



OHIO SLED HOCKEY

COLUMBUS
Blades

CLEVELAND
Mighty Barons

CINCINNATI
Icebreakers

NORTHWEST OH
Arctic Wolves

Ohio Sled Hockey Athlete Information

Player Information:

Name _____

Date of Birth (M/D/Y) _____ Current Age/Grade _____ Gender: M F

Disability/Diagnosis _____

Street Address: _____

City _____ State _____ Zip Code _____

Home Phone: _____ Cell Phone (if over 18) _____

E-mail Address (if over 18) _____

Please list any specific considerations that might be helpful for coaching the athlete:

Parent or Guardian's Information (if minor):

Name _____ Relation to Player _____

Home Phone _____ Cell Phone _____

E-mail Address _____

I give OSH permission to use this information to register my player with USA Hockey.

Signature (Athlete) _____ Date ___ / ___ / ___

Signature (Parent or Guardian) _____ Date ___ / ___ / ___



USA Hockey

Consent To Treat/Medical History Form



This is to certify that on this date, I _____, as parent or guardian of _____, (athlete participant), or for myself as an adult participant, give my consent to USA Hockey and its medical representative to obtain medical care from any licensed physician, hospital, or clinic for the above mentioned participant, for any injury that could arise from participation in USA Hockey sanctioned events.

If said participant is covered by any insurance company, please complete the following:

Insurance Company: _____

Policy Number: _____

Parent/Guardian/Adult Participant Signature: _____ **Date:** _____

Excess accident insurance up to \$25,000, subject to deductibles, exclusions and certain limitations, is provided to all USA Hockey registered team participants. For further details visit usahockey.com or contact USA Hockey at (719) 576-USAH.

EMERGENCY CONTACT

Name: _____ Phone: _____

Address: _____

Physician's Name: _____ Phone: _____

Hospital of Choice: _____

COMPLETION OF MEDICAL HISTORY INFORMATION BELOW IS OPTIONAL

MEDICAL HISTORY

If the answer to any of the following questions is yes, please describe the problem and its implications for proper first aid treatment on the back of this form.

- | | | |
|---|--|--|
| <input type="checkbox"/> Head Injury
<i>(concussion, skull fracture)</i> | <input type="checkbox"/> Asthma | <input type="checkbox"/> Allergies _____ |
| <input type="checkbox"/> Fainting spells | <input type="checkbox"/> High blood pressure | <input type="checkbox"/> Diabetes |
| <input type="checkbox"/> Convulsions/epilepsy | <input type="checkbox"/> Kidney problems | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Neck or back injury | <input type="checkbox"/> Hernia | _____ |
| | <input type="checkbox"/> Heart murmur | _____ |

Have you had (or do you currently have) any of the following?

Have you had a recent tetanus booster? Yes No If yes, when? _____

Are you currently taking any medications? Yes No If yes, please list all medications on back.

Has a doctor placed any restrictions on your activity? Yes No If yes, please explain on back.



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OSH Participant Code of Conduct

Ohio Sled Hockey, a non-profit organization, would like to provide quality competitive and non-competitive sports and recreation, which includes establishing a high standard of athlete behavior, and ensuring the safety and well-being of all athletes involved in training and competition. All athletes and participants are expected to abide by the following Athlete Code of Conduct.

STANDARDS OF BEHAVIOR

The following athlete behavior is unacceptable while participating in training or competition, including, but not limited to, practice, transportation to and from competition, and the competition venue:

- Profanity or verbal abuse
- Tobacco use in restricted areas
- Use of Alcohol
- Physical or verbal sexual overtures
- Physical abuse
- Use of illegal drugs or any controlled substance
- Illegal or socially unacceptable behavior, which seriously disrupts or impedes the participation of athletes and others and/or reflects poorly on our program
- Poor sportsmanship
- Violent or disruptive behavior
- Any unwelcome physical contact
- Possession of harmful weapons

GUIDELINES FOR LIMITING OR DENYING INVOLVEMENT WITH OSH

- Admission or adjudication of involvement in abuse, neglect, sexual assault or conduct involving violence or threat of violence.
- Record of being charged with abuse, neglect, conduct involving violence or threat of violence, or sexual assault with corroborating information.
- Extreme or repeated violation of the Code of Conduct.
- Current use, possession or distribution of illegal drugs.

OSH will address each situation on a case-by-case basis following the above guidelines.

OSH requires that all athletes, volunteers and coaches review, understand and sign the athlete code of conduct before participating in this program.

Name of Participant (print) Check one: Player Volunteer Coach

Signature of Participant Date ____ / ____ / ____

Name of Parent or Guardian Signature of Parent or Guardian, if 17 or younger Date ____ / ____ / ____



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PARENT/GUARDIAN CODE OF CONDUCT AGREEMENT

As a parent or guardian of an Ohio Sled Hockey player, I hereby pledge to conduct myself in a manner that complies with the "Zero Tolerance Policy" of USA Hockey.

I pledge to:

- I. Show respect for the players, coaches, officials, other parents, and spectators.
- II. Demonstrate and encourage good sportsmanship and the concept of fair play.
- III. Uphold the essential elements of USA Hockey's Zero Tolerance Policy, in an effort to make ice hockey a more desirable and rewarding experience for all participants.
- IV. Promote and support the Player Code of Conduct Agreement, including but not limited to its emphasis on good sportsmanship and fair play.

Further, I pledge NOT to:

- VI. Use obscene or vulgar language to anyone at any time.
- VII. Publicly criticize players, coaches, or game officials.
- VIII. Taunt players, coaches, officials, or other spectators by means of baiting, ridiculing, or threat of physical violence.
- IX. Throw any object in the spectator viewing area, player bench, penalty box, or on the ice surface.
- X. Engage in any other physical aggression toward a player, coach, official, or spectator.

By signing this document, I agree to abide by and uphold the above stated Code of Conduct Agreement. I understand that violating this Code of Conduct Agreement may result in my expulsion from the spectator's viewing and game area, and may subject me, my child, and/or my child's team to penalties as determined by USA Hockey, game and/or team officials, and/or Ohio Sled Hockey.

Parent/Guardian Signature Print Name Date

Parent/Guardian Signature Print Name Date

NOTE: ***All*** parents / guardians ***MUST*** sign this Code of Conduct



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CONSENT TO PHOTOGRAPH, RECORD AND/OR ILLUSTRATE

Ohio Sled Hockey is hereby given permission for:

- Photographing, recording, and/or illustrating of an individual for release to the news media.
- Photographing, recording, and/or illustrating of an individual for Ohio Sled Hockey promotional and/or recruiting purposes.
- Photographing, recording, and/or illustrating of individual for the following reason:

I restrict such procedures as follows (please write n/a if no restrictions are listed):

Who May Consent:

1. The participant, if an adult or emancipated minor.
2. The parent or guardian, if the participant is an unemancipated minor.
3. The guardian, if the participant is incompetent adult.

Name of Participant (print)

Signature of Participant Date ____ / ____ / ____

Name of Parent or Guardian Signature of Parent or Guardian , if 17 or younger Date ____ / ____ / ____



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ACKNOWLEDGEMENT OF HAVING READ THE "OHIO DEPARTMENT OF HEALTH CONCUSSION INFORMATION SHEET"

By signing this form, as the parent/guardian/care-giver of the athlete named below, I acknowledge having read the "Youth Sports Concussion Information Sheet" prepared by the Ohio Department of Health (sheet can be found here: www.healthy.ohio.gov/concussion).

I understand that concussions and other head injuries have serious and possibly long-lasting effects. By reading the information sheet, I understand I have a responsibility to report any signs or symptoms of a concussion or head injury to coaches, administrators and my athlete's doctor.

I also understand that coaches, referees and other officials have a responsibility to protect the health of the athletes and may prohibit my athlete from further participation in athletic programs until my athlete has been cleared to return by a physician or other appropriate health care professional.

Name of Participant (print)

Signature of Participant

Date ____ / ____ / ____

Name of Parent or Guardian

Signature of Parent or Guardian, if 17 or younger

Ohio Department of Health Concussion Information Sheet

For Youth Sports Organizations

Dear Parent/Guardian and Athletes,

This information sheet is provided to assist you and your child in recognizing the signs and symptoms of a concussion. Every athlete is different and responds to a brain injury differently, so seek medical attention if you suspect your child has a concussion. Once a concussion occurs, it is very important your athlete return to normal activities slowly, so he/she does not do more damage to his/her brain.

What is a Concussion?

A concussion is an injury to the brain that may be caused by a blow, bump, or jolt to the head. Concussions may also happen after a fall or hit that jars the brain. A blow elsewhere on the body can cause a concussion even if an athlete does not hit his/her head directly. Concussions can range from mild to severe, and athletes can get a concussion even if they are wearing a helmet.

Signs and Symptoms of a Concussion

Athletes do not have to be “knocked out” to have a concussion. In fact, less than 1 out of 10 concussions result in loss of consciousness. Concussion symptoms can develop right away or up to 48 hours after the injury. Ignoring any signs or symptoms of a concussion puts your child’s health at risk!

Signs Observed by Parents of Guardians

- ◆ *Appears dazed or stunned.*
- ◆ *Is confused about assignment or position.*
- ◆ *Forgets plays.*
- ◆ *Is unsure of game, score or opponent.*
- ◆ *Moves clumsily.*
- ◆ *Answers questions slowly.*
- ◆ *Loses consciousness (even briefly).*
- ◆ *Shows behavior or personality changes (irritability, sadness, nervousness, feeling more emotional).*
- ◆ *Can't recall events before or after hit or fall.*

Symptoms Reported by Athlete

- ◆ *Any headache or “pressure” in head. (How badly it hurts does not matter.)*
- ◆ *Nausea or vomiting.*
- ◆ *Balance problems or dizziness.*
- ◆ *Double or blurry vision.*
- ◆ *Sensitivity to light and/or noise*
- ◆ *Feeling sluggish, hazy, foggy or groggy.*
- ◆ *Concentration or memory problems.*
- ◆ *Confusion.*
- ◆ *Does not “feel right.”*
- ◆ *Trouble falling asleep.*
- ◆ *Sleeping more or less than usual.*

Be Honest

Encourage your athlete to be honest with you, his/her coach and your health care provider about his/her symptoms. Many young athletes get caught up in the moment and/or feel pressured to return to sports before they are ready. It is better to miss one game than the entire season... or risk permanent damage!

Seek Medical Attention Right Away

Seeking medical attention is an important first step if you suspect or are told your child has a concussion. A qualified health care professional will be able to determine how serious the concussion is and when it is safe for your child to return to sports and other daily activities.

- ◆ *No athlete should return to activity on the same day he/she gets a concussion.*
- ◆ *Athletes should **NEVER** return to practices/games if they still have ANY symptoms.*
- ◆ *Parents and coaches should never pressure any athlete to return to play.*

The Dangers of Returning Too Soon

Returning to play too early may cause Second Impact Syndrome (SIS) or Post-Concussion Syndrome (PCS). SIS occurs when a second blow to the head happens before an athlete has completely recovered from a concussion. This second impact causes the brain to swell, possibly resulting in brain damage, paralysis, and even death. PCS can occur after a second impact. PCS can result in permanent, long-term concussion symptoms. The risk of SIS and PCS is the reason why no athlete should be allowed to participate in any physical activity before they are cleared by a qualified health care professional.

Recovery

A concussion can affect school, work, and sports. Along with coaches and teachers, the school nurse, athletic trainer, employer, and other school administrators should be aware of the athlete’s injury and their roles in helping the child recover.

During the recovery time after a concussion, physical and mental rest are required. A concussion upsets the way the brain normally works and causes it to work longer and harder to complete even simple tasks. Activities that require concentration and focus may make symptoms worse and cause the brain to heal slower. Studies show that children’s brains take several weeks to heal following a concussion.



www.healthyohioprogram.org/concussion

Returning to Daily Activities

1. Be sure your child gets plenty of rest and enough sleep at night – no late nights. Keep the same bedtime weekdays and weekends.
2. Encourage daytime naps or rest breaks when your child feels tired or worn-out.
3. Limit your child's activities that require a lot of thinking or concentration (including social activities, homework, video games, texting, computer, driving, job-related activities, movies, parties). These activities can slow the brain's recovery.
4. Limit your child's physical activity, especially those activities where another injury or blow to the head may occur.
5. Have your qualified health care professional check your child's symptoms at different times to help guide recovery.

Returning to School

1. Your athlete may need to initially return to school on a limited basis, for example for only half-days, at first. This should be done under the supervision of a qualified health care professional.
2. Inform teacher(s), school counselor or administrator(s) about the injury and symptoms. School personnel should be instructed to watch for:
 - a. Increased problems paying attention.
 - b. Increased problems remembering or learning new information.
 - c. Longer time needed to complete tasks or assignments.
 - d. Greater irritability and decreased ability to cope with stress.
 - e. Symptoms worsen (headache, tiredness) when doing schoolwork.
3. Be sure your child takes multiple breaks during study time and watch for worsening of symptoms.
4. If your child is still having concussion symptoms, he/she may need extra help with school-related activities. As the symptoms decrease during recovery, the extra help or supports can be removed gradually.

Resources

ODH Violence and Injury Prevention Program
www.healthyohioprogram.org/vipp/injury.aspx

Centers for Disease Control and Prevention
www.cdc.gov/Concussion

National Federation of State High School Associations
www.nfhs.org

Brain Injury Association of America
www.biausa.org/

Returning to Play

1. Returning to play is specific for each person, depending on the sport. *Starting 4/26/13, Ohio law requires written permission from a health care provider before an athlete can return to play.* Follow instructions and guidance provided by a health care professional. It is important that you, your child and your child's coach follow these instructions carefully.
2. Your child should NEVER return to play if he/she still has ANY symptoms. (Be sure that your child does not have any symptoms at rest and while doing any physical activity and/or activities that require a lot of thinking or concentration).
3. Be sure that the athletic trainer, coach and physical education teacher are aware of your child's injury and symptoms.
4. Your athlete should complete a step-by-step exercise -based progression, under the direction of a qualified healthcare professional.
5. A sample activity progression is listed below. Generally, each step should take no less than 24 hours so that your child's full recovery would take about one week once they have no symptoms at rest and with moderate exercise.*

Sample Activity Progression*

Step 1: Low levels of non-contact physical activity, provided NO SYMPTOMS return during or after activity. (Examples: walking, light jogging, and easy stationary biking for 20-30 minutes).

Step 2: Moderate, non-contact physical activity, provided NO SYMPTOMS return during or after activity. (Examples: moderate jogging, brief sprint running, moderate stationary biking, light calisthenics, and sport-specific drills without contact or collisions for 30-45 minutes).

Step 3: Heavy, non-contact physical activity, provided NO SYMPTOMS return during or after activity. (Examples: extensive sprint running, high intensity stationary biking, resistance exercise with machines and free weights, more intense non-contact sports specific drills, agility training and jumping drills for 45-60 minutes).

Step 4: Full contact in controlled practice or scrimmage.

Step 5: Full contact in game play.

*If any symptoms occur, the athlete should drop back to the previous step and try to progress again after a 24 hour rest period.



Ohio Department of Health
Violence and Injury Prevention Program
246 North High Street, 8th Floor
Columbus, OH 43215
(614) 466-2144

www.healthyohioprogram.org/concussion