



PARTICIPANT PACKET

The following documents must be reviewed, signed and returned to GVAHA prior to players being allowed to participate in team practices or games.

Contents:

- 1. STAR - Parent Code of Conduct**
- 2. Participate Code of Conduct - To be read and signed by player**
- 3. Concussion Materials & Acknowledgement (only return acknowledgement)**
- 4. Consent to Treat**

Please return your complete player packet to Jack Williams, Hockey Director or your team manager. Documents can be dropped off at the Georgetown Ice Center or mailed to:

GVAHA

8500 48th Avenue

Hudsonville, MI 49426

Team Managers are required to have these documents on file for each player prior to any practices or games. They will require you to turn in these required documents prior to participating in any team activities this season.

PARENT/LEGAL GUARDIAN CODE OF CONDUCT AGREEMENT

As a parent/legal guardian of a child involved in a program of Michigan Amateur Hockey Association, I agree to abide by and follow the rules and guidelines below.

- ★ I will promote the emotional and physical well-being of the athletes ahead of any personal desire to win.
- ★ I will remember that my child plays hockey for his/her enjoyment, not mine.
- ★ I will encourage good sportsmanship through my actions, by demonstrating positive support for all players.
- ★ I will provide support for coaches and officials working with the athletes to provide a positive experience for all.
- ★ I will demand my athlete treat all players, coaches, officials, parents, and spectators respect regardless of race, creed, color, sex or ability.
- ★ I will treat all players, coaches, officials, parents, and spectators with dignity and in language, attitude, behavior, and mannerisms.
- ★ I will inform the coach of any physical disability or ailment that may affect the safety my athlete or the safety of others.
- ★ I will respect the property and equipment used at any sports facility, both home and away.
- ** I have viewed the Michigan Amateur Hockey Association STAR program video****

The video is available online at www.maha.org under the STAR tab or at www.youtube.com on the maha1hockey or redfella records channel.

I understand that by signing this document I am agreeing to support and promote this Parent/Legal Guardian Code of Conduct Agreement. Further, my failure to comply with this Agreement or my participation in any of the defined CONDUCT SUBJECT TO DISCIPLINE will result in disciplinary action, up to and including expulsion from Michigan Amateur Hockey Association and its affiliate member associations.

Signature

Date

Printed Name

Signature

Date

Printed Name

CONDUCT SUBJECT TO DISCIPLINE

Examples of words or actions which will constitute a violation of the Code include, but are not limited to the following:

Making physical contact with any player, coach, official, league representative, arena personnel or spectator;

Taunting or threatening any player, coach, official, league representative, arena personnel or spectator;

Going into the locker/dressing room of an opposing team or obstructing their access to or exit from said room and arena;

Going into the officials' locker/dressing room or obstructing their access to or exit from said room and arena;

Using profane and/or vulgar language or mannerisms;

Going onto the ice surface;

Throwing of any object onto the ice surface, into the player area(s), or at another individual;

Pounding or climbing on the glass;

Defacing or damaging property belonging to any individual, team, association or arena;

Being involved in any activity that would warrant the summoning of law enforcement officials;

Inciting any person(s) to become involved in any of the above-listed behaviors;

Any other conduct that is not in compliance with the tenants of the MAHA STAR HOCKEY Program.



**USA HOCKEY
PARTICIPANT
CODE OF CONDUCT**

NAME: _____

To be read and signed by you as a member of Team: _____

Participating in USA Hockey for the _____ season.

1. No swearing or abusive language on the bench, in the rink, or at any team function.
2. No lashing out at any official no matter what the call is. The coaching staff will handle all matters pertaining to officiating.
3. Anyone who receives a penalty will skate directly to the penalty box.
4. Fighting will not be tolerated. Fighting will result in an appearance before a Discipline Committee.
5. There will be no drinking, smoking, chewing of tobacco or use of illegal substance at any team function.
6. I will conduct myself in a befitting manner at all facilities (ice rink, hotel, restaurant, etc) during all team functions.
7. Any player or team official who cannot abide by these rules or violates them will be subject to further disciplinary action.

Signed: _____ Date: _____

**USA Hockey Concussion Management Program
(as adopted by MAHA, with revisions 12/7/12)¹**

**Michael Stuart MD
Alan Ashare MD**

A concussion is a traumatic brain injury- *there is no such thing as a minor brain injury.*

A player does not have to be “knocked-out” to have a concussion- *less than 10% of players actually lose consciousness.*

A concussion can result from a blow to head, neck or body. Concussions often occur to players who don’t have or just released the puck, from open-ice hits, unanticipated hits and illegal collisions.

The youth hockey player’s brain is more susceptible to concussion. In addition, the concussion in a young athlete may be harder to diagnosis, takes longer to recover, is more likely to have a recurrence and be associated with serious long-term effects.

This Policy applies to the youth athlete, as defined as an individual who participates in a MAHA activity and who is under 18 years of age.

Diagnosis

Players, coaches, parents and health care providers should be able to recognize the symptoms and signs of a concussion:

Symptoms

- Headache
- Nausea
- Poor balance
- Dizziness
- Double vision
- Blurred vision
- Poor concentration
- Impaired memory
- Light Sensitivity
- Noise Sensitivity
- Sluggish
- Foggy
- Groggy
- Confusion

¹ The USA Hockey Concussion Management Program and Post Concussion Functional Return to Play protocols were prepared by Drs. Michael Stuart and Alan Ashare. Additional materials regarding concussion management are located on the USA Hockey website (www.usahockey.com).

Signs

- Appears dazed or stunned
- Confused about assignment
- Moves clumsily
- Answers slowly
- Behavior or personality changes
- Unsure of score or opponent
- Can't recall events after the injury
- Can't recall events before the injury

Management Protocol

1. If the player is unresponsive- call for help & dial 911
2. If the athlete is *not breathing*: start CPR
 - ✓ DO NOT move the athlete
 - ✓ DO NOT remove the helmet
 - ✓ DO NOT rush the evaluation
3. Assume a neck injury *until proven otherwise*
 - ✓ DO NOT have the athlete sit up or skate off until you have determined:
 - no neck pain
 - no pain, numbness or tingling
 - no midline neck tenderness
 - normal muscle strength
 - normal sensation to light touch
4. If the athlete is conscious & responsive without symptoms or signs of a neck injury...
 - help the player off the ice to the locker room
 - perform an evaluation
 - do not leave them alone
5. Evaluate the player in the locker room:
 - Ask about concussion *symptoms* (How do you feel?)
 - Examine for *signs*
 - Verify *orientation* (What day is it?, What is the score?, Who are we playing?)
 - Check *immediate memory* (Repeat a list of 5 words)
 - Test *concentration* (List the months in reverse order)
 - Test *balance* (have the players stand on both legs, one leg and one foot in front of the other with their eyes closed for 20 seconds)
 - Check *delayed recall* (repeat the previous 5 words after 5-10 minutes)
6. A player with any symptoms or signs, disorientation, impaired memory, concentration, balance or recall has a concussion.

“When in doubt, sit them out”

- Remove immediately from play (training, practice or game)
- Inform the player’s parents
- Refer the athlete to a qualified health-care professional
- Medical clearance is required for return to play

7. If any of the signs or symptoms listed below develop or worsen: go to the hospital emergency department or dial **911**.

- Severe throbbing headache
- Dizziness or loss of coordination
- Memory loss or confusion
- Ringing in the ears (tinnitus)
- Blurred or double vision
- Unequal pupil size
- No pupil reaction to light
- Nausea and/or vomiting
- Slurred speech
- Convulsions or tremors
- Sleepiness or grogginess
- Clear fluid running from the nose and/or ears
- Numbness or paralysis (partial or complete)
- Difficulty in being aroused

8. An athlete who is *symptomatic* after a concussion requires complete ***physical*** and ***cognitive rest***.

- A concussed athlete should not participate in any physical activity, return to school, play video games or text message if he or she is having symptoms at rest.
- Concussion symptoms & signs *evolve over time*- the severity of the injury and estimated time to return to play are unpredictable.

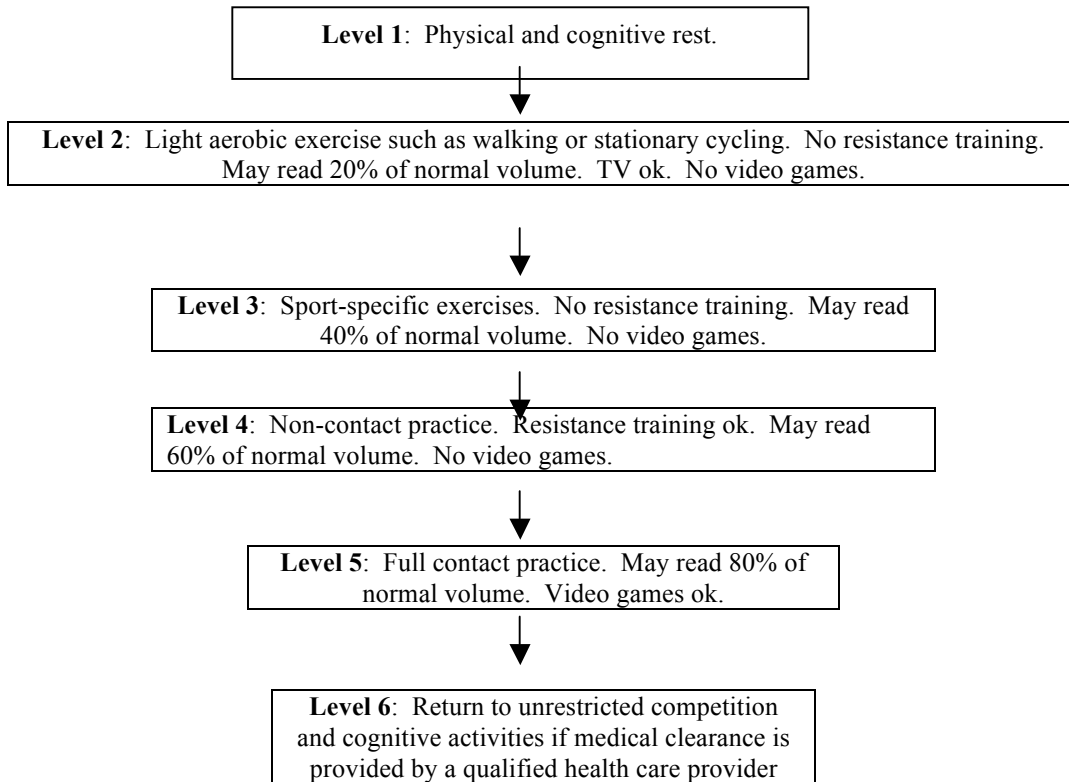
9. The athlete cannot return to participate in any team activities until the organization receives written authorization from an appropriate health professional. The organization must retain a copy of the written clearance for the duration of the youth athlete’s participation in the MAHA or until the youth athlete is 18 years of age.

10. Although not required, a local association may refer to USA Hockey’s Post-Concussion Functional Return to Play Protocols, set forth on Page 4, for further follow-up if an athlete has sustained a concussion.

USA Hockey Post-Concussion Functional Return to Play Protocol

This protocol should not be initiated until after the athlete has been released to participate in the functional return to play protocol by a qualified health care provider. ***If symptoms appear during a functional test, the test should be stopped and the athlete monitored until symptoms resolve.*** No further functional testing should be performed that day. Functional testing may resume the following day at the previously asymptomatic level if the athlete remains asymptomatic. If symptoms do not resolve, appropriate medical attention should be obtained.

After each phase of functional testing, the presence of post-concussive symptoms should be assessed and progression to the next phase of functional testing will require the absence of post-concussive symptoms. Each phase requires ***a minimum of 1 day*** before progressing to the next phase.





Michigan Amateur Hockey Association

Concussion Materials

Browse this compiled list of resources available to you for information about concussions, concussion prevention and returning to play after a concussion.

Concussion Materials Resources	
Resource	Information available
Concussion Summit Recommendations	Dr. Michael J. Stuart presented this piece for the 2011 USA Hockey Winter Meetings. Download
2010 Concussion Summit	Coaches are invited to join physicians to discuss this important safety topic. More information USA Hockey Magazine's report from the summit
NFHS online course	Online course titled Concussion in Sports - What You Need to Know. Read more
Center for Disease Control and Prevention in Atlanta	CDC concussion downloads at http://www.cdc.gov/concussion/HeadsUp/youth.html CDC free online training More information
Concussions in High School Sports	DVD/Videotape with examples of returning to play too soon after mild traumatic brain injury. www.cdc.gov/ncipc/tbi
ImPACT	ImPACT psychometric testing program is used by the NHL, NFL and many colleges and high schools. Download articles about returning to play guidelines after a concussion. www.impacttest.com
Returning to play after concussion	Dr. Alan Ashare discusses what you should know and do about returning to play after a concussion. Read the article Guidelines
NHL.com feature article	National Academy of Neuropsychology (NAN) and National Athletic Trainers' Association (NATA) team up on campaign. Read more
Minn. Hockey Journal article	A medical and psychosocial perspective on concussions in ice hockey. Read more
The 33 News article	News article and video about how a Texas hockey league deals with concussions. Read more
LA Times article	Los Angeles Times report on concussions among child athletes. Read more





Michigan Amateur Hockey Association

We have been provided the MAHA / USA Hockey Concussion Management educational materials. It is our responsibility to read them and ask questions if there is a need. We have also been advised that we should visit the Centers for Disease Control and Prevention's information page, *Injury Prevention & Control: Traumatic Brain Injury* for more information. (www.CDC.gov)

Participant's name: _____
Please print

Participant's signature: _____
Please sign

Participant's Parent/Legal Guardian's name: _____
Please print

Parent/Legal Guardian's signature: _____

Today's date: _____

Witness: _____
Print name

Title: _____
Please print

Signature: _____

Participant's Birth Year: _____





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 \$50,000, 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.