



TBS YOUTH SPORTS (1st-6th)

Youth Sport's Participation Packet

IMPORTANT INFORMATION:

This concussion, liability, medical emergency, and cardiac forms are now forms that need to be completed **ONLY once a year!**

These forms include coverage **for all youth sports** at Tacoma Baptist throughout the year!

The last page of the packet is a "REFERENCE SHEET" for you to keep home as a parent/guardian. Please tear this form off before handing in the rest of the packet information.

FORMS TO TURN IN: (4 total forms)

- Concussion Waiver
- Liability Waiver
- Sudden Cardiac Arrest
- YOUTH Athletic eligibility and emergency form

**** These forms must be turned into the Youth Director, Beth Wing, before your child can participate in youth sports at TBS.**





TBS YOUTH SPORTS (1st-6th)

Concussion Information Sheet for Parents/Guardians

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

Symptoms may include one or more of the following:

- | | |
|--|--|
| <ul style="list-style-type: none">• Headaches• “Pressure in head”• Nausea or vomiting• Neck pain• Balance problems or dizziness• Blurred, double, or fuzzy vision• Sensitivity to light or noise• Feeling sluggish or slowed down• Feeling foggy or groggy• Drowsiness• Change in sleep patterns | <ul style="list-style-type: none">• Amnesia• “Don’t feel right”• Fatigue or low energy• Sadness• Nervousness or anxiety• Irritability• More emotional• Confusion• Concentration or memory problems (forgetting game plays)• Repeating the same question/comment |
|--|--|

Signs observed by teammates, parents and coaches include:

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



TBS YOUTH SPORTS (1st-6th)

Concussion Information Sheet

What can happen if my child keeps on playing with a concussion or returns to soon?

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

If you think your child has suffered a concussion

Any athlete even suspected of suffering a concussion should be removed from the game or practice immediately. No athlete may return to activity after an apparent head injury or concussion, regardless of how mild it seems or how quickly symptoms clear, without medical clearance. Close observation of the athlete should continue for several hours. The new "Zackery Lystedt Law" in Washington now requires the consistent and uniform implementation of long and well-established return to play concussion guidelines that have been recommended for several years:

"a youth athlete who is suspected of sustaining a concussion or head injury in a practice or game shall be removed from competition at that time"

and

"...may not return to play until the athlete is evaluated by a licensed health care provider ;return to play from that health care provider".

You should also inform your child's coach if you think that your child may have a concussion. Remember it's better to miss one game than miss the whole season. And when in doubt, the athlete sits out.

For current and up-to-date information on concussions you can go to:
<http://www.cdc.gov/ConcussionInYouthSports/>

Student-athlete Name	Printed Student-athlete Signature	Date
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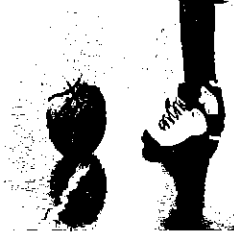
Parent or Legal Guardian	Printed Parent or Legal Guardian Signature	Date
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Sudden Cardiac Arrest

Information Sheet for

Student-Athletes, Coaches and Parents/Guardians

SSB 5083 ~ SCA Awareness Act



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

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

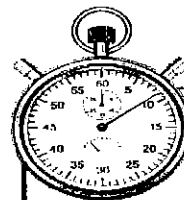
What causes sudden cardiac arrest? SCA in young athletes is usually caused by a structural or electrical disorder of the heart. Many of these conditions are inherited (genetic) and can develop as an adolescent or young adult. SCA is more likely during exercise or physical activity, placing student-athletes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

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

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

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

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



Cardiac 3-Minute Drill

1. RECOGNIZE Sudden Cardiac Arrest

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

2. CALL 9-1-1

- Call for help and for an AED

3. CPR

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

4. AED

- Use AED as soon as possible

5. CONTINUE CARE

- Continue CPR and AED until EMS arrives

AED



**Be Prepared!
Every Second Counts!**

UW Medicine
Center For Sports Cardiology
www.uwsportscardiology.org



**WASHINGTON INTERSCHOLASTIC
ACTIVITIES ASSOCIATION**



**NICK OF TIME
FOUNDATION**
SCA Awareness
Youth Heart Screening
CPR/AED in Schools

www.nickoftimefoundation.org



TACOMA BAPTIST SCHOOLS

A Campus of South Sound Christian Schools

Student/Parent Concussion and Sudden Cardiac Arrest Awareness Form

Tacoma Baptist Schools believes participation in athletics improves physical fitness, coordination, self-discipline, and gives students valuable opportunities to learn important social and life skills.

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

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

This form must be signed annually by the parent/guardian and student prior to participation in Tacoma Baptist Schools athletics. If you have questions regarding any of the information provided in the pamphlet, please contact the athletic director at your school.

I HAVE RECEIVED, READ AND UNDERSTAND THE INFORMATION PRESENTED IN THE CONCUSSION RECOGNITION AND SUDDEN CARDIAC ARREST AWARENESS PAMPHLETS.

_____	_____	_____
<i>Student Name (Printed)</i>	<i>Student Name (Signed)</i>	<i>Date</i>
_____	_____	_____
<i>Parent Name (Printed)</i>	<i>Parent Name (Signed)</i>	<i>Date</i>



TBS YOUTH SPORTS (1st- 6th)
TACOMA BAPTIST ATHLETIC ELIGIBILITY & EMERGENCY CONSENT FORM

Last Name _____ First Name _____

Nickname _____ () Male () Female Birthdate _____ Grade _____

Street Address _____

City _____ State _____ Zip _____

Parent/Guardian _____ Cell Ph _____ Home Ph _____

Parent/Guardian _____ Cell Ph _____ Home Ph _____

Medical Insurance All students attending Tacoma Baptist are required to have medical insurance coverage to participate in athletics. Tacoma Baptist does not assume responsibility for such coverage. Be sure to list both, your insurance company and policy number. Insurance Company _____ Policy # _____

Emergency Contact Information

Emergency Contact _____ Relationship _____

Home Ph _____ Cell Ph _____ Work Ph _____

Medical Contacts Preferred Hospital _____ Ph _____

Family Doctor _____ Ph _____

Dentist _____ Ph _____

Health Information Medication(s) your child is currently taking _____

Allergies _____

Previous major injuries _____

Hospitalization/surgery history _____

Is there any other health or medical information we should know _____

Parental Agreements and Authorizations:

By initialing below, you are giving permission for the following items. I give permission for my child to participate in the Tacoma Baptist youth athletic program. I understand that they are assuming a responsibility to adhere to Tacoma Baptist rules, standards, and policies while participating in athletics. _____ Parent/Guardian's Initials

I give consent for school or emergency services personnel to apply first aid, secure other medical aid, or ambulance service for my child. I understand that I am liable for all costs associated with medical attention provided for my child.

_____ Parent/Guardian's Initials



TBS YOUTH SPORTS (1st-6th)

Liability Release Form:

For and in consideration of permission to participate in the recreation activity, I the undersigned participant (if over age 18) or parent or guardian (if participant is under 18) completely release and agree to indemnify and hold Tacoma Baptist Schools and its instructor and any other person, volunteer, or organization affiliated with Tacoma Baptist Schools in connection with this recreation activity harmless from and against any and all liability for any injury or damage from negligence or otherwise which may be suffered by the participant arising out of or in any way connected with this recreation activity. I realize that recreation activities have an inherent risk of physical injury. If the participant has any physical ailments or conditions that might affect his/her health by participating in the activity, I have consulted a physician or other medical authority and received permission to participate. If an injury occurs, I agree to use personal insurance to cover all medical expenses.

Player/Participant's Name

Parent's signature

Date _____

REFERENCE SHEET FOR THE HOME!



TBS YOUTH SPORTS (1st-6th) - Concussion / Cardiac Arrest

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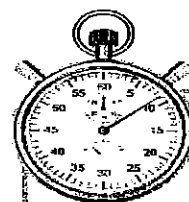
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- Use AED as soon as possible

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