

City Of Henderson Concussion Prevention, Treatment, and Management Policy

Participation in City of Henderson youth sports leagues is a privilege and responsibility that requires all youth participants to adhere to athletic training requirements imposed by the City of Henderson, the State of Nevada, and the Nevada Interscholastic Activities Association (NIAA). Adherence to training rules ensures that all youth participants are in top physical condition, minimizes potential for significant injury, and further ensures that all participants are protected.

A concussion is a brain injury that results from a bump, blow or jolt to the head or body that causes the brain to move rapidly in the skull and disrupts normal brain function. The Centers for Disease Control and Prevention of the United States Department of Health and Human Services estimates that as many as 3.8 million concussions occur each year in the United States that are related to participation in sports and other recreational activities. Participants who continue to participate in an activity while suffering from a concussion or suffering from the symptoms of an injury to the head are at a greater risk for catastrophic injury to the brain or even death. Ensuring that a participant who sustains or is suspected of sustaining a concussion or other injury to the head receives the appropriate medical care before returning to an athletic activity will significantly reduce the participant's risk of sustaining greater injury in the future.

The Nevada Legislature passed AB455, now codified at NRS 386.435, during the 2011 legislative session that mandates that each organization for youth sports that sanctions or sponsors competitive sports for youths in this state adopt a policy concerning the prevention and treatment of injuries to the head that may occur during a youth's participation in competitive sports, including, without limitation, a concussion of the brain. As required by NRS 386.435, this policy is consistent with the policy adopted by NIAA pursuant to NRS 385B.080.

Therefore, the City of Henderson has adopted the following policy for purpose of prevention, treatment, and management of injuries to the head that may occur during a youth participant's participation in activities, including, without limitation, a concussion to the brain.

1. Each season before a youth participant is allowed to participate in an activity or event, the youth participant and his/her parent or legal guardian must be provided with a copy of this policy.
2. The youth participant and his/her parent or legal guardian must sign the statement attached to this policy acknowledging that they have read and understand the terms and conditions of this policy, and agree to be bound by this policy.
3. If a youth participant sustains, or is suspected of sustaining, an injury to the head while participating in any City of Henderson activity or event, the youth participant must:
 - (a) Be removed immediately from the activity or event; and
 - (b) May only return to the activity or event if the parent or legal guardian of the youth participant first provides the activity's program coordinator a signed statement from a provider of health care indicating that the youth participant is medically cleared for participation in the activity or event. The statement must include the date on which the youth participant may return to the activity or event.
 - (c) "Provider of health care," as used in (b) above, means a physician licensed under Chapter 630 or 633 of Nevada Revised Statutes ("NRS"); a physical therapist licensed under Chapter 640 of NRS; or an athletic trainer licensed under Chapter 640B of NRS.

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Participant and Parental Acknowledgment

We, the undersigned, acknowledge that we have been provided with a copy of the City of Henderson concussion prevention, treatment, and management policy, and that we have read and understand the policy in its entirety or it has been read to us and we understand the same. We hereby acknowledge and agree to follow all procedures set forth in the City of Henderson concussion prevention, treatment and management policy at all times during which our son or daughter participates in City of Henderson activities and events.

Dated: _____

Parent/Legal Guardian

Youth Participant 1 (Print Name)

Youth Participant 2 (Print Name)

Youth Participant 3 (Print Name)

Youth Participant 4 (Print Name)