

LYL Official Signature _____

Payment _____

**2018 LEDYARD YOUTH LEAGUE
FLAG FOOTBALL REGISTRATION FORM
5 - 6 year olds**

Child's Name _____ Birth Date _____ Age as of 12/1/18 _____

Address _____ Town _____ Zip _____

Home Phone # _____ School GFS JWL LCS GHS LMS Grade as of Aug 2018 _____

Mother's Name _____ Cell # _____ Work # _____

Father's Name _____ Cell # _____ Work # _____

email Address _____
(email communication is preferred for League information & notifications)

Emergency Contact (do NOT include yourself; we will try you first)

Contact _____ Relation _____ Phone # _____

FEES:

\$50 for Flag Football players.

INITIAL EACH OF THE FIVE STATEMENTS BELOW:

I understand that my child may not participate in any practice prior to handing in this completed registration form and a Parents' Code of Ethics, and Waiver Forms. All forms are due by 08/06/18 and can be mailed to **LYL, PO Box 424, Ledyard, CT 06339.**

I am aware that Flag Football practice starts Monday, August 13, 2018 and will be conducted from 5:30 to 7 pm three nights a week.

I understand that with the young age of these players I am expected to remain at all practices.

I understand that Ledyard Youth League is a non-profit, all volunteer organization that is not affiliated with Ledyard Parks & Recreation Department.

I understand that after Monday August 13, 2018 all registration fees are non-refundable.

Parent/Guardian Signature _____ Date _____

Assistance is needed in the following areas. Please place a check if you can spare a few hours.

Commissioner _____ Coach _____ Asst Coach _____ Team Parent _____

| Division | Age |
|-------------|------------|
| U-14 Senior | 14 & Under |
| U-12 Junior | 12 & Under |
| U-10 Micro | 10 & Under |
| U-8 Pee Wee | 8 & Under |

**2018 LEDYARD YOUTH LEAGUE
FOOTBALL REGISTRATION FORM
(for 7-14 year olds, in 8th grade or lower)**

| |
|--------------|
| LYL Official |
| Payment |

Child's Name _____ Birth Date _____ Age as of 12/1/18 _____

Address _____ Town _____ Zip _____

Home Phone # _____ School _____ GFS JWL LCS GHS LMS Grade as of Aug 2018 _____

Mother's Name _____ Cell # _____ Work # _____

Father's Name _____ Cell # _____ Work # _____

Email Address _____

(Email communication is preferred for League information & notifications)

Emergency Contact (do NOT include yourself; we will try you first)

Contact _____ Relation _____ Phone # _____

FEES: \$135 registration fee per player. After July 30th, 2018, \$145 (\$10 late fee.)
After July 30th, all registration fees are non-refundable.

INITIAL EACH OF THE FIVE STATEMENTS BELOW:

I understand that my child may not participate in any practices prior to handing in copy of a Current Medical Physical (School "Blue Form"), copy of birth certificate, this registration form, & Parents Code of Ethics and Waiver Forms. All forms are due by **07/30/18** and can be mailed to **LYL, PO. Box 424, Ledyard, CT 06339**

← Parent/Guardian Initial Here

I am aware that practices start **Monday July 30th 2018** and will be conducted from 5:30 to 7:30 PM Monday - Friday until school starts. There may also be weekend practices during August. After school begins, practice will be run from 5:30 to 7:30 PM Weeknights.

← Parent/Guardian Initial Here

I am aware that most games are held on Saturday & Sunday which could interfere with religious services.

← Parent/Guardian Initial Here

I agree to return all LYL owned equipment issued to my child in the same condition as it was received, except for reasonable wear & tear. Failure to do so will result in paying full replacement cost of \$350 by November 23, 2018.

← Parent/Guardian Initial Here

I understand that Ledyard Youth League is a non-profit, all volunteer organization that is not affiliated with Ledyard Parks & Recreation Department.

← Parent/Guardian Initial Here

Parent/Guardian Signature _____ Date _____

Assistance is needed in the following areas. Please place a check if you can spare a few hours.

| | | |
|--------------------|-----------------------|--------------------|
| Concession | Field Clean Up | Chain Gang |
| Time Keeper | Announcers | Team Parent |

Ledyard Youth League **NEEDS** volunteers. Each Tackle Football player's parent is needed to work the concession for at least one home game. Volunteering in the Concession Stand helps us to keep our registration fees lower while still providing for the needs of our football program. While the concession is the place we need the most people to volunteer, we are also looking for help cleaning up before and after football games, including the restrooms. We need people to work the chains during the games or the referees will not start each game. **PLEASE HELP US HELP OUR FOOTBALL PROGRAM!!**

← Parent/Guardian Initial Here

2018 LEDYARD YOUTH FOOTBALL Player / Parent Concussion Advisory Form

This advisory form was developed to provide parents of players with current and relevant information regarding concussions and to comply with Connecticut General Statutes (C.G.S.) Chapter 163, Section 149b: *Concussions: Training courses for coaches. Education plan. Informed advisory form. Development or approval by the State Board of Education and Section 10-149c: athletes and concussions. Removal from athletic activities. Notification of parent or legal guardian. Revocation of coaching permit.*

What is a Concussion?

National Athletic Trainers Association (NATA) - *A concussion is a "trauma induced alteration in mental status that may or may not involve loss of consciousness."*

Centers for Disease Control and Prevention (CDC) - *"A concussion is a type of traumatic brain injury, or TBI, caused by a bump, blow, or jolt to the head that can change the way your brain normally works. Concussions can also occur from a blow to the body that causes the head to move rapidly back and forth."* - CDC, Heads Up: Concussion http://www.cdc.gov/headsup/basics/concussion_what.html

Even a "ding," "getting your bell rung," or what seems to be mild bump or blow to the head can be serious" - CDC, Heads Up: Concussion Fact Sheet for Coaches http://www.cdc.gov/concussion/HeadsUp/pdf/Fact_Sheet_Coaches-a.pdf

Section 1. Concussion Education Plan Summary

The Concussion Education Plan and Guidelines for Connecticut Schools was approved by the Connecticut State Board of Education in January 2015. Below is an outline of the requirements of the plan. The complete document is accessible on the CSDE Web site: <http://www.sde.ct.gov/sde/cwp/view.asp?a=2663&q=335572>

State law requires that each local and regional board of education must approve and then implement a concussion education plan by using written materials, online training or videos, or in-person training that addresses, at a minimum the following:

1. **The recognition of signs or symptoms of concussion.**
2. **The means of obtaining proper medical treatment for a person suspected of sustaining a concussion.**
3. **The nature and risks of concussions, including the danger of continuing to engage in athletic activity after sustaining a concussion.**
4. **The proper procedures for allowing a player athlete who has sustained a concussion to return to athletic activity.**
5. **Current best practices in the prevention and treatment of a concussion.**

Section 2. Signs and Symptoms of a Concussion: Overview

A concussion should be suspected if any one or more of the following signs or symptoms are present, or if the coach/evaluator is unsure, following an impact or suspected impact as described in the CDC definition above.

Signs of a concussion may include (i.e. what the athlete displays/looks like to an observer):

- Confusion/disorientation/irritability
- Trouble resting/getting comfortable
- Lack of concentration
- Slow response/drowsiness
- Incoherent/ slurred speech
- Slow/clumsy movements
- Loses consciousness
- Amnesia/memory problems
- Acts silly/combatative/aggressive
- Repeatedly ask same questions
- Dazed appearance
- Restless/irritable
- Constant attempts to return to play
- Constant motion
- Disproportionate/inappropriate reactions
- Balance problems

Symptoms of a concussion may include (i.e. what the athlete reports):

- Headache or dizziness
- Nausea or vomiting
- Blurred or double vision
- Oversensitivity to sound/light/touch
- Ringing in ears
- Feeling foggy or groggy

State law requires that a coach **MUST** immediately remove an athlete from participating in any athletic activity who:
a) is observed to exhibit signs, symptoms or behaviors consistent with a concussion following a suspected blow to the head or body, or b) is diagnosed with a concussion, regardless of when such concussion or head injury may have occurred. **Upon removal of the athlete, a qualified league person must notify the parent or legal guardian within 24 hours that the player athlete has exhibited signs and symptoms of a concussion.**

Section 3. Return to Play (RTP) Protocol Overview

Currently, it is impossible to accurately predict how long an individual's concussion will last. There must be full recovery before a player is allowed to resume participating in athletic activity. Connecticut law now requires that no athlete may resume participation until they have received written medical clearance from a licensed health care professional (**physician, physician assistant, advanced practice registered nurse (APRN)**, athletic trainer) trained in the evaluation and management of concussions.

Concussion Management Requirements:

1. No athlete SHALL return to participation in the athletic activity on the same day of concussion.
2. If there is any loss of consciousness, vomiting or seizures, the athlete MUST be immediately transported to the hospital.
3. Close observation of an athlete MUST continue following a concussion. The athlete should be monitored for an appropriate amount of time following the injury to ensure that there is no worsening/escalation of symptoms.
4. Any athlete with signs or symptoms related to a concussion MUST be evaluated by a licensed health care professional (**physician, physician assistant, advanced practice registered nurse (APRN)**) trained in the evaluation and management of concussions.
5. The athlete MUST obtain an initial written clearance from one of the licensed health care professionals identified above directing her/him into a well-defined RTP stepped protocol similar to the one outlined below. If at any time signs or symptoms return during the RTP progression, the athlete should cease activity.
6. After the RTP protocol has been successfully administered (no longer exhibits any signs or symptoms or behaviors consistent with concussions), final written medical clearance is required by one of the licensed health care professionals identified above for the athlete to fully return to unrestricted participation in practices and competitions.

Medical Clearance RTP protocol (For Ledyard Youth League)

| Rehabilitation stage | Functional exercise at each stage of rehabilitation | Objective of each stage |
|----------------------|---|---------------------------------------|
| 1. No activity | Complete physical and cognitive rest until asymptomatic. | Recovery |
| 2. Full activity | No restrictions (Requires A Doctor's Signed Release) | Return to full athletic participation |

The player's doctor may permit return to partial activities. This also must have a written protocol for what the player may or may not do on any given day from incident to returning to full participation. The player's coach must have a copy of the written instructions for limited activities and when fully cleared to return.

I have read and understand this document the "Player and Parent Concussion Advisory Form" and understand the severities associated with concussions and the need for immediate treatment of such injuries.

Player name: _____
(Print Name)

I authorize my child to participate in _____ for Ledyard 2018 _____
(Sport/Activity)

Parent/Guardian name: _____ Date _____ Signature _____
(Print Name)

References:

1. NFHS. Concussions. 2008 NFHS Sports Medicine Handbook (Third Edition). 2008: 77-82.
<http://www.nfhs.org>.
[http://journals.lww.com/cjsportsmed/Fulltext/2009/05000/Consensus Statement on Concussion in Sport 3rd.1.aspx](http://journals.lww.com/cjsportsmed/Fulltext/2009/05000/Consensus_Statement_on_Concussion_in_Sport_3rd.1.aspx).
2. Centers for Disease Control and Prevention. Heads Up: Concussion in High School / town Sports.
[http://www.cdc.gov/NCIPC/tbi/Coaches Tool Kit.htm](http://www.cdc.gov/NCIPC/tbi/Coaches_Tool_Kit.htm).
3. CIAC Concussion Central - <http://concussioncentral.ciacsports.com/>

Resources:

- Centers for Disease Control and Prevention. *Injury Prevention & Control: Traumatic Brain Injury*. Retrieved on June 16, 2010.
<http://www.cdc.gov/TraumaticBrainInjury/index.html>
- Centers for Disease Control and Prevention. *Heads Up: Concussion in High School / town Sports Guide for Coaches*. Retrieved on June 16, 2014.