

## **PLAYERS' CODE OF ETHICS**

I hereby pledge to be positive about my youth sports experiences and accept responsibility for my participation by following this Players' Code of Ethics pledge:

- I will encourage good sportsmanship from fellow players, coaches, officials and parents at every game and practice by demonstrating good sportsmanship.
- I will attend every practice and game that I can, and will notify my coach if I cannot.
- I will expect to receive a fair and equal amount of playing time.
- I will do my very best to listen and learn from my coaches.
- I will treat my coaches, other players, officials and fans with respect regardless of race, sex, creed, or abilities and I will expect to be treated accordingly.
- I deserve to have fun during my sports experience and will alert parents or coaches if it stops being fun.
- I deserve to play in an environment that is free from drugs, tobacco and alcohol and expect adults to refrain from their use at all youth sports events.
- I will encourage my parents to be involved with my team in some capacity because it is important to me.
- I will do my very best in school.
- I will remember that sports participation is an opportunity to learn and have fun.

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**Player Signature**

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**Date**



## CODE OF ETHICS

**I hereby pledge to provide positive support, care, and encouragement for my child participating in youth sports by following this NAYS Parents' Code of Ethics:**

- I will encourage good sportsmanship by demonstrating positive support for all players, coaches, and officials at every game, practice, or other youth sports event.
- I will place the emotional and physical well-being of my child ahead of a personal desire to win.
- I will insist that my child play in a safe and healthy environment.
- I will require that my child's coach be trained in the responsibilities of being a youth sports coach and that the coach upholds the Coaches' Code of Ethics.
- I will support coaches and officials working with my child, in order to encourage a positive and enjoyable experience for all.
- I will demand a sports environment for my child that is free from drugs, tobacco, and alcohol, and will refrain from their use at all youth sports events.
- I will remember that the game is for youth - not for adults.
- I will do my very best to make youth sports fun for my child.
- I will help my child enjoy the youth sports experience by doing whatever I can, such as being a respectful fan, assisting with coaching, or providing transportation.
- I will ask my child to treat other players, coaches, fans, and officials with respect regardless of race, sex, creed, or ability.

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date



# CONCUSSION TRAINING FOR PARENTS

## WHAT IS A CONCUSSION?

A traumatic injury to the brain that alters mental status or changes the way the brain normally works. It is caused by a blow to the head or body that forces the brain to move rapidly inside the skull.

## IDENTIFYING CONCUSSIONS

As a PAYS parent you have a responsibility to ensure the safety and well-being of your child at all times, so it is imperative that you are always closely watching them and if any of the following signs are observed, or symptoms are reported, that you immediately alert the coach to remove your child from the activity.

### Signs observed by parents or guardians

- 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 a hit or fall

### Symptoms reported by the 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"

## DANGER SIGNS

If concussion symptoms become more severe you need to visit the hospital or call 9-1-1 immediately. Blood clots can form on the brain and squeeze the brain against your child's skull, causing serious damage. The following danger signs represent a medical emergency:

- Headache worsens or doesn't go away
- Weakness/numbness/ loss or decrease in coordination
- Repeated vomiting or nausea
- Slurred speech
- One pupil larger than the other
- Loss or decrease in coordination
- Restlessness or unusual behavior
- Increasing confusion or agitation
- Loss of consciousness/drowsiness/inability to wake up

## DEALING WITH A SUSPECTED CONCUSSION

- 1. Have your child removed from the activity.** If concussion signs or symptoms are discovered immediately have the coach pull your child from the activity. Your child must not return to the activity until medically cleared.
- 2. Evaluating your child.** A coach, athletic trainer, or even you can ask short- and long-term questions to gauge your child's awareness and responses. These questions will help you inform the doctor of the severity of the concussion.
- 3. Visit a doctor trained in concussion management.** A doctor properly trained to diagnose your child for concussions should be consulted to determine the severity of the concussion and the steps your child needs to return to play.

### *Did You Know?*

- *A player does not have to be knocked unconscious to have experienced a concussion.*
- *A concussion can occur in any sport or recreation activity.*
- *Children do not recover quicker than adults from concussions.*

## STEPS TO RECOVERY

There is no set timetable for recovery following a concussion. Symptoms can last minutes, hours, days, weeks or even months before the brain has properly healed.

Repeat concussions can cause a rare condition more common in young athletes called *second impact syndrome*, which is more severe than the initial concussion and even fatal in some cases. Once an athlete has suffered a concussion, their chances of a second one are 3 to 6 times greater than an athlete who has never sustained a concussion.

Parents should monitor their children for additional symptoms over the next few days. Symptoms can often take a few days to appear. Athletes should never return to activities if they are still experiencing concussion symptoms.

### Resting

Doctors recommend an athlete who has sustained a concussion get as much rest as possible in the days and weeks following the incident. Rest helps the brain recover and heal itself. Resting includes getting plenty of sleep and relaxing throughout the day while avoiding cognitive activities such as video games, watching television, board games, etc.

Consult with your health care professional trained in concussion management to find the proper way for your child to return to normal activities. If your child sustains a concussion make sure all adults involved in the activity know your child has sustained a concussion.

- 1. Returning to School** – Your child may return to school with shortened or half days with their doctor's approval. Cognitive and mental activities can be just as stressful on your child's brain as physical activities. All adults who interact with your child at school should be aware that your child has sustained a concussion and has experienced certain symptoms. These adults can help monitor your child at school for any symptoms that may arise and help accommodate your child's in-school needs.
- 2. Returning to Daily Life** - Your child's health care professional will give recommendations on what you can do for your child over the next few days during their at home activities. Those steps include making sure your child gets plenty of rest throughout the day and adequate sleep at night, including a strict bedtime every night. Allow daytime naps or even breaks from daily activity if your child feels exhausted or tired. Instruct your child to stay away from homework, reading, video games, cell phone, computer use, television, board games and any physical activities as well. Your child should eat properly and stay well hydrated to help the healing process.

- 3. Returning to Play** - Your child must receive written permission from a health care professional with concussion management experience before returning to play. Your doctor should also provide an action plan to get your child ready to compete again. Players should be symptom free at rest, as well as while doing any physical or cognitive activities, before returning.

### Sample Plan

Begin one week after concussion symptoms have stopped. Each step takes approximately one day to complete and a player should only go to the next step if no symptoms have been experienced.

- Step 1:** Walking, light jogging, riding an exercise bike (5-10 min.)
- Step 2:** Moderate jogging and biking, light calisthenics, brief sprinting (20-30 min.)
- Step 3:** Sprinting or running, intense exercise biking, non-contact drills (45-60 min.)
- Step 4:** Full contact practice but in a controlled environment with teammates
- Step 5:** Game activity, assuming no concussion symptoms have been experienced

## EDUCATION FOR ATHLETES

- **Educating your child** – Before the season, provide and discuss with your child a list of symptoms they might experience during an activity as a result of a concussion and stress to them the importance of reporting a bump or blow to their head to you or a coach, even if they feel fine. If those symptoms are reported to the coach, he or she should immediately remove your child from the activity as a precaution.
- **Teach safe play and good sportsmanship** – You should always educate your child to play by the rules and show good sportsmanship toward the opposition; rules are in place to help prevent injuries.
- **Wear the right protective gear** – It is also important to teach your child to wear their protective equipment properly, make sure it fits well, and that it is used every time they play.

### Parents Association for Youth Sports

2050 Vista Parkway

West Palm Beach, FL 33411

NAYS.ORG | 1-800-688-KIDS



## CONCUSSION TRAINING ACKNOWLEDGMENT FORM

I hereby acknowledge having received the Parents Association for Youth Sports Concussion Training Guide covering the signs, symptoms and risks of sports related concussions. I also accept my responsibility to report to my coaches, parent(s)/guardian(s) any signs or symptoms of a concussion.

\_\_\_\_\_  
**Signature of Athlete**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Print Athlete's Name**

I, the parent/guardian of the athlete named above, hereby acknowledge having received the Parents Association for Youth Sports Concussion Training Guide covering the signs, symptoms and risks of sports related concussions. I also accept my responsibility to report my child's symptoms to coaches, administrators and health care providers. In addition, my child must not have any concussion symptoms before returning to play. They also must have written permission from a health care provider trained in concussion management before returning to play.

\_\_\_\_\_  
**Signature of Parent/Guardian**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Print Parent/Guardian's Name**

Please complete and return this consent form to your child's youth league.

**Parents Association for Youth Sports**  
2050 Vista Parkway  
West Palm Beach, FL 33411  
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