

KIRKLAND NATIONAL LITTLE LEAGUE
Policies regarding Concussion and Brain Injuries

All coaches, umpires, athletes and their parents are to be aware of and alert to the potential of concussion and brain injury that might occur during games or practices to the participating athlete. KNLL operates on the premise of “If in doubt, sit out”. You need to be aware of the following:

- (a) That concussions are one of the most common injuries sustained by children and adolescents who participate in sporting activities;
- (b) That concussions are caused by a blow or rapid motion to the head or body causes the brain to move rapidly inside the skull;
- (c) That the risk of catastrophic injury or death are significant when a concussion or head injury is not properly evaluated and managed;
- (d) That concussions are brain injuries that can range from mild to severe and can disrupt the way the brain normally works, can occur with or without the loss of consciousness, and can occur in sporting activities from a fall or collision with the ground, objects or other players;
- (e) That continuing to play with a concussion or symptoms of head injury leaves a young athlete especially vulnerable to greater injury and even death;
- (f) That warning signs of potential concussion or brain injury are where the athlete shows signs of being dazed or confused, forgets plays, is unsure of the game, score or opponent, moves clumsily, answers questions slowly, shows behavior or personality changes, and/or is unable to recall events prior to or after the blow or collision;
- (g) That symptoms of a concussion may include headache, nausea, balance problems or dizziness, double or fuzzy vision, feeling sluggish, feeling foggy or groggy, confusion, and/or difficulty with concentration or memory problems; and
- (h) That if the coach or umpire suspects that a concussion may have occurred, the athlete should be immediately removed from the game, be monitored carefully for at least two hours after being removed (either by the coach or the athlete’s parents), and not allowed to return to play until a licensed health care provider trained in the evaluation and management of brain injuries provides written clearance.

I understand these policies and agree to abide by them.

Dated: _____

Printed Name

Signature