

Rio Linda Little League Player Registration Form

Player			
Name			
Birth Date		Gender	
Experience (yrs)		Prior Division	
*Shirt Size		Hat Size	<input type="checkbox"/> Adult <input type="checkbox"/> Youth
Baseball	<input type="checkbox"/>	Softball	<input type="checkbox"/>
Buddy Request <small>(Tee Ball, 8U and Rookie A only)</small>			

* Shirt Sizes are Adult or Youth in small, medium, large or extra large. Example: YS = Youth Small

Voluntary Promoter (I approve of my child being on a list of players who may be requested to move up a division in order to fill mid season vacancies.)



Mandatory Player Fundraiser & Volunteer Hours			
Sell Candy:	<input type="checkbox"/>	Candy Buyout:	<input type="checkbox"/> \$60
I will volunteer	<input type="checkbox"/>	Hours Buyout:	<input type="checkbox"/> \$100

\$100
Refundable

Parent/Guardian 1 (Primary Account Holder)	
Name	
Address	
City, State, Zip	
Phone	
Email	
Relationship to Player	

Parent/Guardian 2	
Name	
Address	
City, State, Zip	
Phone	
Email	
Relationship to Player	

League Use Only																												
	P.O.R. Docs	School Form	Birth Cert.	Verified By																								
Residency & Birth Date																												
Player Fundraiser	Sell Candy		Buyout																									
Volunteer Commitment	Good Volunteer	New to League	Pay Deposit	Buyout																								
League Age	Division	Jersey #	Size Verified	Waiver																								
	Fees & Discounts		Comments																									
Division Fees	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 10%;">Division Fees</td><td style="width: 10%;">\$</td><td style="width: 10%;"></td></tr> <tr><td>Fundraiser Fees</td><td>\$</td><td></td></tr> <tr><td>Volunteer Hour Fees</td><td>\$</td><td></td></tr> <tr><td>Sibling Discounts</td><td>\$</td><td></td></tr> <tr><td>Family Cap Discount</td><td>\$</td><td></td></tr> <tr><td>Total Fees Due</td><td>\$</td><td></td></tr> <tr><td>Fees Paid</td><td>\$</td><td></td></tr> <tr><td>Balance Remaining</td><td>\$</td><td></td></tr> </table>		Division Fees	\$		Fundraiser Fees	\$		Volunteer Hour Fees	\$		Sibling Discounts	\$		Family Cap Discount	\$		Total Fees Due	\$		Fees Paid	\$		Balance Remaining	\$			
Division Fees	\$																											
Fundraiser Fees	\$																											
Volunteer Hour Fees	\$																											
Sibling Discounts	\$																											
Family Cap Discount	\$																											
Total Fees Due	\$																											
Fees Paid	\$																											
Balance Remaining	\$																											
			Payment Type	Date Paid																								
				By																								

Terms and Conditions

- (1) I/We, the parents/guardians of the above-named candidate for a position on a Little League team, hereby give my/our approval to participate in any and all Little League activities, including transportation to and from the activities.
- (2) I/We know that participation in baseball or softball may result in serious injuries and protective equipment does not prevent all injuries to players, and do hereby waive, release, absolve, indemnify, and agree to hold harmless the local Little League, Little League Baseball, Incorporated, the organizers, sponsors, supervisors, participants, and persons transporting my/our child to and from activities from any claim arising out of any injury to my/our child whether the result of negligence or for any other cause.
- (3) If applicable, I/We agree to return upon request the uniform and other equipment issued to my/our child in as good conditions as when received except for normal wear and tear.
- (4) I/We agree to provide proof of legal residence or school enrollment (as defined by Little League Baseball, Incorporated at LittleLeague.org/residence) and age. I/We understand that our child (candidate) must be eligible under the residence/school attendance and age regulations of Little League Baseball, Incorporated, to participate in this Local League, and that if any controversy arises regarding residence/school attendance and/or age, the decision of the Little League International Charter Committee in Williamsport, Pennsylvania shall be final and binding. I/We further understand that if any participant on a Little League team does not qualify for participation in the league based on residence (as defined by Little League Baseball, Incorporated) and/or age, such participant and/or team on which he/she participates be found ineligible, and forfeit(s) and/or suspension of Tournament privileges may be decreed by action of the Little League International Charter Committee or Little League International Tournament Committee.
- (5) I/We agree that our child (candidate) may be required to try out for a team. If such does not attend at least 50 percent of the tryouts, local Board-of -Directors' approval is required for such candidate to be placed on a team.
- (6) If applicable, I/We understand that our child (candidate) may be chosen at any time to play on a Major Division team, if he or she is of the correct age for such division as determined by the local league and Little League Baseball. Declining to move up to such Major Division team will result in forfeiture of eligibility for the Major Division for the current season, and may be subject to further restrictions by the local league.
- (7) I/We will furnish a certified birth certificate of the above-named candidate to League Officials.
- (8) I/We understand that my information as the parent or guardian of such above-named candidate is sent by the local league to Little League International each year. Such use of information by Little League International can be found here: www.LittleLeague.org/privacypolicy. You may opt-out of communications from Little League International at any time.

Printed Name:

Signature:

Date:



RIO LINDA LITTLE LEAGUE

www.RiolindaLL.com

Mandatory Volunteer Service Requirements

Rio Linda Little League, as required by Little League International, is an all-volunteer, not for profit organization. As such, we rely on volunteers to ensure that program runs smoothly and that costs can remain low for families wishing to participate. To ensure that everyone contributes to the volunteer hours necessary to run the league the following volunteer program is in effect.

Each family will be responsible for fulfilling 4 hours of volunteer service per registered player by the last day of the season or to pay a \$100 per player Volunteer Buyout fee. A \$100 Volunteer Deposit per player will be collected at the time of registration to ensure the volunteer hours are completed. This deposit will be refunded at the end of the season after verification that all volunteer hours have been 100% complete.

List all Player's in Family: _____

Select one of the following on a per player basis:

- | | |
|--|--|
| <input type="checkbox"/> Pay the \$100 refundable deposit. | <input type="checkbox"/> Pay the \$100 volunteer buyout fee. |
| <input type="checkbox"/> Good Volunteer Credit (Past Season) | <input type="checkbox"/> New to League Deposit Waived |

By signing below, I agree to either pay \$100 volunteer buyout fee or ensure a volunteer works four hours of snack bar duty for the named player above. My chosen selection is noted above.

Print Parent or Legal Guardian

Signature

Date

Additional Information:

1. There is no family max for volunteer hours or buyout fees.
2. In order to receive credit for your snack bar duty, you must be there for the entire shift. If you come late or leave early, you will receive no credit for that shift. Please ensure you have another volunteer to represent your player there to cover any time you cannot be there in order to receive full credit for your shift.
3. The designated volunteer for your player can be anyone 16 or older who has a completed background check and can follow direction, stay focused and be helpful. Any excessive distractions such as cell phone use or visitors will be grounds for dismissal from the shift and you will not receive credit for that shift.
4. Plan ahead and have anyone you may need to help you with volunteer hours do their volunteer application early. It can take up to two weeks to have background checks complete.
5. Only 2 minors will be allowed to work the snack bar on any given shift, so be sure to inform your manager if you will be having a minor work your snack bar shift.
6. In addition to a 4 hour snack bar shift, each team manager will be given the option to have no more than 2 Field Prep Volunteers. These field prep volunteers will be chosen by the team manager and must be reported to the Volunteer Coordinated prior to Opening Day and be officially rostered on the team. Field Prep Volunteers must arrive 30 minutes prior to the start of every home game to set up the field. Failure to show up on time for all of the teams home games will result in the volunteer hours not being met.



Little League® Baseball and Softball M E D I C A L R E L E A S E



NOTE: To be carried by any Regular Season or Tournament Team Manager together with team roster or International Tournament affidavit.

Player: _____ Date of Birth: _____ Gender (M/F): _____

Parent (s)/Guardian Name: _____ Relationship: _____

Parent (s)/Guardian Name: _____ Relationship: _____

Player's Address: _____ City: _____ State/Country: _____ Zip: _____

Home Phone: _____ Work Phone: _____ Mobile Phone: _____

PARENT OR LEGAL GUARDIAN AUTHORIZATION: Email: _____

In case of emergency, if family physician cannot be reached, I hereby authorize my child to be treated by Certified Emergency Personnel. (i.e. EMT, First Responder, E.R. Physician)

Family Physician: _____ Phone: _____

Address: _____ City: _____ State/Country: _____

Hospital Preference: _____

Parent Insurance Co: _____ Policy No.: _____ Group ID#: _____

League Insurance Co: _____ Policy No.: _____ League/Group ID#: _____

If parent(s)/legal guardian cannot be reached in case of emergency, contact:

Name Phone Relationship to Player

Name Phone Relationship to Player

Please list any allergies/medical problems, including those requiring maintenance medication. (i.e. Diabetic, Asthma, Seizure Disorder)

Medical Diagnosis	Medication	Dosage	Frequency of Dosage

Date of last Tetanus Toxoid Booster: _____

The purpose of the above listed information is to ensure that medical personnel have details of any medical problem which may interfere with or alter treatment.

Mr./Mrs./Ms. _____
Authorized Parent/Guardian Signature Date:

FOR LEAGUE USE ONLY:

League Name: _____ League ID: _____

Division: _____ Team: _____ Date: _____

WARNING: PROTECTIVE EQUIPMENT CANNOT PREVENT ALL INJURIES A PLAYER MIGHT RECEIVE WHILE PARTICIPATING IN BASEBALL/SOFTBALL.
Little League does not limit participation in its activities on the basis of disability, race, color, creed, national origin, gender, sexual preference or religious preference.



2017 Little League Baseball®, Incorporated - Model Release and Waiver

ALL PLAYERS AND PARTICIPANTS UNDER 18

This section to be completed by the parent or guardian of a minor, if minor is under the age of 18 years

I, _____
(Full Name of Parent or Guardian)

of _____
(Address, City, State and Zip Code)

the Parent Guardian of _____

(E-mail)

(Phone)

hereby consent, grant, and give my permission to Little League Baseball, Incorporated (hereafter "LLB") and any third party which LLB determines in its sole discretion to be appropriate including, but not limited to, any and all sponsors and/or licensees of LLB a royalty free, irrevocable license, to use, exploit, adapt, modify, reproduce, distribute, publicly display, and publicly perform, throughout the world in any and all forms whether now known or later developed, the image, name, voice, or likeness of the above listed minor in any and all commercial exploits or ventures, promotional materials or announcements, publications, media releases, or advertisements, electronic or otherwise ("Work(s)"), in perpetuity, and waive any and all rights to the same. I acknowledge and agree that neither the above listed minor nor I will receive any compensation whatsoever if such image, name, voice, or likeness appears in any Works, or from any proceeds of any utilized Work. I acknowledge and agree that any use of such image, name, voice, likeness, or resulting Work is solely the property of LLB in perpetuity. In addition, I acknowledge and agree that LLB may, without my permission or advance notice to me, supply such image, name, voice, likeness, or resulting Work to, or for any use and/or publication by, any third party which LLB determines in its sole discretion to be appropriate.

(Signature of Parent or Guardian)

(Date)

ALL PARTICIPANTS AND ADULTS OVER 18

This section to be completed by an individual participant over the age of 18 years (e.g. coaches, umpires)

I, _____
(Full Name of Participant)

of _____
(Address, City, State and Zip Code)

(E-mail)

(Phone)

hereby consent, grant, and give permission to Little League Baseball, Incorporated (hereafter "LLB") and any third party which LLB determines in its sole discretion to be appropriate including, but not limited to, any and all sponsors and/or licensees of LLB a royalty free, irrevocable license, to use, exploit, adapt, modify, reproduce, distribute, publicly display, and publicly perform, throughout the world in any and all forms whether now known or later developed, my image, name, voice, or likeness in any and all commercial exploits or ventures, promotional materials or announcements, publications, media releases, or advertisements, electronic or otherwise ("Work(s)"), in perpetuity, and waive any and all rights to the same. I acknowledge and agree that I will not receive any compensation whatsoever if such image, name, voice, or likeness appears in any Works, or from any proceeds of any utilized Work. I acknowledge and agree that the use of any such image, name, voice, likeness, or resulting Work is solely the property of LLB in perpetuity. In addition, I acknowledge and agree that LLB may, without advance notice to me, supply such image, name, voice, likeness, or resulting Work to, or for any use and/or publication by, any third party which LLB determines in its sole discretion to be appropriate, without my permission.

(Participant Signature)

(Date)

OFFICE USE

Jersey # _____ Team: _____

Event: _____



Event Rules & Regulations

1. Minors must be accompanied by an ADULT for the Entire Parade Route
2. Parade Route: STARTS at West 2nd Street and M Street, ending at Curved Bridge Road
3. All Floats shall be in SAFE WORKING ORDER
4. Each Parade Number MUST BE CLEARLY SEEN FROM THE LEFT SIDE of the vessel, please bring tape.
5. The size of each vessel should not Exceed the Dimensions of the Street Route
6. Please, NO THROWING OBJECTS from the moving vessels, NO DANGEROUS STUNTS or ACTIVITIES ALLOWED. (SIMPLE TOSS UNDERHAND IS EXPECTED)

RELEASE OF LIABILITY

The Rio Linda Little League (RLLL) and Rio Linda Lions Club (RLLC), its members, officers, and directors, all sponsors, co-sponsors, and volunteers, will not be responsible for any accident, damage or loss that may occur to any vehicle or person at any time during, before, or after the event. The undersigned shall indemnify and hold harmless RLLL/RLLC, it's officials, and directors, and volunteers individually and collectively, from and against all charges and expenses of every kind and nature whatsoever, rising out of or which may be incurred by reason of any accident, injury, or damage to person or property caused by ownership, competition or display. By signing my name, I certify that I have read and agree to the above.

Signature: _____ Date: _____

Rio Linda Little League would like to thank you for supporting and joining us with our celebration and invite you to come watch our games throughout the season for both baseball and softball. Our times and locations are on the website riolindall.com

Sport Parent Code of Conduct

We, the Rio Linda Little League, have implemented the following Sport Parent Code of Conduct for the important message it holds about the proper role of parents in supporting their child in sports. Parents should read, understand and sign this form prior to their children participating in our league.

Any parent guilty of improper conduct at any game or practice will be asked to leave the sports facility and be suspended from the following game. Repeat violations may cause a multiple game suspension, or the season forfeiture of the privilege of attending all games.

Preamble

The essential elements of character-building and ethics in sports are embodied in the concept of sportsmanship and six core principles:

- Trustworthiness,
- Respect,
- Responsibility,
- Fairness,
- Caring, and
- Good Citizenship.

The highest potential of sports is achieved when competition reflects these “six pillars of character.”

I therefore agree:

1. I will not force my child to participate in sports.
2. I will remember that children participate to have fun and that the game is for youth, not adults.
3. I will inform the coach of any physical disability or ailment that may affect the safety of my child or the safety of others.
4. I will learn the rules of the game and the policies of the league.
5. I (and my guests) will be a positive role model for my child and encourage sportsmanship by showing respect and courtesy, and by demonstrating positive support for all players, coaches, officials and spectators at every game, practice or other sporting event.
6. I (and my guests) will not engage in any kind of unsportsmanlike conduct with any official, coach, player, or parent such as booing and taunting; refusing to shake hands; or using profane language or gestures.
7. I will not encourage any behaviors or practices that would endanger the health and well being of the athletes.
8. I will teach my child to play by the rules and to resolve conflicts without resorting to hostility or violence.
9. I will demand that my child treat other players, coaches, officials and spectators with respect regardless of race, creed, color, sex or ability.
10. I will teach my child that doing one's best is more important than winning, so that my child will never feel defeated by the outcome of a game or his/her performance.
11. I will praise my child for competing fairly and trying hard, and make my child feel like a winner every time.
12. I will never ridicule or yell at my child or other participants for making a mistake or losing a competition.
13. I will emphasize skill development and practices and how they benefit my child over winning. I will also de-emphasize games and competition in the lower age groups.
14. I will promote the emotional and physical well-being of the athletes ahead of any personal desire I may have for my child to win.
15. I will respect the officials and their authority during games and will never question, discuss, or confront coaches at the game field, and will take time to speak with coaches at an agreed upon time and place.
16. I will demand a sports environment for my child that is free from drugs, tobacco, and alcohol and I will refrain from their use at all sports events.
17. I will refrain from coaching my child or other players during games and practices, unless I am one of the official coaches of the team.

Parent/Guardian Signature



Little League® Volunteer Application - 2020

Do not use forms from past years. Use extra paper to complete if additional space is required.

This volunteer application should only be used if a league is manually entering information into JDP or an outside background check provider that meet the standards of Little League Regulations 1(c)9. THIS FORM SHOULD NOT BE COMPLETED IF A LEAGUE IS UTILIZING THE JDP QUICKAPP. Visit LittleLeague.org/localBGcheck for more information.

A COPY OF VALID GOVERNMENT ISSUED PHOTO IDENTIFICATION MUST BE ATTACHED TO COMPLETE THIS APPLICATION.

Name _____ Date _____
First Middle Name or Initial Last

Address _____

City _____ State _____ Zip _____

Social Security # (mandatory) _____

Cell Phone _____ Business Phone _____

Home Phone: _____ E-mail Address: _____

Date of Birth _____

Occupation _____

Employer _____

Address _____

Special professional training, skills, hobbies: _____

Community affiliations (Clubs, Service Organizations, etc.): _____

Previous volunteer experience (including baseball/softball and year): _____

1. Do you have children in the program? Yes No
If yes, list full name and what level? _____

2. Special Certification (CPR, Medical, etc.)? Yes No If yes, list: _____

3. Do you have a valid driver's license? Yes No
Driver's License#: _____ State _____

4. Have you ever been charged with, convicted of, plead no contest, or guilty to any crime(s) involving or against a minor, or of a sexual nature? Yes No
If yes, describe each in full: _____ Yes No
(If volunteer answered yes to Question 4, the local league must contact the Little League International Security Manager.)

5. Have you ever been convicted of or plead no contest or guilty to any crime(s) Yes No
If yes, describe each in full: _____
(Answering yes to question 5, does not automatically disqualify you as a volunteer.)

6. Do you have any criminal charges pending against you regarding any crime(s)? Yes No
If yes, describe each in full: _____
(Answering yes to question 6, does not automatically disqualify you as a volunteer.)

7. Have you ever been refused participation in any other youth programs? Yes No
If yes, explain: _____

In which of the following would you like to participate? (Check one or more.)

- League Official
- Umpire
- Manager
- Concession Stand
- Coach
- Field Maintenance
- Scorekeeper
- Other _____

Please list three references, at least one of which has knowledge of your participation as a volunteer in a youth program:

Name/Phone

IF YOU LIVE IN A STATE THAT REQUIRES A SEPARATE BACKGROUND CHECK BY LAW, PLEASE ATTACH A COPY OF THAT STATE'S BACKGROUND CHECK. FOR MORE INFORMATION ON STATE LAWS, VISIT OUR WEBSITE: LittleLeague.org/BgStateLaws

AS A CONDITION OF VOLUNTEERING, I give permission for the Little League organization to conduct background check(s) on me now and as long as I continue to be active with the organization, which may include a review of sex offender registries (some of which contain name only searches which may result in a report being generated that may or may not be me), child abuse and criminal history records. I understand that, if appointed, my position is conditional upon the league receiving no inappropriate information on my background. I hereby release and agree to hold harmless from liability the local Little League, Little League Baseball, Incorporated, the officers, employees and volunteers thereof, or any other person or organization that may provide such information. I also understand that, regardless of previous appointments, Little League is not obligated to appoint me to a volunteer position. If appointed, I understand that, prior to the expiration of my term, I am subject to suspension by the President and removal by the Board of Directors for violation of Little League policies or principles.

Applicant Signature _____ Date _____

If Minor/Parent Signature _____ Date _____

Applicant Name (please print or type) _____

NOTE: The local Little League and Little League Baseball, Incorporated will not discriminate against any person on the basis of race, creed, color, national origin, marital status, gender, sexual orientation or disability.

LOCAL LEAGUE USE ONLY:

Background check completed by league officer _____
on _____

System(s) used for background check (minimum of one must be checked):
Regulation 1(c)(9) Mandates all checks include criminal records and sex offender registry records

* JDP Sex Offender Registry Data and National Criminal
Records check, as mandated in the current season's
official regulations

*Please be advised that if you use JDP and there is a name match in the few states where only name match searches can be performed you should notify volunteers that they will receive a letter or email directly from JDP in compliance with the Fair Credit Reporting Act containing information regarding all the criminal records associated with the name, which may not necessarily be the league volunteer.

Only attach to this application copies of background check reports that reveal convictions of this application.

CONCUSSION Information Sheet



This sheet has information to help protect your children or teens from concussion or other serious brain injury. Use this information at your children's or teens' games and practices to learn how to spot a concussion and what to do if a concussion occurs.

What Is a Concussion?

A concussion is a type of traumatic brain injury—or TBI—caused by a bump, blow, or jolt to the head or by a hit to the body that causes the head and brain to move quickly back and forth. This fast movement can cause the brain to bounce around or twist in the skull, creating chemical changes in the brain and sometimes stretching and damaging the brain cells.

How Can I Help Keep My Children or Teens Safe?

Sports are a great way for children and teens to stay healthy and can help them do well in school. To help lower your children's or teens' chances of getting a concussion or other serious brain injury, you should:

- Help create a culture of safety for the team.
 - › Work with their coach to teach ways to lower the chances of getting a concussion.
 - › Talk with your children or teens about concussion and ask if they have concerns about reporting a concussion. Talk with them about their concerns; emphasize the importance of reporting concussions and taking time to recover from one.
 - › Ensure that they follow their coach's rules for safety and the rules of the sport.
 - › Tell your children or teens that you expect them to practice good sportsmanship at all times.
- When appropriate for the sport or activity, teach your children or teens that they must wear a helmet to lower the chances of the most serious types of brain or head injury. However, there is no "concussion-proof" helmet. So, even with a helmet, it is important for children and teens to avoid hits to the head.



Plan ahead. What do you want your child or teen to know about concussion?

How Can I Spot a Possible Concussion?

Children and teens who show or report one or more of the signs and symptoms listed below—or simply say they just "don't feel right" after a bump, blow, or jolt to the head or body—may have a concussion or other serious brain injury.

Signs Observed by Parents or Coaches

- Appears dazed or stunned.
- Forgets an instruction, is confused about an assignment or position, or is unsure of the game, score, or opponent.
- Moves clumsily.
- Answers questions slowly.
- Loses consciousness (*even briefly*).
- Shows mood, behavior, or personality changes.
- Can't recall events *prior to* or *after* a hit or fall.

Symptoms Reported by Children and Teens

- Headache or "pressure" in head.
- Nausea or vomiting.
- Balance problems or dizziness, or double or blurry vision.
- Bothered by light or noise.
- Feeling sluggish, hazy, foggy, or groggy.
- Confusion, or concentration or memory problems.
- Just not "feeling right," or "feeling down."

Talk with your children and teens about concussion. Tell them to report their concussion symptoms to you and their coach right away. Some children and teens think concussions aren't serious or worry that if they report a concussion they will lose their position on the team or look weak. Be sure to remind them that *it's better to miss one game than the whole season.*

To learn more, go to www.cdc.gov/HEADSUP



Centers for Disease Control and Prevention
National Center for Injury Prevention and Control

Concussions affect each child and teen differently. While most children and teens with a concussion feel better within a couple of weeks, some will have symptoms for months or longer. Talk with your children's or teens' health care provider if their concussion symptoms do not go away or if they get worse after they return to their regular activities.



What Are Some More Serious Danger Signs to Look Out For?

In rare cases, a dangerous collection of blood (hematoma) may form on the brain after a bump, blow, or jolt to the head or body and can squeeze the brain against the skull. Call 9-1-1 or take your child or teen to the emergency department right away if, after a bump, blow, or jolt to the head or body, he or she has one or more of these danger signs:

- One pupil larger than the other.
- Drowsiness or inability to wake up.
- A headache that gets worse and does not go away.
- Slurred speech, weakness, numbness, or decreased coordination.
- Repeated vomiting or nausea, convulsions or seizures (shaking or twitching).
- Unusual behavior, increased confusion, restlessness, or agitation.
- Loss of consciousness (passed out/knocked out). Even a brief loss of consciousness should be taken seriously.

Children and teens who continue to play while having concussion symptoms or who return to play too soon—while the brain is still healing—have a greater chance of getting another concussion. A repeat concussion that occurs while the brain is still healing from the first injury can be very serious and can affect a child or teen for a lifetime. It can even be fatal.

Revised 5/2015

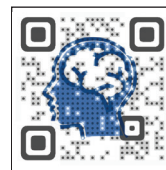
What Should I Do If My Child or Teen Has a Possible Concussion?

As a parent, if you think your child or teen may have a concussion, you should:

1. Remove your child or teen from play.
2. Keep your child or teen out of play the day of the injury. Your child or teen should be seen by a health care provider and only return to play with permission from a health care provider who is experienced in evaluating for concussion.
3. Ask your child's or teen's health care provider for written instructions on helping your child or teen return to school. You can give the instructions to your child's or teen's school nurse and teacher(s) and return-to-play instructions to the coach and/or athletic trainer.

Do not try to judge the severity of the injury yourself. Only a health care provider should assess a child or teen for a possible concussion. Concussion signs and symptoms often show up soon after the injury. But you may not know how serious the concussion is at first, and some symptoms may not show up for hours or days.

The brain needs time to heal after a concussion. A child's or teen's return to school and sports should be a gradual process that is carefully managed and monitored by a health care provider.



To learn more, go to www.cdc.gov/HEADSUP

You can also download the CDC *HEADS UP* app to get concussion information at your fingertips. Just scan the QR code pictured at left with your smartphone.

Discuss the risks of concussion and other serious brain injury with your child or teen and have each person sign below.

Detach the section below and keep this information sheet to use at your children's or teens' games and practices to help protect them from concussion or other serious brain injury.

I learned about concussion and talked with my parent or coach about what to do if I have a concussion or other serious brain injury.

Athlete Name Printed: _____ Date: _____

Athlete Signature: _____

I have read this fact sheet for parents on concussion with my child or teen and talked about what to do if they have a concussion or other serious brain injury.

Parent or Legal Guardian Name Printed: _____ Date: _____

Parent or Legal Guardian Signature: _____

Keep Their Heart in the Game

Sudden Cardiac Arrest Information for Athletes & Parents/Guardians

What is sudden cardiac arrest? Sudden cardiac arrest (SCA) is when the heart stops beating, suddenly and unexpectedly. When this happens blood stops flowing to the brain and other vital organs. SCA is NOT a heart attack. A heart attack is caused by a blockage that stops the flow of blood to the heart. SCA is a malfunction in the heart's electrical system, causing the victim to collapse. The malfunction is caused by a congenital or genetic defect in the heart's structure.

How common is sudden cardiac arrest in the United States?

As the leading cause of death in the U.S., there are more than 300,000 cardiac arrests outside hospitals each year, with nine out of 10 resulting in death. Thousands of sudden cardiac arrests occur among youth each year, as it is the #1 killer of student athletes and the leading cause of death on school campuses.

Who is at risk for sudden cardiac arrest?

SCA is more likely to occur during exercise or physical activity, so student-athletes are at greater risk. While a heart condition may have no warning signs, studies show that many young people do have symptoms but neglect to tell an adult. This may be because they are embarrassed, they do not want to jeopardize their playing time, they mistakenly think they're out of shape and need to train harder, or they simply ignore the symptoms, assuming they will "just go away." Additionally, some health history factors increase the risk of SCA.

What should you do if your student-athlete is experiencing symptoms?

We need to let student-athletes know that if they experience any SCA-related symptoms it is crucial to alert an adult and get follow-up care as soon as possible with a physician, surgeon, nurse practitioner or physician assistant. If the athlete has any of the SCA risk factors, these should also be discussed with a doctor to determine if further testing is needed. Wait for your doctor's feedback before returning to play, and alert your coach, trainer and school nurse about any diagnosed conditions.

FAINTING
is the
#1 SYMPTOM
OF A HEART CONDITION

Recognize the Signs & Risk Factors

Tell Your Coach and Consult Your Doctor if These Conditions are Present in Your Student-Athlete

Potential Indicators That SCA May Occur

- Fainting or seizure, especially during or right after exercise
- Fainting repeatedly or with excitement or startle
- Excessive shortness of breath during exercise
- Racing or fluttering heart palpitations or irregular heartbeat
- Repeated dizziness or lightheadedness
- Chest pain or discomfort with exercise
- Excessive, unexpected fatigue during or after exercise

Factors That Increase the Risk of SCA

- Family history of known heart abnormalities or sudden death before age 50
- Specific family history of Long QT Syndrome, Brugada Syndrome, Hypertrophic Cardiomyopathy, or Arrhythmogenic Right Ventricular Dysplasia (ARVD)
- Family members with unexplained fainting, seizures, drowning or near drowning or car accidents
- Known structural heart abnormality, repaired or unrepaired
- Use of drugs, such as cocaine, inhalants, "recreational" drugs, excessive energy drinks, diet pills or performance-enhancing supplements

Cardiac Chain of Survival

On average it takes EMS teams up to 12 minutes to arrive to a cardiac emergency. Every minute delayed in attending to a sudden cardiac arrest victim decreases the chance of survival by 10%. Everyone should be prepared to take action in the first minutes of collapse.

Recognition of Sudden Cardiac Arrest



Victim is collapsed, unresponsive and not breathing, even if gasping, gurgling, exhibiting breathing noises or seizure-like activity.

Call 9-1-1



Follow emergency dispatcher's instructions. Call any on-site Emergency Responders.

Hands-Only CPR



Begin CPR immediately. Hands-only CPR involves fast and continual two-inch chest compressions—about 100 per minute.

Defibrillation



Immediately retrieve and use an automated external defibrillator to restore the heart to its normal rhythm. Follow step-by-step audio instructions from the AED.

Advanced Care



Designate a bystander to direct EMS to the victim for quick transfer to the hospital.

Keep Their Heart in the Game

Sudden Cardiac Arrest Information
for Athletes & Parents/Guardians

What is an AED?



An automated external defibrillator (AED) is the only way to save a sudden cardiac arrest victim. An AED is a portable, user-friendly device that automatically diagnoses potentially life-threatening heart rhythms and delivers an electric shock to restore normal rhythm. Anyone can operate an AED, regardless of training. Simple audio direction instructs the rescuer when to press a button to deliver the shock, while other AEDs provide an automatic shock if a fatal heart rhythm is detected. A rescuer cannot accidentally hurt a victim with an AED—quick action can only help. AEDs are designed to only shock victims whose hearts need to be restored to a healthy rhythm. Check with your school for locations of on-campus AEDs.

What are we doing to help protect student athletes?

The State of California passed the Eric Paredes Sudden Cardiac Arrest Prevention Act in 2016 to protect K-12 students participating in school-sponsored athletic activities. New policy adds sudden cardiac arrest (SCA) training to coach certification, and new protocol that empowers coaches to remove from play a student-athlete who exhibits fainting—the number one warning sign of a potential heart condition, and potentially for other conditions if they are believed to be cardiac related. A student-athlete who has been removed from play after displaying signs or symptoms associated with SCA may not return to play until he or she is evaluated and cleared by a licensed health care provider. Parents, guardians, caregivers and adults involved in athletic activities are urged to dialogue with student-athletes about potential warning signs and risk factors and be familiar with the cardiac chain of survival so they are prepared in the event of a cardiac emergency.

I have reviewed and understand the symptoms and warning signs of SCA and the new protocol to incorporate SCA prevention strategies into my/my student's sports program or activity.

STUDENT-ATHLETE SIGNATURE

PRINT STUDENT-ATHLETE'S NAME

DATE

PARENT/GUARDIAN SIGNATURE

PRINT PARENT/GUARDIAN'S NAME

DATE

For more information about Sudden Cardiac Arrest visit

California Department
of Education
cde.ca.gov

Eric Paredes Save
A Life Foundation
epsavealife.org

California Interscholastic
Federation (CIF)
cifstate.org

National Federation of High Schools Free
20-Min. Training Video For Coaches, Parents or
Anyone Involved in Student Sports Activities
nfhslearn.com/courses/61032





Concussion & Sudden Cardiac Arrest Awareness Form

Safety is paramount to the players and families of Rio Linda Little League.

With this in mind, it is important that we do as much as possible to create and maintain a safe and enjoyable environment. As a parent/guardian or player, you play a vital role in protecting all participants and helping them get the best from the sport.

Player and parental education in this area is crucial, which is the reason for the Concussion Information pamphlet and Sudden Cardiac Arrest Awareness handout, both of which are made available as part of the online registration process

(and can also be found at <https://riolindall.com/sites/RioLindaLittleLeague/downloads>).

This form must be signed annually by the parent/guardian and player prior to participation in Rio Linda Little League activities. If you have questions regarding any of the information provided in the handouts, please contact our Safety Officer at safety@riolindall.com.

I HAVE RECEIVED, READ, AND UNDERSTAND THE INFORMATION PRESENTED IN THE CONCUSSION INFORMATION AND SUDDEN CARDIAC ARREST AWARENESS PAMPHLETS.

Player Name (Printed)

Player Name (Signed)

Date

Parent Name (Printed)

Parent Name (Signed)

Date

This form is signed to assist in compliance with Youth Athletics Concussion and Sudden Cardiac Arrest Prevention Protocols, California Assembly Bill No. 379.