

USSA Concussion Policy for Members

Any USSA athlete under the age of 18 years suspected of having sustained a concussion/ traumatic brain injury must be removed immediately from participation in USSA sporting event (e.g. sanctioned training, practice, camps, competitions or tryouts), by the Technical Delegate or USSA member coach overseeing such sporting event. The minor athlete will be prohibited from further participation until evaluated and cleared in writing to resume participation in USSA sporting events by a qualified health care provider trained in the evaluation and management of concussive head injuries. The health care professional must certify to USSA in the clearance letter that he/she has successfully completed a continuing education course in the evaluation and management of concussive head injuries within three years of the day on which the written statement is made.

Upon removal of a minor athlete from participation for a suspected concussion/traumatic brain injury, the USSA TD or member coach making the removal must inform USSA Competition Services. Athletes who have subsequently been medically cleared to resume participation must provide such medical clearance (as described above) to USSA Competition Services in order to be permitted to participate in USSA sporting events.

About Concussion

A concussion is a type of traumatic brain injury (TBI) caused by a bump, blow, or jolt to the head. Concussions can also occur from a fall or a blow to the body that causes the head and brain to move quickly back and forth. Doctors may describe a concussion as a "mild" brain injury because concussions are usually not life-threatening. Even so, their effects can be serious.

Risk of Continued Participation

A repeat concussion that occurs before the brain recovers from the first—usually within a short period of time (hours, days, or weeks)—can slow recovery or increase the likelihood of having long-term problems. In rare cases, repeat concussions can result in edema (brain swelling), permanent brain damage, and even death.

The USSA recommends that Members review the Center for Disease Control's resources on concussion awareness at the following link:

http://www.cdc.gov/concussion/HeadsUp/online_training.html

By his/her signature below, **MEMBER CERTIFIES THAT HE/SHE HAS READ AND UNDERSTOOD THIS AGREEMENT**, and agrees in full with its terms, intend that it be binding on Member, his/her heirs, executors, administrators and assigns, and that it remain in full force and effect for as long as Member participates in USSA training, competition and related programs and activities..

MEMBER

Signature: _____ Date of Birth: _____

Printed name: _____ Member No.: _____ Date Signed: _____

SIGNATURE OF PARENT OR GUARDIAN REQUIRED BELOW FOR MINOR* MEMBERS**

As the parent or guardian of the minor Member named above, I hereby make and enter into each and every agreement, representation, waiver and release described above on behalf of myself, the Member, and any other parent or guardian of the Member, intending that they be binding on me, the Member, and our respective heirs, executors, administrators and assigns.

Parent or guardian's signature _____

Printed name _____ Date _____