



# 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](http://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<br><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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## 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.

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Parent/Guardian Signature Print Name Date

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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:

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

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### 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](http://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.healthyohiprogram.org/concussion](http://www.healthyohiprogram.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](http://www.healthyohioprogram.org/vipp/injury.aspx)

Centers for Disease Control and Prevention  
[www.cdc.gov/Concussion](http://www.cdc.gov/Concussion)

National Federation of State High School Associations  
[www.nfhs.org](http://www.nfhs.org)

Brain Injury Association of America  
[www.biausa.org/](http://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  
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(614) 466-2144

[www.healthyohioprogram.org/concussion](http://www.healthyohioprogram.org/concussion)