WASATCH
SPORTS ACADEMY

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Concussion and Head Injury Acknowledgment

Required by Utah law before an athlete may participate (Utah Code §§ 26B-4-401, -403, -404). Signed by the parent or guardian and the athlete. One per athlete, each season.

WSA Concussion and Head Injury Policy (summary) Wasatch Sports Academy is an “amateur sports organization” under Utah Code § 26B-4-401. Under § 26B-4-403, WSA has adopted and enforces a concussion and head injury policy, every coach, staff member, and volunteer has a copy, and before your child participates WSA gives you a written copy and obtains your signature. This page summarizes that policy; the full policy is Section 11.2 of the WSA Child Safety Program, which WSA gives you with this form.

1. What is a concussion?

A concussion is a brain injury caused by a bump, blow, or jolt to the head, or by a hit to the body that makes the head move quickly back and forth. It can happen in any sport, in practice or games, even without being knocked out. Utah law also covers a “traumatic head injury”: a head injury from blunt trauma or a sudden acceleration or deceleration force, with signs such as confusion, memory problems, loss of consciousness, seizures, irritability, lethargy, vomiting, headache, dizziness, or fatigue (§ 26B-4-401).

2. Risk of continuing to play

Playing with a concussion is dangerous. A second hit before the brain heals can make symptoms worse, lengthen recovery, and in rare cases cause severe brain swelling or permanent injury. Young athletes can take longer to recover. When in doubt, sit them out.

3. Signs and symptoms

Signs others may see	Symptoms the athlete may report
Appears dazed or stunned; confused about assignment or position	**Headache or “pressure” in the head**
Forgets plays; unsure of game, score, or opponent	Nausea or vomiting
Moves clumsily; balance problems	Dizziness, balance problems, double or blurry vision

Answers questions slowly	Bothered by light or noise
Loses consciousness (even briefly)	Feeling sluggish, hazy, foggy, or groggy
Mood, behavior, or personality changes	Confusion, trouble concentrating or remembering
Can’t recall events before or after the hit	Just “not feeling right” or “feeling down”

Call 911 right away (danger signs) One pupil larger than the other · drowsy or cannot be woken · headache that gets worse and does not go away · slurred speech, weakness, numbness, or decreased coordination · repeated vomiting · convulsions or seizures · unusual behavior, increasing confusion, restlessness, or agitation · loss of consciousness.

Sign and symptom lists adapted from CDC HEADS UP (cdc.gov/heads-up).

4. What WSA will do

- Remove from play immediately. Any athlete suspected of a concussion or traumatic head injury is removed from the practice, game, or activity at once (§ 26B-4-404(1)(a)). No return the same day.
- Tell the parent the same day, before the athlete leaves when possible, and record the incident.
- Written clearance required before return. The athlete may not participate in any WSA sporting event (game, practice, camp, competition, or tryout) until the athlete (i) is evaluated by a qualified health care provider trained in the evaluation and management of concussion, and (ii) gives WSA a written statement from that provider stating that the provider has, within three years before the statement, completed a continuing education course in concussion evaluation and management, and that the athlete is cleared to resume participation (§ 26B-4-404(1) (b)).
- A "qualified health care provider" is a health care provider licensed under Utah Code Title 58 who may evaluate and manage a concussion within their scope of practice (§ 26B-4-401). WSA's Return-to-Play Clearance form (next page) may be used.
- After clearance, WSA follows a gradual return-to-play progression as directed by the athlete's health care provider and CDC guidance.

5. Parent / guardian responsibilities

- Tell WSA about any concussion your child has had, including ones from school, other sports, or outside activities.
- Keep your child out of WSA activities while any symptoms continue, and provide the written clearance before return.
- Talk with your child about concussion and the importance of telling a coach and parent about symptoms.

6. Acknowledgment and signatures

Parent / guardian: I have received a written copy of WSA's concussion and head injury policy. I have read it, I understand it, and I agree to abide by it, including removal from play and the written clearance requirement.

Parent / guardian initials _____ Initials _____

Athlete: I have learned what a concussion is and its signs. I will tell my coach and my parent right away if I hit my head or feel any symptoms, or if I think a teammate has a concussion. I understand I cannot return to play until I am cleared in writing.

Athlete initials _____ Initials _____

Athlete's full name _____ Date of birth _____ Sport / season _____

Parent / guardian signature _____ Printed name _____ Date _____

Athlete signature | Athlete printed name | Date

Return-to-Play Written Clearance (Utah Code § 26B-4-404) To be completed by a qualified health care provider and returned to WSA before the athlete participates again.

Athlete's full name | Date of birth | Date of injury

Date(s) of evaluation | Sport

I am a health care provider licensed under Utah Code Title 58 and trained in the evaluation and management of concussion, and evaluating and managing concussion is within my scope of practice. I certify that:

- ☐ Within the three years before the date of this statement, I successfully completed a continuing education course in the evaluation and management of a concussion.
- ☐ I evaluated the athlete named above, and the athlete is cleared to resume participation in WSA sporting events as of date: _____, with any progression or restrictions listed below.

Progression / restrictions (if any)

Provider name | License type and number | Phone

Provider signature | Date

Office use: Clearance received _____ Reviewed by _____ Athlete returned to activity on _____