



# ALASKA YOUTH SOCCER ASSOCIATION

## 2021 STATE CUP

### Possible Head Injury/Concussion Notification for Alaska Youth Soccer Events



Today, \_\_\_\_\_, 2\_\_\_\_\_, at the **Alaska Youth Soccer State Cup**\_\_\_\_\_

\_\_\_\_\_ received a possible head injury / concussion during practice or competition. Alaska Youth Soccer / US Youth Soccer and Staff want to make you aware of this possibility and signs and symptoms that may arise which may require further evaluation and/or treatment.

It is common for a concussed child or young adult to have one or many concussion symptoms. There are four types of symptoms: physical, cognitive, emotional, and sleep.

If your child starts to show signs of these symptoms, or there any other symptoms you notice about the behavior or conduct of your son or daughter, you should seek medical attention:

Memory difficulties	Repeats the same answer/question.	Irritability
Neck pain	Fatigued	Weakness/ numbness - arms and /or legs
Delicate to light or noise	Slow reactions	Slurred speech
Headaches that worsen	Focus issues	Less responsive than usual
Odd behavior	Irregular Sleep Pattern	
Vomiting	Seizures	

Take the necessary precautions and seek a professional medical opinion before allowing your daughter or son to participate further. Until a professional medical opinion is provided, consider the following AYSA guidelines:

- refraining from participation in any activities the day of, and the day after, the occurrence.
- refraining from taking any medicine unless (1) current medicine, prescribed or authorized, is permitted to be continued to be taken, and (2) any other medicine is prescribed by a licensed health care professional.
- refraining from cognitive activities requiring concentration cognitive activities such as TV, video games, computer work, and text messaging if they are causing symptoms.

If you are unclear and have questions about the above symptoms, please contact a medical doctor or doctor of osteopathy who specializes in concussion treatment and management. Please be advised that a player who **suffers a concussion may not return to play until there is provided a signed clearance** from a medical doctor or doctor of osteopathy who specializes in concussion treatment and management.

#### Alaska Youth Soccer State Cup Guidelines

The State Cup tournament will provide onsite trained personal to review all medical situations and offer guidance on how to proceed in future play. Per State Cup Policy and Rules.

#### Medical

**11.1 Athletic Trainers:** The competition trainers are primary to any team trainers, or team bench personnel official.

**11.1.1** Athletic Trainers will be called onto the field by the referee for medical situations.

**11.1.2** Any player, coach, bench personnel, or team official who **refuses** the referee or Athletic Trainers request for their name, or gives a false name, while they gather data to report/ care on medical condition, shall have a minimum of two (2) match added to the suspension that would normally be levied by the Alaska State Cup Committee.

**11.2 Concussion Protocol:** All US Youth Soccer Concussion procedures and protocols, as well as any state or local laws regarding concussions, will be followed.

11.2.1 Teams are required to utilize the AYSA Possible Head Injury/ Concussion Notification form guidelines, and clearance for **Return to Play** if a possible concussion occurs.

**11.3 Heading:** Players in the 11U – 12U divisions are prohibited from deliberately heading the ball. If a player deliberately heads the ball in a game, an indirect free kick (IFK) should be awarded to the opposing team from the spot of the offense.

11.3.1 If the deliberate header occurs within the goal area, the indirect free kick should be taken on the goal area line parallel to the goal line at the nearest point to where the infringement occurred.

## **2021 Possible Head Injury-Concussion Notification For Alaska Youth Soccer Events**

Player's Team: \_\_\_\_\_ Age Group: \_\_\_\_\_

Player Name: \_\_\_\_\_ Gender: \_\_\_\_\_

Player Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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

Team Official Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**By inserting my name and date and returning this Notification Form, I confirm that I have been provided with, and acknowledge that, I have read the information contained in the Form.**

**Please complete the form and drop off the at the State Cup Headquarters; If returning the signed Form by mail, send it to the following address: 200 W. 34th Ave # 21 Anchorage, AK 99503. If returning this Form by email, send it to the following address: [alaskayouthsoccer@gmail.com](mailto:alaskayouthsoccer@gmail.com)**

### References:

Kissick MD, James and Karen M. Johnston MD, PhD. "Return to Play After Concussion." Collegiate Sports Medical Foundation. Volume 15, Number 6, November 2005. [http://www.csmfoundation.org/Kissick\\_-\\_return\\_to\\_play\\_after\\_concussion\\_-\\_CJSM\\_2005.pdf](http://www.csmfoundation.org/Kissick_-_return_to_play_after_concussion_-_CJSM_2005.pdf). April 22, 2011.

National Federation of State High School Associations. "Suggested Guidelines for Management of Concussion in Sports". 2008 NFHS Sports Medicine Handbook (Third Edition). 2008 77-82. <http://www.nfhs.org>. April 21, 2011.

Children's National Medical Center. "Safe Concussion Outcome, Recovery & Education (SCORE) Program." Adapted by Gerard Gioia, PhD; Micky Collins, PhD; Shireen Atabaki, MD, MPH; Noel Zuckerbraun, MD, MPH. [http:// www.childrensnational.org/score](http://www.childrensnational.org/score). June 27, 2011.



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