the prevention and treatment of injuries to the head sustained by students while participating in sports and other athletic activities. This bill also requires school districts and sports organizations that are not governed by the Association to adopt a similar policy. These policies must require the immediate removal of a student from activity or event if the student sustains or is suspected of sustaining a head injury. The student may return to the activity or event after providing a signed medical clearance from a health care provider.</p>
<b>New Hampshire</b>	<p>2014 N.H. Laws, Chap. 19 (2014 HB 1113)</p> <p>Requires school districts to distribute a concussion and head injury information sheet to student-athletes and establishes a definition for head injury.</p>

## State Laws on Traumatic Brain Injury: 2009-2014

source National Conference of State Legislatures (NCSL) eff. 7/28/14

State	Description of Law
	<p>2014 N.H. Laws, Chap. 135 (2014 SB 298)</p> <p>Establishes the permanent commission on post-traumatic stress disorder and traumatic brain injury to develop, coordinate, and oversee the recommendations study the effects of service-connected post-traumatic stress disorder and traumatic brain injury suffered in the line of duty by members of the armed forces and veterans.</p> <p><a href="#">2013 N.H. Laws, Chap. 19</a> (2013 HB 180)</p> <p>Changes the definitions of “student athlete” and “student sports” for purposes of management of head injury and concussion.</p> <p><a href="#">2013 N.H. Laws, Chap. 229</a> (2013 SB 90)</p> <p>Establishes a committee to study developing a policy for giving preference to veterans in government hiring. Extends the commission on the effects of service-connected post-traumatic stress disorder and traumatic brain injury.</p> <p><a href="#">2012 N.H. Laws, Chap. 234</a> (2012 SB 402)</p> <p>Requires school districts to develop policies for the management of concussion and head injury in youth sports and limits a school district's liability for injuries occurring on school district property resulting from the action or inaction of a person employed by, or under contract with, a youth program, provided such program furnishes proof of insurance.</p> <p><a href="#">2011 N.H. Laws, Chap. 84</a> (2011 SB 102)</p> <p>Creates a commission to study the effects of service-related post-traumatic stress disorder and traumatic brain injury suffered in the line of duty by members of the armed forces and veterans.</p> <p><a href="#">2010 N.H. Laws, Chap. 225</a> (2010 SB 517)</p> <p>Establishes a veteran’s legal aid advocacy project to address the legal needs of veterans including those with traumatic brain injury, based on a 2009 committee study.</p>
<b>New Jersey</b>	<p><a href="#">2010 N.J. Laws, Chap. 168</a> (2010 AB 4008)</p> <p>Requires department of education to include cheerleaders in the student-athlete head injury safety program.</p> <p><a href="#">2010 N.J. Laws, Chap. 94</a> (2010 AB 2743)</p> <p>Requires the department of education to develop and implement an interscholastic athletic head injury safety training program to be completed by a school physician, a person who coaches a public school district or nonpublic school interscholastic sport, and an athletic trainer involved in a public or nonpublic school interscholastic sports program. This law requires the department of education to develop an educational fact sheet about sports-related concussions and other head injuries, and requires each school district to develop</p>

## State Laws on Traumatic Brain Injury: 2009-2014

source National Conference of State Legislatures (NCSL) eff. 7/28/14

State	Description of Law
	<p>a written policy concerning the prevention and treatment of sports-related concussions and other head injuries among student-athletes. This law also specifies that a student who is suspected of having sustained a concussion or other head injury while engaged in a sports competition or practice must be immediately removed from play and may not participate in further sports activity until she/he is evaluated by a physician or other licensed healthcare provider trained in the evaluation and management of concussions and receives written clearance.</p>
<b>New Mexico</b>	<p>2014 N.M. Laws, Chap. 36 (2014 HB 58)</p> <p>Creates the brain injury services fund to institute and maintain a statewide brain injury services program designed to increase the independence of persons with brain injuries.</p> <p><a href="#">2010 N.M. Laws, Chap. 96</a> (2010 SB 1)</p> <p>Requires that safety protocols for brain injury during school athletic activity be provided to coaches and parents of student athletes and that athletes exhibiting signs of head injury be held out of activity until the student athlete no longer exhibits any associated symptoms and is cleared by a medical professional or one week after the student athlete received the brain injury.</p>
<b>New York</b>	<p><a href="#">N.Y. Education Law § 305.42</a> (2011 SB 3953)</p> <p>Enacts the "concussion management and awareness act" and directs the commissioners of education and health to adopt and implement rules and regulations for the treatment and monitoring of students with mild traumatic brain injuries and requires school personnel to receive training in mild traumatic brain injuries. This law also requires an information pamphlet on mild traumatic brain injuries to be distributed to parents of pupils participating in interscholastic sports or who have suffered a mild traumatic brain injury and provides for the establishment of concussion management teams to implement the provisions established in this law.</p>
<b>North Carolina</b>	<p><a href="#">2011 N.C. Sess. Laws, Chap 147</a> (2011 HB 792)</p> <p>Creates the Gfeller-Waller Concussion Awareness Act and requires development of an athletic concussion safety training program for the use of coaches, school nurses, athletic directors, volunteers, student athletes and their parents. Requires students who exhibit signs of concussion to be removed from the activity and not permitted to practice that day or any subsequent day until the student is evaluated by and receives written clearance for such participation from a qualified health professional. Also requires schools to develop related emergency plans and maintain related records.</p> <p><a href="#">2009 N.C. Sess. Laws, Chap. 361</a> (2009 HB 1309)</p> <p>The commission for mental health, developmental disabilities, and substance</p>

## State Laws on Traumatic Brain Injury: 2009-2014

source National Conference of State Legislatures (NCSL) eff. 7/28/14

State	Description of Law
	<p>abuse services adopts rules for the licensure and accreditation of residential treatment facilities for individuals with traumatic brain injury. The law also makes changes to the North Carolina Traumatic Brain Injury Advisory Council.</p>
North Dakota	<p><a href="#">2013 N.D. Sess. Laws, Chap. 418</a> (HB 1424)</p> <p>Provides for a legislative management study the feasibility and desirability of participating in the provision of nontraditional healing therapies for posttraumatic stress, traumatic brain injury, and other neurological conditions for state veterans and their families.</p> <p><a href="#">2011 N.D. Sess. Laws, Chap. 126</a> (2011 SB 2281)</p> <p>Requires the development of a concussion management program for student athletes participating in school district and nonpublic school sponsored athletic activity. This program requires the removal of a student athlete from competition, practice or training, if the student exhibits signs or symptoms of sustaining a concussion. The student may return to play when evaluated and cleared by a certified health provider whose scope of practice includes the diagnosis and treatment of concussions. This law also requires a legislative management study on youth athlete concussion management to be completed during 2011 and 2012.</p>
Ohio	<p>Vol. 118, 2014 Ohio Laws (2014 HB 487)</p> <p>Requires a physicians and licensed health care professionals who conduct concussion or head injury assessments to meet a minimum educational requirement.</p> <p><a href="#">Vol. 192, 2012 Ohio Laws H. 143</a></p> <p>Prohibits school chartered or nonchartered nonpublic school districts from allowing a student to practice for or compete in interscholastic athletics until the student has submitted a form signed by parent, guardian, or other person having care or charge of student, stating that the student has received a concussion and head injury information sheet. The law also prohibits an individual to referee interscholastic athletics unless the individual holds a public activity program permit, and presents evidence that the individual has successfully completed a training program in recognizing the symptoms of concussions and head injuries. This law prohibits a student practicing for or competing in an interscholastic athletic event when they exhibits signs, symptoms, or behaviors consistent with having sustained a concussion or head injury while participating in the practice or competition. The coach or referee shall not allow the student to return to that practice or competition or to participate in any other practice or competition for which the coach or referee is responsible until the student's condition is assessed by either a physician or any other licensed health care provider the school district board of education or governing authority of the chartered or nonchartered nonpublic school. The student may return when they receive written clearance that it is safe for the student to return to practice or competition.</p>

## State Laws on Traumatic Brain Injury: 2009-2014

source National Conference of State Legislatures (NCSL) eff. 7/28/14

State	Description of Law
<b>Oklahoma</b>	<p><a href="#">2010 Okla. Sess. Laws, Chap. 264</a> (2010 SB 1700)</p> <p>Requires each school district's board of education to develop information and guidelines, in cooperation with the Oklahoma Secondary School Activities Association, to inform young athletes, parents or guardians, and coaches about the risks and consequences of sustaining a head injury during a practice or game. This law also requires the removal of a young athlete from participation in a practice or game following a suspected concussion or head injury. The youth athlete may not return to participation without clearance from a licensed health care provider.</p>
<b>Oregon</b>	<p><a href="#">2009 Or. Laws, Chap. 661</a> (2009 SB 348)</p> <p>Requires each school district to ensure that coaches receive annual training to learn to recognize the symptoms of a concussion and how to seek proper medical treatment for a person suspected of having a concussion. A student athlete showing signs, symptoms or behaviors consistent with a concussion or diagnosed with a concussion may not return to play until receiving medical release form from a medical professional or when the athlete no longer exhibits the signs of a concussion.</p>
<b>Pennsylvania</b>	<p><a href="#">P.A. Laws, Act. 101</a> (2011 SB 200)</p> <p>Establishes standards for managing concussions and traumatic brain injuries for student athletes. Requires the department of health and education to develop guidelines to educate students participating in or desiring to participate in athletic activity, their parents and coaches about the nature and risk of concussion and traumatic brain injury. A student how is determined by a game official, coach from the student's team, certified athletic trainer, licensed physician, licensed physical therapist or other official designated by the student's school entity exhibits signs or symptoms of a concussion or traumatic brain injury while participating in an athletic activity is required to be removed from participation at that time. The student may not return to play until the student is evaluated an cleared for participation by an appropriate medical professional.</p>
<b>Rhode Island</b>	<p>2014 R.I. Pub. Laws, Chap. 237 (2014 HB 7367)</p> <p>Amends the School and Youth Programs Concussion Act to direct the Department of Education to promulgate guidelines for teachers and teachers' aides to complete a training course in concussions and traumatic brain injuries. Also requires all school nurses to complete a training course and an annual refresher course in concussions and traumatic brain injuries.</p> <p><a href="#">2011 R.I. Pub. Laws, Chap. 237</a> (2011 HB 5540)</p> <p>Amends current law to require coaches and volunteers to complete an annual refresher course in addition to the already mandated training course. This law also encourages school districts to have school nurses complete a training course and authorizes physicians to consult with an athletic trainer when determining whether</p>

## State Laws on Traumatic Brain Injury: 2009-2014

source National Conference of State Legislatures (NCSL) eff. 7/28/14

State	Description of Law
	<p>to return a youth athlete to a practice or game.</p> <p><a href="#">2010 R.I. Pub. Laws, Chap. 22</a> (2010 HB 7036)</p> <p>Requires the department of education and the state department of health with the Rhode Island Interscholastic League to develop guidelines for informing and educating coaches, youth athletes and their parents or guardians about the risks associated with concussions, including the risk of continuing to play after sustaining a head injury. Among other provisions, this law requires all coaches, volunteers and trainers to complete a training course in concussions and traumatic brain injuries. This law also requires youth athletes suspected of sustaining a head injury to be removed from play and not return until cleared by a medical professional.</p>
South Carolina	<p><a href="#">2013 S.C. Acts, Act 33</a> (2013 HB 3061)</p> <p>Requires the Department of Education to develop and distribute model policies concerning the nature and risk of concussions sustained by student athletes. Also requires the removal from play and medical evaluation of a student athlete believed to have sustained a concussion during play, and allows for the evaluation to be undertaken by a volunteer health care provider.</p> <p><a href="#">2013 S.C. Acts, Act 63</a> (2013 SB 127)</p> <p>Creates the State Brain Injury Leadership Council and requires the council to provide statewide coordination in promoting support services to persons with brain injuries, their families, and caregivers, and to identify emerging issues and innovations, foster education and advocacy, and build consensus to support necessary police and programs.</p>
South Dakota	<p><a href="#">2011 S.D. Sess. Laws, Chap. 97</a> (2011 Senate Bill 149)</p> <p>Requires the South Dakota High School Activities Association and the department of education to develop guidelines that educate schools, coaches, athletes, and the parents/guardians of the nature and risk of concussion. Coaches must complete an annual training program about the nature, risks, signs, symptoms and behaviors consistent with a concussion and how to follow proper medical direction and protocols for treatment and return to play after an athlete sustains a concussion. This law also requires athletes to be removed from participation in any athletic activity when they exhibits signs, symptoms or behaviors consistent with a concussion or are suspected of sustaining a concussion. An athlete may return to play when they no longer exhibit signs of a concussion and are evaluated by a licensed health care provider trained in the evaluation and management of concussions.</p>
Tennessee	<p><a href="#">2013 Tenn. Pub. Acts, Chap. 148</a> (2013 SB 882)</p> <p>Relates to youth sports-related injuries and includes a community-based youth athletic activity and school youth athletic activities. Provides for guidelines, other</p>

## State Laws on Traumatic Brain Injury: 2009-2014

source National Conference of State Legislatures (NCSL) eff. 7/28/14

State	Description of Law
	<p>pertinent information and forms approved by the department of health to educate coaches, school administrators, youth athletes and their parents or guardians of the nature, risk and symptoms of concussion and head injury, including continuing to play after a concussion or head injury.</p> <p><a href="#">2012 Tenn. Pub. Acts, Chap. 937</a> (2012 SB 3535)</p> <p>Requires that certain adult care home providers with residents with traumatic brain injuries must hold a certification or a current professional license or employ a resident manager who holds a current license as a specified medical professional.</p> <p><a href="#">2010 Tenn. Pub. Acts, Chap. 642</a> (2010 SB 3853)</p> <p>Revises the list of licenses a Level 2 adult health care home provider serving residents with traumatic brain injury or a resident manager employed by the provider must hold to include a licensed rehabilitation professional or licensed mental health professional instead of a respiratory therapist.</p>
Texas	<p><a href="#">Tex. Education Code Ann. § 38.151</a> (2011 HB 2038)</p> <p>Requires the governing body of each school district and open-enrollment charter school with students enrolled who participate in an interscholastic athletic activity shall appoint or approve a concussion oversight team. Also requires parents or guardians of student athletes to sign a form for that acknowledges receiving and reading written information that explains concussion prevention, symptoms, treatment, and oversight and that includes guidelines for safely resuming participation in an athletic activity following a concussion. The law includes provisions for student athletes to be removed from interscholastic athletics practice or competition immediately if they are believed to have sustained a concussion during the practice or competition. That student may not be permitted to practice or compete again following the force or impact believed to have caused the concussion until evaluated by a physician.</p>
Utah	<p>2013 Utah laws, Chap. 18 (<a href="#">2013 HB 58</a>)</p> <p>Modifies the Protection of Athletes with Head Injuries Act. Redefines sporting event as applied to a government entity to provide that it does not include merely making available a field, facility, or other location owned, leased, or controlled by the government entity to an amateur sports organization or a child, regardless of whether the government entity charges a fee for the use or free play or recess taking place during school hours.</p> <p>2013 Utah Laws, Chap. 289 (<a href="#">2013 HB 269</a>)</p> <p>Clarifies the requirements of a school nurse engaged in treating a student who sustains a concussion or traumatic head injury.</p> <p><a href="#">Utah Code Ann. § 26-54</a> (2012 HB 400)</p> <p>Creates the Traumatic Spinal Cord and Brain Injury Rehabilitation Trust Fund and an advisory committee to administer the fund and to disburse funds received</p>

## State Laws on Traumatic Brain Injury: 2009-2014

source National Conference of State Legislatures (NCSL) eff. 7/28/14

State	Description of Law
	<p>through appropriations, gifts and a portion of impound fees to assist charitable clinics providing rehabilitation services for the post-acute-care of people with such injuries.</p> <p><a href="#">Utah Code Ann. § 26-53</a> (2011 HB 204)</p> <p>Creates the Protection of Athletes with Head Injuries Act and requires amateur sports organizations to adopt and enforce a concussion and head injury policy. These policies must include a written notice of policy to the youth athlete's parent or guardian. This law also requires children participating in a sporting event who are suspected of sustaining a concussion or traumatic brain injury to be removed from play. Medical clearance is required before returning to play.</p>
Vermont	<p><a href="#">2013 Vt. Acts, Act 68</a> (2013 SB 4)</p> <p>Requires that school athletic coaches and referees receive training on how to prevent concussions during athletic activities, and prohibits a coach or trainer from allowing an athlete to participate in an event if the athlete has sustained a concussion or head injury. Also requires that a health care provider be consulted in certain cases, and requires the home team to ensure that a licensed athletic trainer or health care provider is present at any athletic event involving a contact sport.</p> <p><a href="#">2011 Vt. Acts, Act 58</a> (2011 SB 100)</p> <p>Requires the commissioner of education to develop statewide guidelines, forms, and other materials, that are designed to educate coaches, youth athletes, and the parents and guardians of youth athletes regarding the nature and risks of concussions and other head injuries. Each youth athlete and a parent or guardian of the athlete annually must sign a form acknowledging receipt of this information. Also requires that a coach cannot permit a youth athlete to train or compete with a school athletic team if the athlete has been removed from play due to symptoms of a concussion or other head injury until the athlete has been examined by and received written permission to participate in athletic activities from a health care provider licensed and trained in the evaluation and management of concussions and other head injuries.</p> <p><a href="#">Vt. Stat. Ann. tit. 28, §906</a> (2009 SB 2)</p> <p>Includes traumatic brain injury as a functional impairment relevant to guidelines for prisoner classification, treatment, and segregation. Each diagnosis needs to be made by a qualified mental health professional.</p>
Virginia	<p>2014 Va. Acts, Chap. 760 (2014 HB 410/SB 172)</p> <p>Requires each non-interscholastic youth sports program utilizing public school property to establish policies and procedures regarding the identification and handling of suspected concussions in student-athletes, based on either the local school division's policies and procedures or the Board's Guidelines for Policies on Concussions in Student-Athletes, or follow certain local school division's policies</p>

## State Laws on Traumatic Brain Injury: 2009-2014

source National Conference of State Legislatures (NCSL) eff. 7/28/14

State	Description of Law
	<p>and procedures.</p> <p><a href="#">2011 Va. Acts, Chap. 847</a> (2011 SB 1063/HB 1691)</p> <p>Requires the mental health and rehabilitative services program within the department of veterans affairs to cooperate with localities that establish special treatment procedures for veterans and active military service members which who are offenders or defendants in the criminal justice system and who need access to proper treatment for mental illness including major depression, alcohol or drug abuse, post traumatic stress disorder or traumatic brain injury.</p> <p><a href="#">2010 Va. Acts, Chap. 483</a> (2010 SB 652)</p> <p>Requires the State Board of Education to develop policies to educate coaches, youth athletes, and parents or guardians of the risk of concussions, removal and return to play guidelines and risks of not reporting the injury and continuing to play. Each local school district shall develop policies for identifying and handling student athletes suspected of sustaining a concussion or head injury during a practice or game. A student athlete suspected to have an injury will be removed from play and may not return until cleared by a licensed health care provider.</p> <p><a href="#">2010 Va. Acts, Chap. 58</a> (2010 HB 174)</p> <p>Eliminates a requirement that the Wounded Warrior program only cover combat injuries sustained by military service personnel in combat areas. The program facilitates support for covered individuals to provide timely assessment and treatment for stress-related injuries and traumatic brain injuries resulting from military service, and subject to the availability of public and private funds appropriated for them, case management services, outpatient, family support, and other appropriate behavioral health and brain injury services necessary to provide individual services and support.</p>
<b>Washington</b>	<p><a href="#">Wash. Rev. Code §74.31.020</a> (2011 HB 1614)</p> <p>Amends the Washington traumatic brain injury strategic partnership advisory council to: require the partnership to develop and submit a report to the legislature every year that makes recommendations for revisions to the statewide plan and makes revisions to the council's activities, among other things.</p> <p><a href="#">Wash. Rev. Code §28A.600.190</a> (2009 HB 1824)</p> <p>Requires each school district's board of directors to work with the Washington Interscholastic Activities Association to develop guidelines and other information to educate coaches, athletes, and parents or guardians about concussion and head injury, including continuing to play after injury is sustained. A youth athlete suspected of sustaining a concussion or head injury must be removed from play until cleared by a licensed health care provider.</p> <p><a href="#">2009 Wash. Laws, Chap. 447</a> (2009 HB 2078)</p> <p>Creates a workgroup to be chaired by the Developmental Disabilities Council, the Washington Association of Sheriffs, and Police Chiefs to address issues relating to</p>

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source National Conference of State Legislatures (NCSL) eff. 7/28/14

State	Description of Law
	persons with developmental disabilities who are in correctional facilities. This workgroup has to include, among other recommendations, advice on the feasibility of screening and accommodating prisoners with traumatic brain injury. The work group shall develop a simple screening tool for jails to use as part of intake of offenders who may have developmental disabilities, a model policy for the use of the screening tool, a cost-effective way to provide training to the jail staff on the use of the tool, and information on best practices and training for accommodating persons with developmental disabilities during their confinement.
<b>West Virginia</b>	<p><a href="#">2013 W. Va. Acts, Chap. 58</a> (2013 SB 336)</p> <p>Establishes protocols and protections to limit and treat injury to youth athletes and students.</p>
<b>Wisconsin</b>	<p><a href="#">2012 Wis. Laws, Act 172</a> (2012 HB 400)</p> <p>Requires an athletic coach or official to remove a person from a youth athletic activity if the person exhibits signs, symptoms, or behavior consistent with a concussion or head injury or the coach or official suspects the person has sustained a concussion or head injury.</p>
<b>Wyoming</b>	<p>2011 Wyo. Sess. Laws, Chap. 190 (<a href="#">2011 SB 38</a>)</p> <p>Requires the State Superintendent of Public Instruction to develop a model protocol and to assist school districts in developing protocols for addressing risks associated with concussions and other head injuries from school athletics. This law also requires school districts to adopt protocols to address risks associated with concussions and other head injuries, to include training of coaches and trainers, restrictions on a student's participation in athletics after suffering a concussion or head injury, and provision of related information to students and parents.</p>



# **Amateur Athletic Union**

## *YOUTH PROTECTION HANDBOOK*

# TABLE OF CONTENTS

	<u>PAGE</u>
Introduction.....	3
Chapter 1: Screening Staff Members and/or Volunteers.....	4
Applicant Screening.....	5
Criminal Background Checks.....	5
Chapter 2: Athlete Protection Guidelines.....	6
Commitment to Safety.....	7
Sexual Abuse.....	7
Peer-to-Peer Child Sexual Abuse.....	8
Emotional Misconduct.....	8
Physical Misconduct.....	9
Bullying.....	11
Harassment.....	12
Hazing.....	13
Reporting.....	14
Chapter 3: Managing Training and Competition.....	15
Coaches Evaluation.....	16
Supervision of Athletes.....	16
Physical Contact with Athletes.....	18
Electronic Communications and Social Media Guidelines.....	20
Locker Rooms and Changing Areas.....	22
Travel.....	23
Chapter 4: Responding to Abuse, Misconduct and Guideline Violations.....	24
Reporting Guidelines/Procedures.....	25
Appendix.....	27

## **INTRODUCTION**

The Amateur Athletic Union is committed to improving the development, safety and welfare of athletes and participants involved in sport. There are a lot of reasons to play sport – at any level. A life-long activity, people often play sport to have fun and spend time with friends. Sport also encourages a healthy lifestyle, builds self-confidence; athletes also do better off the field. They learn goal-setting, teamwork and time management skills. Athletes are less likely to use cigarettes, drugs and alcohol; they have higher graduation rates and are more likely to attend college.

Here, we identify six types of misconduct: emotional, physical, sexual, bullying, harassment and hazing. All forms of misconduct are intolerable and in direct conflict with the AAU Youth Protection Handbook.

The Amateur Athletic Union publishes this handbook as a resource to guide the development, implementation and internal review of effective athlete welfare and misconduct prevention strategies for AAU leadership and its members.



# Chapter 1:

## *Screening Staff Members and/or Volunteers*

*CREATING A SAFE AND POSITIVE ENVIRONMENT*

## **APPLICANT MEMBERSHIP SCREENING**

AAU members (coaches, event organizers, volunteers, and staff) must consent to, and pass, a formal applicant screening process before becoming a member of the AAU.

## **CRIMINAL BACKGROUND CHECKS**

All adult applicants will be required to undergo a criminal background check that complies with the FCRA before becoming a member of the AAU.

## **FREQUENCY OF CRIMINAL BACKGROUND CHECKS**

Criminal background checks will be conducted on at least an annual basis or as otherwise required by law, for all AAU members who are 21 years of age.

## **AFFIRMATIVE DUTY TO DISCLOSE**

If, during the course of employment or membership in the AAU, an AAU member (coach, event organizer, volunteer, and staff) is accused, arrested, indicted or convicted of a criminal offense against a child, it is the duty and responsibility of the AAU member to notify the AAU National Office.



# Chapter 2:

## *Athlete Protection Guidelines*

*CREATING A SAFE AND POSITIVE ENVIRONMENT*

## ATHLETE PROTECTION GUIDELINES

### COMMITMENT TO SAFETY

#### Overview

In the event that any AAU member (coach, event organizer, volunteer, and staff) observes inappropriate behaviors, suspected physical or sexual abuse, or sexual misconduct, it is the personal responsibility of each person to immediately report (same day) his or her observations to local law enforcement and the AAU National Office.

The AAU is committed to creating a safe and positive environment for athletes' physical, emotional and social development and to ensuring that it promotes an environment free of misconduct.

**AAU members (coaches, event organizers, volunteers, and staff) should not attempt to evaluate the credibility or validity of child physical or sexual abuse allegations as a condition for reporting to appropriate law enforcement authorities.** Instead, it is the responsibility of each person to immediately report suspicions or allegations of child physical or sexual abuse to the local law enforcement authorities and the AAU National Office.

The AAU recognizes that the process for training and motivating athletes will vary with each coach and athlete, but it is nevertheless important for everyone involved in sport to support the use of motivational and training methods that avoid misconduct.

#### Application

These Guidelines apply to

- AAU members (coaches, event organizers, volunteers, and staff)
- AAU athletes and participants

Coaches, event organizers, volunteers, staff members, athletes and participants shall **refrain from child physical or sexual abuse; bullying, harassment and hazing; and emotional, physical and sexual misconduct.**

### PROHIBITED CONDUCT

#### Sexual Abuse

Child sexual abuse includes sexual contact with a child that is accomplished by deception, manipulation, force or threat of force, regardless of the age of the participants, and all sexual interactions between an adult and a child, regardless of whether there is deception or the child understands the sexual nature of the activity. Child sexual abuse involves any sexual activity with a child where consent is not or cannot be given.

Sexually abusive acts may include non-contact sexual acts such as verbal acts, sexually suggestive electronic or written communications, exposure or voyeurism.

### **Peer-to-Peer Child Sexual Abuse**

Sexual contact between minors also can be abusive. Approximately 1/3 of all child sexual abuse occurs at the hands of other children and the obligation to report extends to peer-to-peer child sexual abuse. Whether or not a sexual interaction between children constitutes child sexual abuse turns on the existence of an aggressor, the age difference between the children, and/or whether there is an imbalance of power and/or intellectual capabilities.

### **MISCONDUCT**

Misconduct refers to conduct and behaviors that are considered harmful to the psychological and physical health of athletes and other participants, regardless of age. The six individual forms of misconduct described below – emotional misconduct, physical misconduct, sexual misconduct, bullying, harassment and hazing – are considered misconduct regardless of intent.

#### **Emotional Misconduct**

- (1) A pattern of deliberate, non-contact behavior that has the potential to cause emotional or psychological harm to an athlete. Non-contact behaviors include:
  - a. verbal acts
  - b. physical intimidation
  - c. acts that deny attention or support
- (2) Any act or conduct described as emotional abuse or misconduct under federal or state law (e.g. child abuse, child neglect).

#### **Exception**

Emotional misconduct does not include professionally-accepted coaching methods of skill enhancement, physical conditioning, team building, discipline or improving athletic performance.

#### **Examples**

Examples of emotional misconduct prohibited by this Guideline include, without limitation:

- (1) **Verbal Acts.** A pattern of verbal behaviors that (a) attack an athlete personally (e.g., calling them worthless, fat or disgusting) or (b) repeatedly and excessively yelling at a particular participant or participants in a manner that serves no productive training or motivational purpose.
- (2) **Physical Intimidation.** A pattern of physically aggressive behaviors, such as (a) throwing sport equipment, water bottles or chairs at, or in the presence of, participants; or (b) punching walls, windows or other objects.
- (3) **Acts that Deny Attention and Support.** A pattern of (a) ignoring an athlete for extended periods of time or (b) routinely or arbitrarily excluding participants from practice.

### **Physical Misconduct**

- (1) Contact or non-contact behaviors that result in, have the potential to, or threaten to cause physical harm to an athlete or other sport participants; or
- (2) Any act or conduct described as physical abuse or misconduct under federal or state law (e.g. child abuse, child neglect, assault).

### **Examples**

Examples of physical misconduct prohibited by this Guideline include, without limitation:

- (1) **Contact offenses.** Behaviors that include: (a) punching, beating, biting, striking, choking or slapping an athlete; (b) intentionally hitting an athlete with objects or sporting equipment; (c) providing alcohol to an athlete under the legal drinking age (under U.S. law); (d) providing illegal drugs or non-prescribed medications to any athlete; (e) encouraging or permitting an athlete to return to play pre-maturely following a serious injury, such as a concussion, and without the clearance of a medical professional; (f) prescribed dieting or other weight-control methods (e.g., weigh-ins, caliper tests) without regard for the nutritional well-being and health of athlete.
- (2) **Non-contact offenses.** Behaviors that include: (a) isolating an athlete in a confined space (e.g., locking an athlete in a small space); (b) forcing an athlete to assume a painful stance or position for no athletic purpose (e.g. requiring an athlete to kneel on a harmful surface); (c) withholding, recommending against or denying adequate hydration, nutrition, medical attention or sleep.

### **Exceptions**

Physical misconduct does not include professionally-accepted coaching methods of skill enhancement, physical conditioning, team building, appropriate discipline or improving athlete performance. For example, hitting, punching, and kicking are well-regulated forms of contact in combat sports, but have no place in swimming.

### **Sexual Misconduct**

- (1) Any touching or non-touching sexual interaction that is (a) nonconsensual or forced, (b) coerced or manipulated, or (c) perpetrated in an aggressive, harassing, exploitative or threatening manner
- (2) Any sexual interaction between an athlete and an individual with evaluative, direct or indirect authority. Such relationships involve an imbalance of power and are likely to impair judgment or be exploitative
- (3) Any act or conduct described as sexual abuse or misconduct under federal or state law (e.g. sexual abuse, sexual exploitation, rape)

**Note: An imbalance of power is always assumed between a coach and an athlete.**

Sexual misconduct includes sexual assault, sexual harassment, sexual abuse and any other sexual intimacies that exploit an athlete. **Minors cannot consent to sexual activity with an adult**, and all sexual interaction between an adult and a minor is strictly prohibited.

### **Examples**

Examples of sexual misconduct prohibited under this Guideline include, without limitation:

(1) **Touching offenses.** Behaviors that include:

- (a) fondling an athlete's breasts or buttocks
- (b) exchange of reward in sport (e.g., team placement, scores, feedback) for sexual favors
- (c) genital contact
- (d) sexual relations or intimacies between participants in a position of trust, authority and/or evaluative and supervisory control over athletes or other sport participants

*i. Authority and Trust.* Once the unique coach-athlete relationship is established, the authority and trust on the part of the coach over the athlete shall be assumed, regardless of age. Accordingly, sexual interaction or intimacies between a coach and an athlete or other participant are prohibited, regardless of age, both during coaching and during that period following coaching when the imbalance in power could jeopardize effective decision-making.

*ii. Imbalance of Power.* Factors relevant to determining whether there is an imbalance of power include, but are not limited to: (a) the nature and extent of the coach's supervisory, evaluative or other authority over the athlete being coached; (b) the actual relationship between the parties; (c) the parties' respective roles; (d) the nature and duration of the sexual relations or intimacies; (e) the age of the coach; (f) the age of the athlete or participant; (g) and whether the coach has engaged in a pattern of sexual interaction with other athletes or participants.

- (e) sexually-oriented comments, jokes, or sexual innuendos made to or about an athlete, or other sexually harassing behaviors
- (f) a coach discussing his or her sex life with an athlete
- (g) a coach asking an athlete about his or her sex life
- (h) coach requesting or sending a nude or partial-dress photo to athlete
- (i) exposing athletes to pornographic material
- (j) sending athletes sexually explicit or suggestive electronic or written messages or photos (e.g. "sexting")
- (k) deliberately exposing an athlete to sexual acts
- (l) deliberately exposing an athlete to nudity (except in situations where locker rooms and changing areas are shared)
- (m) sexual harassment; specifically, the sexual solicitation, physical advances, or verbal or nonverbal conduct that is sexual in nature, and
  - i.* is unwelcome, offensive or creates a hostile environment, and the offending individual knows or is told this
  - ii.* is sufficiently severe or intense to be harassing to a reasonable person in the context

**Bullying**

- (1) An intentional, persistent and repeated pattern of committing or willfully tolerating physical and non-physical behaviors that are intended, or have the reasonable potential, to cause fear, humiliation or physical harm in an attempt to socially exclude, diminish or isolate the targeted athlete(s), as a condition of membership
- (2) Any act or conduct described as bullying under federal or state law

**Exceptions**

Bullying does not include group or team behaviors that (a) are meant to establish normal team behaviors, or (b) promote a team environment. Bullying also does not include verbal admonitions to encourage team members to train harder and to push through a difficult training regimen.

**Examples**

Examples of bullying prohibited by this Guideline include, without limitation:

- (1) **Physical behaviors.** Behaviors that include (a) hitting, pushing, punching, beating, biting, striking, kicking, choking, or slapping an athlete; (b) throwing at, or hitting an athlete with, objects such as sporting equipment.
- (2) **Non Physical behaviors.** Behaviors that include (a) teasing, ridiculing, intimidating; (b) spreading rumors or making false statements; or (c) using electronic communications, social media, or other technology to harass, frighten, intimidate or humiliate ("cyber bullying").

**Harassment**

- (1) A repeated pattern of physical and/or non-physical behaviors that (a) are intended to cause fear, humiliation or annoyance, (b) offend or degrade, (c) create a hostile environment or (d) reflect discriminatory bias in an attempt to establish dominance, superiority or power over an individual athlete or group based on gender, race, ethnicity, culture, religion, sexual orientation, gender expression or mental or physical disability
- (2) Any act or conduct described as harassment under federal or state law

**Examples**

Examples of harassment prohibited by this Guideline include, without limitation:

- (1) **Physical offenses.** Behaviors that include (a) hitting, pushing, punching, beating, biting, striking, kicking, choking or slapping an athlete or participant; (b) throwing at or hitting an athlete with objects including sporting equipment
- (2) **Non-physical offenses.** Behaviors that include (a) making negative or disparaging comments about an athlete's sexual orientation, gender expression, disability, religion, skin color, or ethnic traits; (b) displaying offensive materials, gestures, or symbols; (c) withholding or reducing playing time to an athlete based on his or her sexual orientation.

**Hazing**

- (1) Coercing, requiring, forcing or willfully tolerating any humiliating, unwelcome or dangerous activity that serves as a condition for (a) joining a group or (b) being socially accepted by a group's members
- (2) Any act or conduct described as hazing under federal or state law

**Exception**

Hazing does not include group or team activities that (a) are meant to establish normative team behaviors or (b) promote team cohesion. Examples include, without limitation:

- (1) allowing junior athletes to carry senior athletes' equipment into the locker room after practice
- (2) encouraging junior athletes to arrive early and set up training equipment
- (3) giving senior athletes first preference in team assignments, responsibilities, accommodations, facilities or equipment

**Examples**

Examples of hazing prohibited by this Guideline include, without limitation:

- (1) requiring, forcing or otherwise requiring the consumption of alcohol or illegal drugs
- (2) tying, taping or otherwise physically restraining an athlete
- (3) sexual simulations or sexual acts of any nature
- (4) sleep deprivation, otherwise unnecessary schedule disruption or the withholding of water and/or food
- (5) social actions (e.g. grossly inappropriate or provocative clothing) or public displays (e.g. public nudity) that are illegal or meant to draw ridicule
- (6) beating, paddling or other forms of physical assault
- (7) excessive training requirements focused on individuals on a team

**WILLFULLY TOLERATING MISCONDUCT**

Failure to report forms of misconduct may result in a violation of State law.

**REPORTING**

Although these guidelines are designed to reduce child sexual abuse and other misconduct, it can still occur. AAU members (coaches, event organizers, volunteers, and staff), and participants of the AAU shall follow the reporting procedures set forth in the AAU's Youth Protection Handbook. **The AAU does not investigate suspicions or allegations of child physical or sexual abuse, or attempt to evaluate the credibility or validity of such allegations, as a condition of reporting suspicions or allegations to the appropriate law enforcement authorities and the AAU National Office.**



# Chapter 3:

## *Managing Training and Competition*

*CREATING A SAFE AND POSITIVE ENVIRONMENT*

## COACHES EVALUATION

All registered non-athletes will take the AAU free offered Positive Coaching Alliance educational course as part of gaining membership into the AAU.

This Double-Goal Coach training program will give all team administrators, club directors, and coaches the tools they need to help youth athletes improve. PCA's online course is filled with powerful coaching tools that are based on the latest research in sports psychology and reflect the "best practices" of elite coaches and athletes, including such PCA National Advisory Board Members as Los Angeles Lakers Head Coach Phil Jackson, Boston Celtics Head Coach Doc Rivers, Naismith Hall of Fame basketball coaches Dean Smith and Larry Brown, former Kansas City Chiefs Head Coach Herm Edwards, Olympic Gold Medal Gymnast Bart Conner, Olympic Gold Medalist and former WNBA star Ruthie Bolton and Olympic Gold Medalist swimmer Summer Sanders, just to name a few.

Please visit [www.aausports.org](http://www.aausports.org) and click on PCA Coaches Test

## SUPERVISION OF ATHLETES

During training and competition, the AAU strives to create two-deep leadership and minimize one-to-one interactions to create a safe training environment and to protect athletes and participants.

### One-to-One Interactions

#### *Appropriate one-on-one interactions with athletes*

#### Individual Meetings

An individual meeting may be necessary to address an athlete's concerns, training program, or competition schedule. Under these circumstances, coaches, event organizers, volunteers, and staff members are to observe the following guidelines:

- Any individual meeting should occur when others are present and where interactions can be easily observed
- Where possible, an individual meeting should take place in a publicly visible and open area, such as the corner of a gym or pool deck
- If an individual meeting is to take place in an office, the door should remain unlocked and open
- If a closed-door meeting is necessary, the coach, staff member and/or volunteer must have another person in attendance and ensure the door remains unlocked

#### Individual Training Sessions

An individual training session(s) with an athlete or participant may also be desired or necessary. Under these circumstances, written permission of a minor athlete's parents or guardians is

recommended in advance of the individual training session(s), and the AAU encourages parents and guardians to attend the training session.

***Prohibited one-to-one interactions with athletes***

Except as set forth above, minor athletes and participants should not be left unattended or unsupervised during AAU activities coaches, event organizers, volunteers, and staff members are prohibited from being alone with an individual athlete or participant in any room or building. Social activities and fundraising events shall not be conducted on a one-on-one basis. These activities should include the entire team.

## **PHYSICAL CONTACT WITH ATHLETES**

Appropriate physical contact between athletes and coaches, event organizers, volunteers, or staff members is a productive and inevitable part of sport. Athletes are more likely to acquire advanced physical skills and enjoy their sport participation through appropriate physical contact. However, guidelines for physical contact must be set to reduce the potential for misconduct in sport.

### **APPROPRIATE PHYSICAL CONTACT**

The AAU adheres to the following guidelines in regards to physical contact with our athletes:

#### **Common Criteria for Appropriate Physical Contact**

Physical contact with athletes – for safety, consolation and celebration – has multiple criteria in common which make them both safe and appropriate. These include:

- the physical contact must take place in public
- there is no potential for physical or sexual intimacies during the physical contact
- the physical contact is for the benefit of the athlete, not to meet an emotional or other need of an adult

#### **Safety**

The safety of our athletes is paramount and in many instances we make the athletic space safer through appropriate physical contact. Examples include:

- spotting an athlete so that they will not be injured by a fall or piece of equipment
- positioning an athlete's body so that they more quickly acquire an athletic skill, get a better sense of where their body is in space, or improve their balance and coordination
- making athletes aware that they might be in harm's way because of other athletes practicing around them or because of equipment in use

#### **Celebration**

Sports are physical by definition and we recognize participants often express their joy of participation, competition, achievement and victory through physical acts. We encourage these public expressions of celebration, which include:

- greeting gestures such as high-fives, fist bumps, and brief hugs
- congratulatory gestures such as celebratory hugs, "jump arounds" and pats on the back for any form of athletic or personal accomplishment

**Consolation**

It may be appropriate to console an emotionally distressed athlete( e.g., an athlete who has been injured or has just lost a competition). Appropriate consolation includes:

- publicly embracing a crying athlete
- putting an arm around an athlete while verbally engaging them in an effort to calm them down (“side hugs”)
- lifting a fallen athlete off the playing surface to encourage them to continue competition

**PROHIBITED PHYSICAL CONTACT**

Prohibited forms of physical contact:

- asking or having an athlete sit in the lap of a coach, administrator, staff member or volunteer
- lingering or repeated embraces of athletes that go beyond the criteria set forth for physical contact
- slapping, hitting, punching, kicking or any other physical contact meant to discipline, punish or achieve compliance from an athlete
- “cuddling” or maintaining prolonged physical contact during any aspect of training, travel or overnight stay
- playful, yet inappropriate contact that is not a part of regular training, (e.g., tickling or “horseplay” wrestling)
- continued physical contact that makes an athlete obviously uncomfortable, whether expressed or not
- any contact that is contrary to a previously expressed personal desire for decreased or no physical contact, where such decreased contact is feasible in a competitive training environment.

## **ELECTRONIC COMMUNICATIONS AND SOCIAL MEDIA GUIDELINES**

As part of the AAU's emphasis on athlete safety, all electronic communications between a coach and athlete must be professional in nature and for the purpose of communicating information about team activities.

**As with any communication, the content of any electronic communication should be readily available to share with the athlete's family. If the athlete is under the age of 21, any email, electronic text, social media or similar communication must copy or include the athlete's parents or guardians.**

### **FACEBOOK, MYSPACE, BLOGS AND SIMILAR SITES**

Coaches may not have athletes join a personal social media page. Athlete members and parents can friend the official club/team page and coaches can communicate to athlete members through the site. All posts, messages, text, or media of any kind between coach and athlete must be professional in nature and for the purpose of communicating information about team activities or for team-oriented motivational purposes.

### **TWITTER, INSTANT MESSAGING AND SIMILAR MEDIA**

Coaches and athletes may "follow" each other. Coaches cannot "re-tweet" athlete message posts. All posts between coach and athlete must be for the purpose of communicating information about team activities.

### **EMAIL AND SIMILAR ELECTRONIC COMMUNICATIONS**

Athletes and coaches may use email to communicate. All email content between coach and athlete must be professional in nature and for the purpose of communicating information about team activities. Where the coach is a staff member and/or volunteer, email from a coach to any athlete should come from the club website email center (the coach's return email address will contain "@CLUB.com").

### **TEXTING AND SIMILAR ELECTRONIC COMMUNICATIONS**

Texting is allowed between coaches and athletes. All texts between coach and athlete must be professional and for the purpose of communicating information about team activities.

### **ELECTRONIC IMAGERY**

From time to time, digital photos, videos of practice or competition, and other publicly obtainable images of the athlete – individually or in groups – may be taken. These photos and/or videos may be submitted to local, state or national publications, used in club videos, posted on club or club associated websites, or offered to the club families seasonally on disc or other electronic form. It is the default guideline of the AAU to allow such practices as long as the athlete or athletes are in public view and such imagery is both appropriate and in the best interest of the athlete and the club.

**REQUEST TO DISCONTINUE ALL ELECTRONIC COMMUNICATIONS OR IMAGERY**

The parents or guardians of an athlete may request in writing that their child not be contacted by any form of electronic communication by coaches (photography or videography).

**MISCONDUCT**

Social media and electronic communications can also be used to commit misconduct (e.g., emotional, sexual, bullying, harassment, and hazing). Such communications by coaches, volunteers, administrators, officials, staff, parents or athletes are not acceptable and are considered violations of our Youth Protection Handbook.

## LOCKER ROOMS AND CHANGING AREAS

The Amateur Athletic Union is concerned with locker room activities between minors, minors and adults, adults being alone with individual minors in locker rooms and changing areas, with non-official or non-related adults having unsupervised access to minor participants, and with inappropriate behavior among adults in locker rooms.

As part of the AAU's commitment to safety, the AAU recommends its clubs to publish practices for locker rooms and changing areas. Clubs should include the following information in their Locker Rooms and Changing Areas Guidelines:

- **Supervision.** CLUB must have and describe its practices for supervising and monitoring locker rooms and changing areas
- **Prohibited Conduct.** CLUB's guidelines must prohibit hazing, bullying, harassment and other forms of misconduct, as set forth in the AAU's Youth Protection Handbook
- **User of Recording Devices.** CLUB's guidelines must prohibit the use of a device's recording capabilities, including voice recording, still cameras and video cameras
- **Meetings.** For individual meetings with a minor participant and a coach in a locker room, the AAU recommends that at least one additional responsible adult be with the coach.

*See Sample Guidelines in Appendix.*

## TRAVEL

As part of the AAU's commitment to athlete safety, the AAU recommends its clubs to have published practices for team travel. Team Travel is defined as overnight travel to a team activity that is planned and supervised by the CLUB. CLUB travel policies should be signed and agreed to by all athletes, parents, coaches and other adults traveling with the club.

Clubs should include the following in their Travel Guidelines:

- Club travel policies must be signed and agreed to by all athletes, parents, coaches and other adults traveling with the club.
- Regardless of gender, a coach shall not share a hotel room or other sleeping arrangement with an athlete(s) (unless the coach is the parent, guardian, sibling or spouse of that particular athlete).
- When only one athlete and one coach travel to a competition, the athlete must have his or her parents' (or legal guardian's) written permission in advance to travel alone with the coach.

*See Sample Guidelines in Appendix.*



# Chapter 4:

## *Responding to Abuse, Misconduct and Guideline Violations*

*CREATING A SAFE AND POSITIVE ENVIRONMENT*

## REPORTING GUIDELINES

Any report of misconduct or suspicions of child physical or sexual abuse will be taken seriously and handled appropriately. Every AAU member (coach, event organizer, volunteer, and staff) must report suspicions or allegations of child physical or sexual abuse to both (a) **the appropriate law enforcement authorities** and to (b) the AAU National Office.

**The AAU does not investigate suspicions or allegations of child physical or sexual abuse or attempt to evaluate the credibility or validity of such allegations as a condition for reporting to the appropriate law enforcement authorities.**

## REPORTING PROCEDURE

### To Whom to Report

Reports must be made to local law enforcement and the AAU National Office Compliance Department.

### How to Report

The AAU will take a report in a verbal or written form. Regardless of how you choose to report, it is helpful to the AAU for individuals to provide, at a minimum, (1) the name and contact information of the person making the report; (2) the type of misconduct alleged and the name(s) of the individual(s) alleged to have committed the misconduct; (3) date of the incident; (4) name of the alleged victim.

## CONFIDENTIALITY

To the extent permitted by law, and as appropriate, the AAU will keep confidential the complainant's name on request, not make public the names of potential victims, the accused perpetrator or the people who made a report of child physical and sexual abuse to the authorities.

## HOW REPORTS ARE HANDLED

### Suspicions or Allegations of Child Physical or Sexual Abuse

#### ***Reporting to Law Enforcement and/or Child Protective Services***

An independent investigation can harm youth and/or interfere with the legal investigative process. The AAU, its staff members and/or volunteers **do not attempt to evaluate the credibility or validity of child physical or sexual abuse as a condition for reporting to appropriate law enforcement authorities.** As necessary, however, the AAU may ask a few clarifying questions of the minor or

person making the report to adequately report the suspicion or allegation to law enforcement authorities.

***Immediate Notification***

When an allegation of child physical or sexual abuse is made against a staff member, youth and/or volunteer, the AAU may immediately notify the member that he or she is ineligible to participate in any AAU activities. As necessary, the AAU may suspend or change the assignment of a staff member and/or volunteer.

All AAU members (coaches, event organizers, volunteers, and staff) are mandatory reporters. Failure to report to local law enforcement and the AAU National Office will subject the individual(s) to disciplinary procedures under the AAU Code.



# ***APPENDIX***

## *Definitions, FAQ's, and Sample Guidelines*

## ***DEFINITIONS***

### **Child, children, minor and youth**

Anyone under the age of 21. Here, “child,” “children,” “minor” and “youth” are used interchangeably.

### **Child physical abuse**

- Non-accidental trauma or physical injury caused by contact behaviors, such as punching, beating, kicking, biting, burning or otherwise harming a child. Child physical abuse may also include non-contact physical misconduct as described in the Youth Protection Manual.
- Legal definitions vary by state. To find guidelines concerning your state, visit the Child Welfare Information Gateway ([www.childwelfare.gov](http://www.childwelfare.gov)).

### **Child sexual abuse**

- Child sexual abuse involves any sexual activity with a child where consent is not or cannot be given. This includes sexual contact with a minor that is accomplished by deception, manipulation, force or threat of force regardless of whether there is deception or the child understands the sexual nature of the activity. Sexual contact between minors can also be abusive if there is a significant imbalance of power or disparity in age, development or size, such that one child is the aggressor. The sexually abusive acts may include sexual penetration, sexual touching or non-contact sexual acts such as verbal acts, sexually suggestive written or electronic communications, exposure or voyeurism.
- Legal definitions vary by state. To find guidelines concerning your state, visit the Child Welfare Information Gateway ([www.childwelfare.gov](http://www.childwelfare.gov)).

### **Misconduct**

Conduct which results in harm, the potential for harm or the imminent threat of harm. Age is irrelevant to misconduct. There are six primary types of misconduct in sport: emotional, physical and sexual misconduct, bullying, harassment and hazing.

### **Participants**

Participants are those who participate in a sport activity through a particular club or organization. Participants may include athletes, coaches, officials or referees. Participants include (or may be) minors.

## **FAQ's**

### **1. Do I purchase my membership first?**

Yes you can purchase your membership first or you can purchase your membership and the club membership at the same time. NOTE: The membership and club will be pending until the membership screening process is complete.

### **2. Do I have to pay extra for the background check?**

There is no extra fee. Your background screening is included in your membership fee.

### **3. Will I be background screened yearly?**

Yes. It is part of the membership application.

### **4. I have a background check done through my Job, club, or Governing Body every year. Can you use that information?**

No. Federal Law does not allow organizations to share background screening information. We cannot use any other source or data for our background screening process. You must go through our screening process. The same process must be used for all our adult members.

### **5. I am an adult athlete and I do not participate with youth athletes, do I still have to have the background screening done?**

Yes. All adult members must be screened. No exceptions. The AAU seeks to provide a safe environment for all members.

### **6. I purchased a multi-year membership. My membership is good till 08/31/2013. What happens now?**

Any Adults with multi-year memberships will be contacted by mail with instructions on how to electronically sign the Disclosure and Authorization form (a web page). You will need to do this by August 15<sup>th</sup> or your membership status will be moved to pending until this process is completed.

### **7. If my membership is not approved what happens?**

You can contact the AAU Compliance Department at 407-934-7200 for further instructions.

## ***SAMPLE GUIDELINES***

### **LOCKER ROOMS AND CHANGING AREAS**

The following guidelines are designed to maintain personal privacy as well as to reduce the risk of misconduct in locker rooms and changing areas.

#### **FACILITIES**

The following is a description of our practice and competition facilities to allow athletes and their families to plan their use:

We practice at: LOCATION ADDRESS

This location has: DESCRIPTION SELECTION

Sample locker room descriptions:

- (a) No locker room or changing facilities. Athletes will be expected to come dressed for practice and to change and shower at home.
- (b) A changing area that is shared with the general public. As such, there are likely to be people who are not associated with ORGANIZATION in the changing area around the time of practice.
- (c) A changing area and locker room dedicated to our athletes and teams.

Our home competitions will be held at: LOCATION ADDRESS(ES). The location(s) has (have): SAME DESCRIPTION SELECTION AS ABOVE.

When we travel for competition the facilities may differ from location to location. We will work with the host team to provide as much information about the locker room and changing areas as early as possible, and post that information as soon as it's available.

#### **MONITORING**

CLUB has predictable and limited use of locker rooms and changing areas (e.g., immediately before and following practices and competitions). This allows for direct and regular monitoring of locker room areas. While constant monitoring inside of locker rooms and changing areas might be the most effective way to prevent problems, we understand that this would likely make athletes uncomfortable and may even place our staff at risk for unwarranted suspicion.

We conduct a sweep of the locker rooms and changing areas before athletes arrive, post staff members directly outside of the locker rooms and changing areas during periods of use, and leave the doors open only when adequate privacy is still possible. Staff members conduct regular sweeps

inside these areas as well, with women checking on female-designated areas, and men checking on male-designated areas.

-OR-

CLUB has staggered practices, with different groups arriving and departing throughout the day. It is therefore not practical to constantly monitor locker rooms and changing areas over this extended course of time. While we do not post staff members inside or at the doors of the locker rooms and changing areas, we do make occasional sweeps of these areas. Staff members conduct these sweeps, with women checking on female-designated areas, and men checking on male-designated areas.

Coaches and staff make every effort to recognize when an athlete goes to the locker room or changing area during practice and competition and, if they do not return in a timely fashion, we will check on the athlete's whereabouts.

Given the potential discomfort of having non-coaches and non-athletes in the locker rooms and changing areas, we discourage parents from entering those areas unless it is truly necessary. Under such circumstances, only a same-sex parent should go into a locker room and changing area.

If an athlete needs assistance with his or her uniform or gear (for example, a child under the age of eight), or an athlete's disability warrants assistance, then we ask that parents let the coach or an administrator know beforehand that he or she will be helping the athlete.

#### **MIXED-GENDER TEAMS**

If the team consists of both male and female athletes, both female and male privacy rights must be given consideration and appropriate arrangements made. Where possible, CLUB has the male and female players dress/undress in separate locker rooms and then convene in a single dressing room before the game or team meeting. Once the game is finished, the players may come to one locker room and then the male and female players proceed to their separate dressing rooms to undress and shower (separately), if available. If separate locker rooms are not available, then the athletes will take turns using the locker room to change.

#### **USE OF CELL PHONES AND OTHER MOBILE RECORDING DEVICES**

Cell phones and other mobile devices with recording capabilities, including voice recording, still cameras and video cameras increase the risk for different forms of misconduct in locker rooms and changing areas. As a result, **THERE WILL BE NO USE OF A DEVICE'S RECORDING CAPABILITIES IN THE LOCKER ROOMS OR CHANGING AREAS.**

## ***SAMPLE GUIDELINES***

### **TRAVEL**

Travel will be a standard aspect of our competitive season and CLUB has established policies to guide our travel, minimize one-on-one interactions and reduce the risk of misconduct. Adherence to these travel guidelines will increase athlete safety and improve the competitive experience while keeping travel a fun and enjoyable experience.

### **LOCAL AND TEAM TRAVEL**

We distinguish between travel to training, practice and local competition (“local travel”), and team travel involving a coordinated overnight stay (“team travel”).

#### **Local Travel**

Local travel occurs when CLUB does not sponsor, coordinate, or arrange for travel. For local travel, athletes or their parents/guardians (for minor athletes) are responsible for making all travel arrangements. In these instances it is the responsibility of the athlete or their parents/guardians (for minor athletes) to ensure the person transporting the athlete maintains all safety and legal requirements, including, but not limited to, a valid driver’s license, proper insurance, well maintained vehicle, and compliance with all state laws.

In an effort to minimize one-on-one interactions, CLUB staff members, coaches and/or volunteers, who are not also acting as a parent, should not drive alone with an unrelated athlete and should only drive with at least two other athletes or another adult at all times, unless otherwise agreed to in writing by the athlete’s parent or guardian in advance of travel. In any case where a staff member and/or volunteer is involved in the athlete’s local travel, a parental release is required in advance. Efforts must be made to ensure that staff and/or volunteers are not alone with an athlete or participant, by, e.g., picking the athletes up in groups.

Coaches, staff members and volunteers who are also an athlete’s guardian may provide shared transportation for any athlete(s). We encourage guardians to pick up their athlete first and drop off their athlete last in any shared or carpool travel arrangement. We also recommend completing a shared travel declaration form signed by the parents/guardians of any minor athlete who is being transported as part of such a carpool arrangement.

#### **Team Travel**

Team travel is overnight travel that occurs when CLUB sponsors, coordinates or arranges for travel so that our teams can compete locally, regionally, or nationally. Because of the greater distances, coaches, staff, volunteers and chaperones will often travel with the athletes. However, no coach, staff member, or volunteer will engage in team travel without the proper safety requirements in place, including valid drivers’ licenses, proper insurance, well-maintained vehicles and compliance with all state laws. Drivers of vehicle should be age 21 or older.

CLUB makes efforts to provide adequate supervision through coaches and other adult chaperones.

Appropriate adult-to-athlete ratios will depend on the age of your athletes and other participants. Evaluate your program to determine your supervisory needs.

For team travel, hotels and air travel will be booked in advance by CLUB. Athletes will share rooms, with 2-4 athletes assigned per room depending on accommodations. CLUB will also notify hotel management should any special arrangements be warranted. For instance, we will ask hotels to block pay per view channels and we will request an additional large room or suite so that our members and athletes may socialize as a group. Meetings do not occur in hotel rooms, and we will reserve a separate space for adults and athletes to socialize.

We encourage family members who wish to stay in the team hotel to do so. If family members do not stay in the team hotel, we encourage all athletes to call parents and guardians regularly and allow for any unscheduled calls by either the athlete or parent/guardian.

#### **INDIVIDUAL TRAVEL (For Individual Sports)**

The nature of our sport and competition structure means that individual athletes may sometimes need to travel overnight without other athletes. Under these circumstances, we encourage minimizing one-on-one time between a coach and athlete by:

1. Traveling with an additional coach or chaperone
2. Inviting parents/guardians to travel with their athlete (for athletes under age 20)

For individual travel, we attempt to provide alternative guidelines. Depending on the nature of the travel and competition, these guidelines may include:

1. Compressing the travel schedule to reduce the number of nights athletes are away from home
2. Providing regular organizational check-in phone calls to the traveling athlete and coach
3. Encouraging more frequent and unscheduled check-in phone calls initiated by parents/guardians (for minor athletes)
4. Complying with reasonable parental requests when a child is a way from home without a guardian

When only one athlete and one coach travel to a competition, *the athlete must have his or her parents' or legal guardian's written permission in advance to travel alone with the coach.*

#### **TRAVEL NOTIFICATION**

When possible, CLUB will provide reasonable advance notice before team travel. Notice will include the dates, location and duration of competition. Travel notice will also include designated team hotels for overnight stays as well as a contact person within the club/team. This individual will be the point of contact to confirm your intention to travel and to help with travel details.

CLUB will post specific travel itineraries when they become available. These will include a more detailed, hour-by-hour itinerary as well as contact information for team travel chaperones.

#### **MIXED-GENDER AND MIXED-AGE TRAVEL**

CLUB is made up of male and female athletes across various ages. Athletes will only share a room with other athletes of the same sex and age group. Athletes will also be grouped by age and sex for the purposes of assigning an appropriate chaperone. We will make every effort to provide these groups at least one chaperone of the same sex. However, we rely on parents to serve as chaperones and may be limited in providing this match.

Regardless of gender, a coach shall not share a hotel room or other sleeping arrangement with an athlete (unless the coach is the parent, guardian, sibling or spouse of that particular athlete). Where an adult is registered both as a coach and an athlete member of CLUB, and is functioning primarily as a coach, he or she may share sleeping arrangements with another registered coach.

#### **COACH AND STAFF RESPONSIBILITIES**

During team travel, coaches and staff members will help athletes, fellow coaches and staff members adhere to these guidelines, including, without limitation, the Travel Guidelines, Locker Rooms and Changing Areas Guidelines and Reporting Guidelines.

If a coach or staff member transports an athlete or other organization member in their private car for team travel, a copy of the coach's or staff member's valid driver's license is required.

When not practicing, training, competing, or preparing for competition, coaches and staff will monitor the activities of athletes, fellow coaches and staff during team travel. Coaches and staff will:

- a. prepare athletes for team travel and make athletes aware of all expectations. Supplemental information will be given to parents/guardians of athletes who are considered inexperienced travelers, new or relatively new to team travel, or who are under the age of 14
- b. familiarize themselves with all travel itineraries and schedules before the initiation of team travel
- c. conform to, and monitor for others' adherence, the Youth Protection Handbook and all guidelines during team travel
- d. encourage minor athletes to participate in regular, at least daily, scheduled communications with their parents/guardians
- e. help athletes be on time for all team commitments (as possible)
- f. assist with team travel logistical needs (as possible)
- g. support chaperones and/or participate in the monitoring of athletes for adherence to curfew restrictions set based on age and competition schedule as listed in travel itinerary
- h. ensure athletes are complying with hotel room restrictions based on gender or age bracket requirements
- i. make certain that athletes are not alone in a hotel room with any adult apart from a family member; this includes coaches, staff and chaperones

- j. not use drugs or alcohol in the presence of minors or be under the influence of alcohol or drugs while performing their coaching duties
- k. immediately report any concerns about physical or sexual abuse, misconduct, or guideline violations
- l. notify parents before taking any disciplinary action against a minor athlete if the athlete is traveling without his or her parents.

### **CHAPERONE RESPONSIBILITIES**

Chaperones accompany team travel to ensure that the athletes, coaches, staff, and volunteers adhere to the CLUB's guidelines. While these include the travel guidelines, it also includes all other relevant policies contained in the AAU's Youth Protection Handbook.

If a chaperone has not undergone a criminal background check, the chaperone will not be permitted to have any one-on-one interactions with athletes or other youth participants. If a chaperone has undergone a criminal background check, he or she may have appropriate one-on-one interactions as outlined in the AAU's Youth Protection Handbook.

If a chaperone will be operating a private car for team travel, a copy of the chaperone's valid driver's license is required.

Chaperones will monitor the activities of all coaches, staff members, volunteers and athletes during team travel. Specifically, chaperones will:

- a. familiarize themselves with all travel itineraries and schedules before team travel
- b. monitor for adherences to club guidelines during team travel
- c. encourage minor athletes to participate in regular, at least daily, scheduled communications with their parents/guardians
- d. help athletes be on time for all team commitments (as possible)
- e. assist coaches, staff and other volunteers with team travel logistical needs (as possible)
- f. monitor athletes for adherence to curfew restrictions set based on age and competition schedule as listed in travel itinerary
- g. ensure athletes comply with hotel room restrictions based on gender or age bracket requirements
- h. not use drugs or alcohol in the presence of minors or be under the influence of alcohol or drugs while performing their chaperone duties
- i. make certain that athletes are not alone in a hotel room with any adult apart from a family member; this includes coaches, staff and chaperones
- j. immediately report any concerns about sexual and physical abuse, misconduct or guideline violations to local law enforcement.

## Double-Goal Coach® Job Description

TO: All Coaches

DATE: \_\_\_\_\_

FROM: \_\_\_\_\_

RE: What We Expect of You

You are the most important person in our organization. You determine the kind of experience our athletes have with sports. We are committed to the principles of Positive Coaching. We expect our coaches to be “Double-Goal Coaches” who want to win and help players learn “life lessons” and positive character traits from sports. The following is what we expect from you during the coming the season.

### **1. Model and teach your players to Honor the Game. Teach the elements of ROOTS – Respect for: Rules, Opponents, Officials, Teammates, and one’s Self.**

- Appoint a parent to be “Culture Keeper” for the team.
- Share with your players’ parents your desire for them to Honor the Game.
- Drill Honoring the Game in practice.
- Seize teachable moments to talk with players about Honoring the Game.

### **2. Help players Redefine what it means to be a “Winner” in terms of Mastery, not just the Scoreboard:**

- Teach players the ELM Tree of Mastery (Effort, Learning, and bouncing back from Mistakes).
- Use a “Team Mistake Ritual” (like “Flushing Mistakes”) to help players quickly rebound from mistakes.
- Reward effort, not just good outcomes. Look to recognize players for unsuccessful effort.
- Encourage players to set “Effort Goals” that are tied to how hard they try.
- Use Targeted Symbolic Rewards to reinforce effort and team play.

### **3. Fill your players’ Emotional Tanks.**

- Use encouragement and positive reinforcement as your primary method of motivating.
- Strive to achieve the 5:1 “Magic Ratio” of 5 positive reinforcements to each criticism/correction.
- Schedule “fun activities” for practices, so players will enjoy their sport.
- Use the “Buddy System” to teach players to fill each other’s Emotional Tanks.
- Develop “player coaches” by asking for player input and asking rather than telling them what to do.
- Learn to give “Kid-Friendly Criticism” so players will be able to hear it. Criticize in private, “Ask Permission,” use the Criticism Sandwich, avoid giving criticism in non-teachable moments.





# AAU YOUTH PROTECTION REPORTING FORM

## Reporting Abuse

AAU requires reporting of sexual misconduct by any member and strongly encourages reporting of any concerns relating to the protection of youth athletes. AAU appreciates your willingness to report inappropriate behavior. By submitting this form, you are giving permission to AAU staff to contact you.

Out of respect for the importance of this issue and to encourage honest and effective reporting, knowingly making a false or vindictive report will not be tolerated.

## Person Being Reported

*Provide as much information as possible about the person you are reporting.*

First Name \*

Last Name \*

Age or Approximate Age

Gender  Female  Male

Club Affiliation (or None) \*

Position(s) this individual holds or held \*  Head Coach  Assistant Coach  Athlete  Official  
 Other

## Alleged Offense Information

*Provide as much specific information as you are able.*

Type of Offense (*select all that apply*)\*  Bullying  Inappropriate Communication  Inappropriate Touching

Physical Abuse  Sexual Abuse  Other

Did Incident Occur at an AAU Sanctioned Event? \*  Yes  No  Not Sure

If Yes, Enter Event Name & Sanction # if known:

Location that the incident(s) took place \*

Enter *Unknown* or City, State, Specific Location

Date(s) of Alleged Offense \*

Description of Alleged Offense (*include as much detail as possible*)

Knowledge of victim(s) involved in the alleged offense

I am not aware of any victim(s) involved with the alleged offense

I am aware of victim(s) involved

**Victim or Victims**

*If you are the victim and wish to remain anonymous, please enter your name as Anonymous. You may also be unaware of who the victim is. In that case, please enter Unknown.*

First Name \*

Last Name \*

Age or Approximate Age  
(None) \*Gender  Female  Male Club Affiliation (or

Additional Information

*Fill this section out if additional victims are involved.*

First Name \*

Last Name \*

Age or Approximate Age

Gender  Female  Male

Club Affiliation (or None) \*

**Individual(s) Who May Have Additional Information**

*List anyone who may be able to provide additional information regarding the alleged offense. We will not identify you when we contact these individuals.*

First Name \*

Last Name \*

Phone #  
(if any)

Email Address

Club Affiliation

First Name \*

Last Name \*

Phone #  
(if any)

Email Address

Club Affiliation

**Report Submitted By**

*All reports are kept strictly confidential by AAU. A person reporting alleged misconduct should not fear any retribution and/or consequence when filing a report he/she believes is true.*

First Name \*

Last Name \*

Phone #

Email Address

AAU Member\*  Yes  No  Not Sure

Club Affiliation (if any)

Relationship to victim (if any)\*  Self  Parent/Guardian  Other family member  Friend or acquaintance Club member  Coach or volunteer  Prefer not to say 

Other

**Additional Information**

*Enter any other information that you feel would be helpful to an investigation of the alleged offense you have reported:*

*This form can be submitted to AAU National Offices by:*

*Email: [compliance@aausports.org](mailto:compliance@aausports.org)*

*Fax: 407-828-0166*

*US Postal Service:*

**AAU**

**Compliance Department**

**PO Box 22409**

**Lake Buena Vista, FL 32830**