



# AMERICAN YOUTH FOOTBALL

## Participant Forms



REQUIRED FOR REGIONAL AND NATIONAL PARTICIPATION

Participant forms must be presented to the Coach or Team Administrator for inclusion in the team book. Team books must be presented for compliance verification prior to participation in any American Youth Football, Inc., American Youth Cheer dba, Regional, National sanctioned event.

All rostered Participants must complete the following paperwork in order to be allowed to participate in any American Youth Football, Inc., American Youth Cheer dba, Regional, National sanctioned event.

**Image Release - MINOR**

**Waiver and Release of Liability - MINOR**

**Emergency Medical Treatment, Consent and Information Form**

**Proof of AGE - (see association official for acceptable document)**

**NOTE: - All-American Division (grade based) Required Documentation**

**Report Card - Please HIGHLIGHT Division / Grade attending**

All rostered Participants must receive Medical Clearance in order to be allowed to participate in any American Youth Football, Inc., American Youth Cheer dba, Regional, National sanctioned event. Please use the following form if you have not already supplied an acceptable medical clearance to your team.

**Medical Clearance Form**

Participant Medical Clearance will become void in the event of an Injury, Accident, or Illness attended to by a licensed medical professional. The Resume Participation Medical Clearance must be signed by the attending medical professional in order for the participant to resume active participation. The signed form must be presented to the American Youth Football, Inc., American Youth Cheer dba, Regional, National event official.

**Resume Participation Medical Clearance Form**

Some form of Participant Photo Identification system must be employed by your Association. If none was used the following forms can substituted, and is preferred for the American Youth Football, Inc., American Youth Cheer dba, Regional, National sanctioned events.

**Official Participation Tracking and ID Card**

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Any form / document used for your local Association / Conference must be reviewed by your local council to insure it's compliance with all of your state and local statutes. AYF makes no representation or warrantee that any of these conditions have been met.



# AMERICAN YOUTH FOOTBALL

## Participation, Tracking and ID Card - All-American Division

ASSOCIATION NAME - CDYFC

ASSOCIATION	CDYFC		
	ASSOCIATION NAME		
	DIVISION OF PLAY - TEAM NAME		
	PARTICIPANT NAME		
	JERSEY #	Grade	AGE (7/31)
	PARTICIPANT PARENT/GUARDIAN NAME		
HOME PHONE      WORK PHONE      CELL PHONE			

PLACE PHOTO / DMV / MILITARY ID CARD HERE

I, Hereby, With My Signature, Do Certify That The information Below Has Been Collected And Verified By The Means, As A Minimum, As Instructed In The AYF National Rulebook And/Or Operations Manual, Current Version.

OFFICIAL PLAYER CERTIFICATION  
LEAGUE USE ONLY

Conference Verification Signature/STAMP		Association Verification Signature/STAMP
DATE OF BIRTH:	Age As of	GRADE / AGE
Month / Day / Year	7 / 31	CERTIFICATION
		PARTICIPANT CONTRACT
		MEDICAL CLEARANCE
		WAIVER/RELEASE
		EMERGENCY MEDICAL / CONSENT
		SCHOLASTICS

REGULAR SEASON	JAMBOREE	GAME DATE	PLAYER CHECK	CODE		GAME DATE	PLAYER CHECK	CODE	POST SEASON
					Week 11				
	Week 1				Week 12				
	Week 2				Week 13				
	Week 3				Week 14				
	Week 4				Week 15				
	Week 5				Week 16				
	Week 6				Week 17				
	Week 7				Week 18				
	Week 8				Week 19				
	Week 9				Week 20				
Week 10				Week 21					

**INSTRUCTIONS:** PLAYER CHECK Will Enter Date, Verify The Identity, Of Each Participant, Initial Each Participant Card,  
**CODE:** OK = Everything Verified, I = Sick/Injured, A = Absent / Dropped  
**ALL MUST BE CHECKED IN / VERIFIED PLAYING OR NOT / ENTER DETAIL UNDER "CODE"**

## Participation Contract, Tracking and ID Card - Page 2

Last Name	First Name	Initial	Preferred (nick) Name	
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	
Street Address	City / Town	State	Zip Code	Home Phone
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
Date Of Birth (M/D/YR)	Age as of 7/31	Parent/Guardian First Name	Parent/Guardian Last Name	
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	
Grade in Fall	School in Fall	School Phone	Home Email Address	
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	
Medical Insurance (circle one)	Name Of Insurance Carrier	Policy #		
<input style="width: 95%;" type="text"/> YES / NO	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>		
Football: <input type="checkbox"/>	Cheer: <input type="checkbox"/>	--CHECK ONE--	Registration Fee: \$ <input style="width: 95%;" type="text"/>	Check# Cash: <input style="width: 95%;" type="text"/>

### GRAY AREAS FOR OFFICIAL USE ONLY !!

Association: _____	Division: _____	Team: _____
Jersey Number Assigned: _____	Equipment / Uniform Issued <input type="checkbox"/>	Returned <input type="checkbox"/>

**PERMISSION TO PARTICIPATE** I acknowledge that I am fully aware of the potential dangers of participation in any sport and I fully understand that participation in football, cheerleading, dance and/or step may result in **SERIOUS INJURIES, PARALYSIS, PERMANENT DISABILITY AND/OR DEATH**. Furthermore, I fully acknowledge and understand that protective equipment does not prevent all participant injuries. I, the parent/guardian of the above-named participant, do hereby give my approval for my child/ward to participate, and further assert that I have verified with my child/wards' physician, and in my opinion, my child/ward is physically fit and can participate without limitation in any and all Local, Regional, National, League/Conference, Association and team/squad activities, including transportation to and from the activities by a licensed driver.

**SCHOLASTIC FITNESS** I am of the opinion that my son/daughter/ward is scholastically fit and would benefit by participation in this program. I agree to submit a copy of my son/daughter/ward's last completed grade, end of year/last complete report card or a written statement of scholastic fitness from the school administration.

Initial: \_\_\_\_\_

**HELMET WAIVER (for football participants)**

We acknowledge, AND WE understand the risks involved in my CHILD/WARD, my playing FOOTBALL, which is a collision sport; the NOCSAE committee has adopted the following warning to be read by, and signed by, both the parent/guardian and participant. "DO NOT USE THIS HELMET TO BUTT, RAM OR SPEAR AN OPPOSING PLAYER, THIS IS IN VIOLATION OF FOOTBALL RULES AND CAN RESULT IN SEVERE HEAD, BRAIN OR NECK INJURY, PARALYSIS OR DEATH AND POSSIBLE INJURY TO YOUR OPPONENT, THERE IS A RISK THAT THESE INJURIES MAY ALSO OCCUR AS A RESULT OF AN ACCIDENTAL CONTACT WITHOUT INTENT TO BUTT, RAM OR SPEAR, NO HELMET CAN PREVENT ALL SUCH INJURIES."

Parent/Guardian Initial: \_\_\_\_\_ Player Initial: \_\_\_\_\_

**EQUIPMENT UNIFORM RESPONSIBILITY**

I assume full responsibility for any and all equipment/uniforms loaned to my child/ward and I agree to promptly return, upon request, the uniform and other equipment in as good condition as when received except for normal wear and tear. If I fail to adhere to this policy, I will be responsible for and promptly pay the replacement cost of such equipment.

Initial: \_\_\_\_\_

**CODE OF CONDUCT**

The Ideology Of Youth Sports Including This Program Is To Promote Good Understanding And Fundamental Knowledge Of The Sport. It Is Also Critical That Good Sportsmanship Including The Ability To Always Conduct Oneself In An Appropriate Manner Of Positive Accord Both On And Off The Field. It Is Understood That Any Incident Considered Detrimental To The Pursuit Of This Ideology Will Not Be Tolerated. It Will Be Addressed In Accordance With The Statutes Of The Association, Conference, Current National Affiliation, State and Local Laws, And May Result In Dismissal From The Program And The Inability To Participate In Any Future Related Activities Of The Association. This Code Of Conduct Applies To All Involved With The Program Including But Not Limited To, The Football Players, Cheerleaders, Spirit Participants, Parents And Guardians.

Initial: \_\_\_\_\_

PRINT Parents/Guardian Name: \_\_\_\_\_ Parents/Guardian Signature: \_\_\_\_\_ Date Signed: \_\_\_\_\_

**NOTE:** This form as with any and all forms used by your Association should be reviewed by your local counsel for compliance with any state or local statutes. This form should be kept on file for a minimum of 7 years

## Emergency Medical Treatment, Consent and Information

The following information will be used in the event that a parent / legal guardian is not available. The purpose of this information is to provide a quick reference for medical personnel should the need arise. Please fill out this form completely. If a particular question is not applicable write "none", n/a, or other appropriate comment otherwise none will be assumed. If additional space is needed, please use the back of this form. All information disclosed here will be treated as confidential. It will be the responsibility of the parent/legal guardian to notify the participants coach and league/event officials if any information needs to be added, deleted, changed, or updated in any way.

ATHLETE INFORMATION				
<b>Athlete's Name:</b>		Nick Name:		Phone: (    )
Address:		City:		State:    Zip:
PARENT OR GUARDIAN INFORMATION				
<b>Father's Name:</b>				
Address:		City:		State:    Zip:
Hm Phone: (    )		Daytime Phone: (    )		Email:
Employer:				
<b>Mother's Name:</b>				
Address:		City:		State:    Zip:
Hm Phone: (    )		Daytime Phone: (    )		Email:
Employer:				
<b>Guardian's Name:</b>				
Address:		City:		State:    Zip:
Hm Phone: (    )		Daytime Phone: (    )		Email:
Employer:				
FAMILY MEDICAL INSURANCE				
<input checked="" type="checkbox"/> Carrier:			Group:	
<input checked="" type="checkbox"/> Policy #:			Group #:	
<input checked="" type="checkbox"/> Policy Holder Name:				
<input checked="" type="checkbox"/> Family Physician's Name:				
Dr's Address:		City:		State:    Zip:
Phone: (    )		Fax: (    )		Email:
EMERGENCY MEDICAL INFORMATION				
Preferred Hospital(s):				
<b>EMERGENCY CONTACT:</b>			Phone: (    )	Relationship:
Please list any medical conditions (allergies, asthma, etc.) And medications being taken by the participant named above. Please list any other information you may deem relevant, and helpful to emergency medical personnel: (please note if no information is given and the words "none" or "n/a" is not filled in then, "none" will be assumed.				
Allergies:				
Medical Conditions:				
Other:				

\*I as evidenced below hereby grant permission for my child/ward to participate in any and all, (Association name) and, American Youth Football, Inc. program(s) event(s), including but not limited to, athletic, social and/or fundraising activities. I further consent to the administration of any and all medical treatment necessary to stabilize and or treat any medical condition or medical emergency to which my child/ward is afflicted. I understand that this authorization is given prior to the need for medical care, but given in advance to avoid any unnecessary delay in emergency treatment which the attendant and/or medical professional may deem advisable in the exercise of their best judgment.

*\*Print Parent/Legal Guardian Name*

*\*Signature Parent/Legal Guardian*

*\*Date*

The original Emergency Medical Treatment, Consent and Information form should travel with the coach and a copy should be kept at the administrative office of the sports organization. Due to privacy concerns, completed forms should be stored in a secure location with access restricted to those on a need to know basis for the purpose of medical care.



# AMERICAN YOUTH FOOTBALL

## Medical Clearance Form



ASSOCIATION NAME - CDYFC

**Medical Clearance Form - Must be dated after January 1st of the Current Season**

I, as evidenced by my name and signature below, do certify that I am licensed MD and or DO in the state of Massachusetts and am qualified in determining that:

(Childs Name: \_\_\_\_\_) is physically fit and I have found no medical or observable conditions which would contra-indicate his/her from participating in youth flag football, tackle football, cheer, dance, step or athletic activities.

I am therefore clearing this individual for athletic participation.

**Please Print - or - Use Office Stamp Here:**

<p>Signature: _____</p> <p>Date:        /        /</p> <p>( Must be dated after January 1st, of the Current Season )</p> <p>_____</p>	<p>Print Name Clearly: _____</p> <p>Office Address: _____</p>
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**PLEASE NOTE:** If this Medical Clearance is voided by injury, accident, or illness, it will be the responsibility of the Parent/Legal Guardian to notify the participants Coach and League Officials. It will also be the responsibility of the Parent / Legal Guardian to obtain WRITTEN permission from his/her physician (either MD or DO) to resume participation. A "Doctors Resume Participation Medical Clearance Form" is available from the league or you may have the doctor supply his/her own WRITTEN Clearance as long as it is on the doctor's official stationary and includes the following statement: "(Participants Name) is physically fit and I have found no medical or observable conditions which would contra-indicate him/her from participating in youth flag football, tackle football, cheer, dance, step or athletic activities. I am therefore clearing this individual for athletic participation.

This statement must be supplied by the physician attending to the injury, accident, or illness.

**NOTE:** This form as with any and all forms used by your Association should be reviewed by your local counsel for compliance with any state or local statutes. This form should be kept on file for a minimum of 7 years, longer in the event of an injury. Please confer with your local attorney for advice as to the appropriate maintenance and storage term for this and all such forms.

# (2020) - AYF Code of Conduct Form

CDYFC will not tolerate verbal abuse of its volunteer coaches from any Fan, Parent or Spectator.

This is American Youth Football, not the pros. Fans, as well as the players and coaches, are expected to abide by a code of conduct at all American Youth Football Events. While 99% of the adults in the program will abide by this code without being told, this code is being published to protect the children and volunteers (which includes all coaches and board members) from the 1%.

## FANS' CODE OF CONDUCT

Fans will abide by a Code of Conduct which includes the provisions which follow. If any of these rules are broken, CDYFC shall have the authority to impose a penalty.

### ***Fans shall:***

1. Not criticize the players/cheerleaders or coaches in front of the other spectators in the stands, but reserve constructive criticism for later, in private.
2. Accept decisions of the game officials (including referees and coaches) on the field as being fair and called to the best ability of said officials.
3. Not criticize an opposing team, its players, coaches, or fans by word of mouth or by gesture.
4. Refrain from using physical or verbal abuse or profane language at any time at the game, practice field, or other AYF functions.
5. Abstain from being under the influence of or in possession of and/or drinking alcoholic beverages and the possession or use of any illegal substance on both the game and practice fields.
6. Not be allowed on the sidelines during a game.
7. Not interfere/interrupt the coaching staff before, during or after games or at practice.
8. Not express complaints about coaches in stands or to coaches in front of or around the children (i.e. right after a game or practice).

## VIOLATION

Any parent or fan who violates the code of conduct risks the further participation of the child in the program. The procedure is as follows:

1. Any fan who violates the code of conduct or becomes a nuisance will be asked to leave by the head coach and can be suspended from all team activities.
2. If the fan fails to leave upon request, the child may be suspended from further participation in team activities by the head coach.
3. The head coach along with the executive board will decide if the duration of the suspension is to be longer than one to four weeks or if the child will be dropped from the program. That decision will depend on the attitude of the parents.
4. Any parent or fan who violates the code of conduct risks the future participation of his/her children in the program. Depending on the severity of the incident the board of directors may decide to ban future participation in the program for up to three years.

## CONDUCT OF ALL PLAYERS - PARENTS

All players are guaranteed 6 plays in each Jamboree, Regular Season or Playoff game. Everything beyond that must be earned in the opinion of the coaching staff whose decisions are final.

### **Athlete's Code**

***I will:*** emphasize the ideals of sportsmanship, ethical conduct and fair play. Show courtesy to my opponents and officials. Recognize athletic contests are serious educational endeavors. Give complete allegiance to my coaches who are the instructional authority for my team. Discourage fans, fellow players and parents from undercutting my coach's authority.

***I will not:*** Use profanity or talk "trash" before, during or after any game. Use drugs, alcohol, or tobacco. Criticize my teammates. Act in any way that may incite spectators.

### **Parent's Code**

***I will:*** Support my child's team/squad and teach the value of commitment to the team/squad - emphasis the ideals of sportsmanship, ethical conduct and fair play. Help my child and American Youth Football make athletic contests a positive educational experiences. Show courtesy to opponents and officials. Direct constructive criticism of my child's athletic program to the athletic director or association officials and work toward a positive result for all concerned.

***I will not:*** Criticize officials, direct abuse or profane language toward them, or otherwise subvert their authority. Undermine, in work or deed, the authority of the coach or administration. Intrude onto the field, stand on the sideline, or yell from the bleachers at or to the coaches, referees or administration.

I have read the **FAN'S CODE OF CONDUCT** and understand what is expected.

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Child's Name (PRINT)

Team Name

Date

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Parents Name (PRINT)

Parents Signature



# AMERICAN YOUTH FOOTBALL



## Waiver and Release of Liability - Minor

ASSOCIATION NAME - CDYFC

### READ BEFORE SIGNING

IN CONSIDERATION OF \_\_\_\_\_, my child/ward, being allowed to participate in the American Youth Football American Youth Cheer Regional/National Championships, and or the football and or cheer programs of Charlton-Dudley Youth Football & Cheer, the Local Organization, which is a legally distinct and organization not operated or controlled by American Youth Football, despite its membership with American Youth Football, Inc. the undersigned acknowledges and agrees that:

- 1) The risk of injury to my child/ward, myself, from the activities involved in these programs is significant, including the potential for permanent disability, paralysis and death, and while particular rules, equipment, and personal discipline may reduce this risk, the risk of serious injury does exist; and,
- 2) FOR MYSELF, SPOUSE, AND CHILD/WARD, I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others, and assume full responsibility for child/ward, participation; and,
- 3) I willingly agree to comply with the stated and customary terms and conditions for participation. If, however, I observe any unusual significant concern in my child/wards', readiness or, hazard during my presence or participation, and/or in the program itself, I will remove my, child/ward, from participation and bring such to the attention of the nearest official immediately; and,
- 4) I, for myself, my spouse, my child/ward, and on behalf of my/our heirs, assigns, personal representatives and next of kin, HEREBY RELEASE, INDEMNIFY, AND HOLD HARMLESS American Youth Football, Inc.(AYF), the local organization, their respective officers, directors, officials, volunteers, agents, and/or employees, other participants, sponsoring agencies, tournament host, sponsors, advertisers, and if applicable, owners and lessors of premises used to conduct the event ( RELEASEES ), WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damage to person or property, incident to my child/wards', involvement or participation in these programs, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE, TO THE FULLEST EXTENT PERMITTED BY LAW.
- 5) I, for myself, my spouse, my child/ward, and on behalf of my/our heirs, assigns, personal representatives and next of kin, HEREBY INDEMNIFY AND HOLD HARMLESS all the above Releasees from any and all liabilities incident to my child/ward's involvement or participation in these programs, EVEN IF ARISING FROM THEIR NEGLIGENCE, to the fullest extent permitted by law.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

Print Name of Parent/Guardian: \_\_\_\_\_

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

### UNDERSTANDING OF RISK

I understand the seriousness of the risks involved in participating in this program, my personal responsibilities for adhering to rules and regulation, and accept them as a participant.

Print Participant's Name: \_\_\_\_\_

Participant's Signature: \_\_\_\_\_ Date Signed: \_\_\_\_\_

**NOTE:** This form as with any and all forms used by your Association should be reviewed by your local counsel for compliance with any state or local statutes. This form should be kept on file for a minimum of 7 years, longer in the event of an injury. Please confer with your local attorney for advice as to the appropriate maintenance and storage term for this and all such forms.



# AMERICAN YOUTH FOOTBALL



## Image Release – MINOR

ASSOCIATION NAME - CDYFC

### READ BEFORE SIGNING

In consideration of (insert child's name) \_\_\_\_\_, my minor child/ward being allowed to participate in any way, in the American Youth Football, Inc. ("AYF") (~~dba American Youth Football and American Youth Cheer~~), national championships and any other official AYF events and activities, the undersigned agrees that American Youth Football Inc., is hereby granted the unrestricted right and permission, free from approval or review, to copyright and/or use my child's/ward's likeness in all media now or hereafter known, including but not limited to, pictures and videos of my child which he/she may be included intact or in part for promotion or other commercial use.

Print Name of Parent/Guardian: \_\_\_\_\_

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





**Mild Traumatic Brain Injury (MTBI) / Concussion  
Annual Statement and Acknowledgement Form**

I, \_\_\_\_\_ (athlete), have chosen to participate in an a sport where injuries may occur and I do understand that it is my responsibility to report all of my injuries and illnesses or suspected injuries and illnesses to the organization's staff, including but not limited to: coaches, team physicians, and athletic training staff. I further understand and recognize that my health and safety is the most important thing and without disclosing all injuries and or illnesses, it can not be properly determined if you are in the physical condition necessary to participate. I understand that I must provide a full and accurate medical history including any symptoms, health complaints and any prior injuries and/or disabilities I have experienced before, during or after athletic activities.

By signing below, I acknowledge:

- My organization has provided me with specific educational materials including the CDC Concussion fact sheet (<http://www.cdc.gov/concussion>) on what a concussion is and has given me an opportunity to ask questions.
- I ACKNOWLEDGE THAT I HAVE READ THE FACT SHEET on the CDC website for Parents and Players.
- I have fully disclosed to the staff any prior medical conditions and will also disclose any future conditions.
- There is a possibility that participation in my sport may result in a head injury and/or concussion. In rare cases, ~~these concussions can cause permanent brain damage, and even death.~~
- A concussion is a brain injury, which I am responsible for reporting to the team physician, athletic trainer, coach, parent volunteer, or official.
- A concussion can affect my ability to perform everyday activities, and affect my reaction time, balance, sleep, and classroom performance.
- Some of the symptoms of concussion may be noticed right away while other symptoms can show up hours or days after the injury.
- ~~If I suspect a teammate has a concussion, I am responsible for reporting the injury to the staff.~~
- I will not return to play in a game or practice if I have received a blow to the head or body that results in concussion related symptoms.
- I will not return to play in a game or practice until my symptoms have resolved AND I have written clearance to do so by a qualified health care professional.
- Following concussion the brain needs time to heal and you are much more likely to have a repeat concussion or further damage if you return to play before your symptoms resolve.

Based on the incidence of concussion as published by the CDC football and cheer, among other sports, have been identified as high risk for concussion.

I represent and certify that I and my parent/guardian have read the entirety of this document and fully understand the contents, consequences and implications of signing this document and agree to be bound by this document.

Student Athlete:

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Parent or legal guardian must print and sign name below and indicate date signed.

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Date: \_\_\_\_\_

# A Fact Sheet for ATHLETES

# HEADS UP (CONCUSSION)

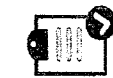
## WHAT IS A CONCUSSION?

A concussion is a brain injury that affects how your brain works. It can happen when your brain gets bounced around in your skull after a fall or hit to the head.

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

### REPORT IT.

Tell your coach and parent if you think you or one of your teammates may have a concussion. You won't play your best if you are not feeling well, and playing with a concussion is dangerous. Encourage your teammates to also report their symptoms.

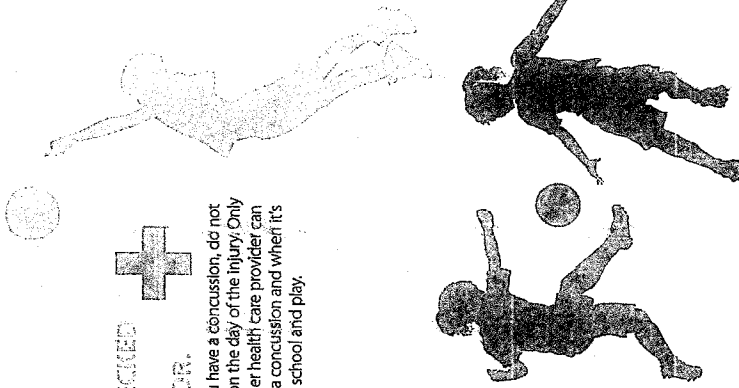


### GET CHECKED OUT BY A DOCTOR.

If you think you have a concussion, do not return to play on the day of the injury. Only a doctor or other health care provider can tell if you have a concussion and when it's OK to return to school and play.



This sheet has information to help you protect yourself from concussion or other serious brain injury and know what to do if a concussion occurs.












### GIVE YOUR BRAIN TIME TO HEAL.

Most athletes with a concussion get better within a couple of weeks. For some, a concussion can make everyday activities, such as going to school, harder. You may need extra help getting back to your normal activities. Be sure to update your parents and doctor about how you are feeling.



## HOW CAN I TELL IF I HAVE A CONCUSSION?

You may have a concussion if you have any of these symptoms after a bump, blow, or jolt to the head or body:

-  ..... **Get a headache**
-  ..... **Feel dizzy, sluggish or foggy**
-  ..... **Be bothered by light or noise**
-  ..... **Have double or blurry vision**
-  ..... **Vomit or feel sick to your stomach**
-  ..... **Have trouble focusing or problems remembering**
-  ..... **Feel more emotional or "down"**
-  ..... **Feel confused**
-  ..... **Have problems with sleep**

A concussion feels different to each person, so it's important to tell your parents and doctor how you feel. You might notice concussion symptoms right away, but sometimes it takes hours or days until you notice that something isn't right.

The information provided in this document or through linkages to other sites is not a substitute for medical or professional care. Questions about diagnosis and treatment for concussion should be directed to a physician or other health care provider.



Centers for Disease Control and Prevention  
National Center for Injury Prevention and Control



Centers for Disease Control and Prevention  
National Center for Injury Prevention and Control

**GOOD TEAMMATES KNOW:**  
IT'S BETTER TO MISS ONE GAME THAN THE WHOLE SEASON.

## HOW CAN I HELP MY TEAM?



### PROTECT YOUR BRAIN.

All your teammates should avoid hits to the head and follow the rules for safe play to lower chances of getting a concussion.



### BE A TEAM PLAYER.

If one of your teammates has a concussion, tell them that they're an important part of the team, and they should take the time they need to get better.



To learn more, go to [www.cdc.gov/HEADSUP](http://www.cdc.gov/HEADSUP)