



TYH CONCUSSION AND SUDDEN CARDIAC ARREST POLICY, version 2.0.0

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TYH CONCUSSION AND SUDDEN CARDIAC ARREST POLICY

- At the beginning of a season every WAHA Association shall distribute a concussion and head injury information sheet to each person who will be coaching and to each person who wishes to participate in hockey. If the participant is 12 years old or older the Association shall also distribute an information sheet regarding Sudden Cardiac Arrest.
- No person may participate in a WAHA activity unless the person returns the information sheet signed by the person and, if he or she is under the age of 19, by his or her parent or guardian. Each Association shall verify that every member of their Association complied with the above requirements and file a signed Association Concussion and SCA Compliance form.
- A coach, or official involved in a WAHA activities, or health care provider shall remove a person from the any practice, game, or off-ice activity if the coach, official, or health care provider observes that the person exhibits signs, symptoms, or behavior consistent with a concussion or head injury or the coach, official, or health care provider suspects the person has sustained a concussion or head injury.
- A report of the injured player must be filed using the [CONCUSSION REPORTING FORM](#) found on the WAHA website.
- A person who has been removed per the previous paragraph may not participate in any youth athletic activity until he or she is evaluated by a health care provider and receives a written clearance to participate in the activity from the health care provider. The written clearance is a USA Hockey [RETURN TO PLAY FORM](#) found on the WAHA website.

More information can be found on [WAHA WEBSITE](#).

SIGNS & SYMBPTOMS OF A CONCUSSION

- 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

WARNING SIGNS OF SUDDEN CARDIAC ARREST

- Fainting/Blackouts (especially during exercise)
- Dizziness
- Unusual Fatigue/Weakness
- Chest Pain
- Shortness of Breath
- Nausea/Vomiting
- Palpitations (Heart s beating unusually fast or skipping beats)



Concussions: A Fact Sheet for Parents and Athletes



KNOW THE **A B C**S OF CONCUSSIONS

Assess the situation **B**e alert for symptoms **C**ontact a medical professional

What should you do if you suspect that you, or a teammate, have a concussion?

If you think you or a teammate may have a concussion, it is important to tell someone. Tell your coach or parents. Never ignore a bump or blow to the head even if you feel fine. If you experience symptoms of a concussion, you should immediately remove yourself from practice or play. Tell your coach right away. Get evaluated by a health care provider. A health care provider experienced in evaluating for concussions can determine if you have a concussion, help guide management and safe return to normal activities, including school (concentration and learning) and physical activity. If you have been removed from a youth athletic activity because of a suspected or confirmed concussion, you may not participate again until evaluated by a health care provider and receive written clearance to return to activity. You must provide this written clearance to your coach.

What is a Concussion?

A concussion is a brain injury that:

- Is caused by a bump or blow to the head
- Can change the way your brain normally works
- Can occur during practices or games
- Can happen even if you haven't lost consciousness
- Can be serious even if you've just been "dinged"

What are the symptoms of a concussion?

- Headache or "pressure" in the head
- Nausea or vomiting
- Balance problems or dizziness
- Double or blurry vision
- Bothered by light, noise, or both
- Feeling sluggish, hazy, foggy or groggy
- Difficulty paying attention
- Memory problems
- Confusion
- Does not "feel just right"

Why should you tell someone about your symptoms?

1. Your chances of sustaining a life altering injury are greatly increased if you aren't fully recovered from a concussion
2. Practicing/playing with concussion symptoms can prolong your recovery.
3. Practicing/playing with a concussion can increase your chances of getting another concussion
4. Telling someone could save your life or the life of a teammate.



CONCUSSION: A fact Sheet for Parents and Athletes

What should I do if my child has a concussion?

Seek medical attention. A health care provider experienced in evaluating for concussions can direct concussion management and review when it is safe for your child to return to normal activities, including school (concentration and learning activities) and physical activity. If your child or teen has been removed from a youth athletic activity because of a suspected concussion or head injury, they may not participate again until he/she is evaluated by a health care provider and receives written clearance to participate in the activity from the health care provider.

Help them take time to get better. If your child or teen has a concussion, her or his brain needs time to heal. Your child or teen should limit activities while **he/she** is recovering from a concussion. Exercising or doing activities that involve a lot of concentration, such as studying, using a computer, texting, or playing video games may worsen or prolong concussion symptoms (such as headache or tiredness). Rest will help your child recover more quickly. Your child may become upset that he/she cannot participate in activities.

Together with your child or teen, learn more about concussions. Talk about the potential long-term effects of concussion and the problems caused by returning to daily activities too quickly (especially physical activity and learning/concentration).

How can I help my child return safely after a concussion?

Help your child or teen get needed support when returning to school after a concussion. Talk with your child's school administrators, teachers, school nurse, coach, and counselor about your child's concussion and symptoms. Your child may feel frustrated, sad, and even angry because s/he cannot keep up with school work and learn as well after a concussion. Your child may also feel isolated from peers and social networks. Talk often with your child about these issues and offer your support and encouragement. As your child's symptoms decrease, the extra help or support can be removed gradually. Children and teens who return to school after a concussion may need to:

- Take rest breaks as needed,
- Spend fewer hours at school,
- Be given more time to take tests or complete assignments,
- Receive help with schoolwork, and/or
- Reduce time spent reading, writing, or on the computer.

To learn more go www.cdc.gov/Concussions or call 1-800-CDC-INFO
(1-800-232-4636)



PARENT & ATHLETE AGREEMENT

For Players 11 Years Old and Younger

As a Parent and as an Athlete it is important to recognize the signs, symptoms, and behaviors of concussions. By signing this form, you are stating that you understand the importance of recognizing and responding to the signs, symptoms, and behaviors of a concussion or head injury. **Note:** If your child athlete is under the age of 19, you MUST sign this agreement before your child will be allowed to participate in any hockey activities.

Parent Agreement:

I have read the Parent/Athlete Concussion Fact Sheet and understand what a concussion is and how it may be caused. I also understand the common signs, symptoms, and behaviors. I agree that my child must be removed from practice/play if a concussion is suspected.

I understand that it is my responsibility to seek medical treatment if a suspected concussion is reported to me.

I understand that my child cannot return to practice or play until providing written clearance from an appropriate health care provider to his/her coach.

I understand the possible consequences of my child returning to practice or play too soon.

Parent/Guardian

Signature: _____

Date: _____

Print Name: _____

Athlete Agreement:

I have read or have had a parent/guardian read and explain to me the Parent/Athlete Concussion Fact Sheet and understand what a concussion is and how it may be caused.

I understand the importance of reporting a suspected concussion to my coaches and my parents/guardian.

I understand that I must be removed from practice or play if a concussion is suspected. I understand that I must provide written clearance from an appropriate health care provider to my coach before returning to practice or play.

I understand the possible consequence of returning to practice or play too soon and that my brain needs time to heal.

Athlete

Signature: _____

Date: _____

Print Name: _____