



**ALASKA YOUTH SOCCER ASSOCIATION**  
**Possible Head Injury/Concussion Notification**  
**Alaska Youth Soccer Sanctioned**  
**Programs and Events**



Today, \_\_\_\_\_, 20\_\_\_\_, at the **Alaska Youth Soccer Affiliate League/Program**\_\_\_\_\_

[insert player’s name] \_\_\_\_\_ received a possible head injury / concussion during practice or competition. The Affiliate Club/ League 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 consider seeking immediate medical attention:

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

Take the necessary precautions and seek a professional medical opinion prior to requesting that your child continue to participate. Until a medical release is provided to the AYSA Office, suggested guidelines below:

- 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. **Be advised that a player who suffers a concussion may not return to play until there is a provided signed clearance from a medical doctor officially submitted to the AYSA Office and the return to play status has been updated under AYSA.**

**AYSA Possible Head Injury-Concussion Notification**  
**For Alaska Youth Soccer Sanctioned Programs and Events**

Player Club Team: \_\_\_\_\_ Age Group: \_\_\_\_\_

Player Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Gender: \_\_\_\_\_

Parent Name: \_\_\_\_\_ Phone #: \_\_\_\_\_ Phone #: \_\_\_\_\_

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

Club/League Official Signature: \_\_\_\_\_ Date: \_\_\_\_\_

- **By completing 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 submit to the AYSA office; by mail, send it to the following address: 200 W. 34th Ave # 21 Anchorage, AK 99503 and by email, send it to the following address: alaskayouthsoccer@gmail.com**

**( Insurance Claim Form Attached Second Page )**

Alaska Youth Soccer Association  
200 W. 34th Ave # 21  
Anchorage AK 99503  
(907) 887-6550

**Alaska Youth Soccer Association  
Insurance Claim Form**

***MUST BE SUBMITTED WITHIN 2 WEEKS OF INCIDENT/ACCIDENT***

Injured Party Name: \_\_\_\_\_ Injured Party Phone: \_\_\_\_\_

( ) Coach ( ) Player ( ) Other: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Date of Injury: \_\_\_\_\_ Location/ Facility: \_\_\_\_\_

League Name: \_\_\_\_\_ Injured Party Club/ Team: \_\_\_\_\_

Type of Play Involved: ( ) League Game ( ) Practice ( ) Tournament ( ) Other \_\_\_\_\_

Name of Tournament/ Event: \_\_\_\_\_ City: \_\_\_\_\_

Time of Event: \_\_\_\_\_ AM PM Time of Injury: \_\_\_\_\_ AM PM

Team Name: \_\_\_\_\_ Opponent Name: \_\_\_\_\_

Describe Injury and Cause: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Name of Administrator on Site: \_\_\_\_\_ Phone: \_\_\_\_\_  
(e.g. Coach, Team Parent, etc.)

Does the injured party have Primary Insurance? ( ) Yes ( ) No

Name of Insurance Company: \_\_\_\_\_

Parent/ Guardian \_\_\_\_\_

Parent/ Guardian Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Parent/ Guardian Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

**Mail or Email to Alaska Youth Soccer**

200 W. 34th Ave # 21

Anchorage, AK 99503

[alaskayouthsoccer@gmail.com](mailto:alaskayouthsoccer@gmail.com)

