



2025 Katy Youth Football®

Player/Cheerleader Health & Safety Packet:

Information & Forms for Parents & Coaches

The health and safety of participants in KYF®-sponsored events is of paramount importance to the League. To that end, we annually review our policies and procedures to insure we are improving them each and every year. 2025 brings with it a continuation of the many improvements that are unique to KYF®, and that allow us to unequivocally state that our program stands head and shoulders above any other in the state of Texas and the country.

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Medical Releases, Medical Histories & Physicals

Overview:

This section is designed with the health and welfare of the student athlete in mind. The Annual Medical Release, Medical History and Pre-Participation Medical Evaluation are intended to determine if the player has developed any condition which would make it hazardous to participate in an athletic event.

All required forms must be completed in their **entirety** and returned to the athlete's head coach **before** participation in any practices or games. Completing these forms is an annual requirement.

Information for Parents:

Prior to the start of practice each season, parents must complete and sign the Medical History Form and have their player undergo a Pre-Participation Medical Evaluation performed by a medical doctor or nurse practitioner. ***Please take the forms with you to the doctor's office.*** Both the medical release and the medical evaluation forms must be signed by the medical personnel completing the forms (no signature stamps). The Medical History Form and Physical Evaluation Form are included as Attachment A.

Information for Head Coaches:

It is the responsibility of the Head Coach to collect a signed medical release and completed physical form for each player on the team. **Players cannot participate in practices or games without these the appropriate documents being in the Head Coach's possession.**



PREPARTICIPATION PHYSICAL EVALUATION FORM – MEDICAL HISTORY

This **MEDICAL HISTORY FORM** must be completed **annually** by parent (or guardian) and participant in order for the player to participate in athletic activities. These questions are designed to determine if the student has developed any condition which would make it hazardous to participate in an athletic event.

Player's Name: (print) _____ Gender _____ Age _____ Date of Birth _____

Address _____ Phone _____

Grade _____ School _____

Personal Physician _____ Phone _____

In case of emergency, contact:

Name _____ Relationship _____ Phone (H) _____ (W) _____

Explain "Yes" answers in the box below. Circle questions you don't know the answers to. Any Yes answer to questions 1-6 requires further medical evaluation which may include a physical examination. Written clearance from a physician, physician's assistant, chiropractor, or nurse practitioner is required before any participation in KYF practices, games, or matches**

	Yes	No		Yes	No
1. Have you had a medical illness or injury since your last check up or sports physical?	<input type="checkbox"/>	<input type="checkbox"/>	13. Have you gotten unexpectedly short of breath with exercise?	<input type="checkbox"/>	<input type="checkbox"/>
2. Have you been hospitalized overnight in the past year?	<input type="checkbox"/>	<input type="checkbox"/>	Do you have Asthma?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever had surgery?	<input type="checkbox"/>	<input type="checkbox"/>	Do you have seasonal allergies that require medical treatment?	<input type="checkbox"/>	<input type="checkbox"/>
3. Have you ever passed out during or after exercise?	<input type="checkbox"/>	<input type="checkbox"/>	14. Do you use any special protective or corrective equipment or Devices that aren't usually used for your sport or position (for example: knee brace special neck roll, foot orthotics, retainer on your teeth, hearing aid)?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever had chest pain during or after exercise?	<input type="checkbox"/>	<input type="checkbox"/>	15. Have you ever had a sprain, strain, or swelling after injury?	<input type="checkbox"/>	<input type="checkbox"/>
Do you get tired more quickly than your friends do during exercise?	<input type="checkbox"/>	<input type="checkbox"/>	Have you broken or fractured any bones or dislocated any joints?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever had racing of your heart or skipped heartbeats?	<input type="checkbox"/>	<input type="checkbox"/>	Have you had any other problems with pain or swelling in muscles, tendons, bones, or joints?	<input type="checkbox"/>	<input type="checkbox"/>
Have you had high blood pressure or high cholesterol?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, check appropriate box and explain below:	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever been told you have a heart murmur?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Head <input type="checkbox"/> Elbow <input type="checkbox"/> Hip		
Has any family member or relative died of heart problems or of sudden unexpected death before age 50?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Neck <input type="checkbox"/> Forearm <input type="checkbox"/> Thigh		
Has any family member been diagnosed with enlarged heart (dilated cardiomyopathy), hyperrophic cardiomyopathy, long QT syndrome or other ion channelopathy (Brugada syndrome, etc.), Marfan's syndrome, or abnormal heart rhythm?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Back <input type="checkbox"/> Wrist <input type="checkbox"/> Knee		
Have you had a severe viral infection (for example, myocarditis or mononucleosis) within the last month?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Chest <input type="checkbox"/> Hand <input type="checkbox"/> Shin/Calf		
Has a physician ever denied or restricted your participation in sports for any heart problems?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Shoulder <input type="checkbox"/> Finger <input type="checkbox"/> Ankle		
4. Have you ever had a head injury or concussion?	<input type="checkbox"/>		<input type="checkbox"/> Upper Arm <input type="checkbox"/> Foot		
Have you ever been knocked out, become unconscious, or lost your memory?	<input type="checkbox"/>		16. Do you want to weigh more or less than you do now?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, how many times? _____ When was the last concussion? _____			Do you lose weight regularly to meet weight requirements for your sport?	<input type="checkbox"/>	<input type="checkbox"/>
How severe was each one? (Explain below)	<input type="checkbox"/>	<input type="checkbox"/>	17. Do you feel stressed out?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever had a seizure?	<input type="checkbox"/>	<input type="checkbox"/>	18. Have you ever been diagnosed with or treated for sickle cell trait or sickle cell disease?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have frequent or severe headaches?	<input type="checkbox"/>	<input type="checkbox"/>			
Have you ever had numbness or tingling in your arms, hands, legs, or feet?	<input type="checkbox"/>	<input type="checkbox"/>	Females Only:		
Have you ever had a stinger, burner, or pinched nerve?	<input type="checkbox"/>	<input type="checkbox"/>	19. When was your first menstrual period? _____		
5. Are you missing any paired organs?	<input type="checkbox"/>	<input type="checkbox"/>	When was your most recent menstrual period? _____		
6. Are you under a doctor's care?	<input type="checkbox"/>	<input type="checkbox"/>	How much time do you usually have from the start of one period to the start of another? _____		
7. Are you currently taking any prescription or non-prescription (over the counter) medication or pills or using an inhaler?	<input type="checkbox"/>	<input type="checkbox"/>	How many periods have you had in the last year? _____		
8. Do you have any allergies (for example, to pollen, medicine, food, or stinging insects)?	<input type="checkbox"/>	<input type="checkbox"/>	What was the longest time between periods in the last year? _____		
9. Have you ever been dizzy during or after exercise?	<input type="checkbox"/>	<input type="checkbox"/>	An individual answering in the affirmative to any question relating to a possible cardiovascular health issue (question three above), as identified on the form, should be restricted from further participation until the individual is examined and cleared by a physician, physician assistant, chiropractor, or nurse practitioner.		
10. Do you have any current skin problems (for example: itching, rashes, acne, warts, fungus, or blisters)?	<input type="checkbox"/>	<input type="checkbox"/>	**Explain "Yes" ANSWERS HERE (attach additional sheet, if necessary):		
11. Have you ever become ill from exercising in the heat?	<input type="checkbox"/>	<input type="checkbox"/>	_____		
12. Have you had any problems with your eyes or vision?	<input type="checkbox"/>	<input type="checkbox"/>	_____		

It is understood that even though protective equipment is worn by the athlete, whenever needed, the possibility of an accident still remains. Katy Youth Football does not assume any responsibility in case an accident occurs. If, in the judgment of any representative of the league, the above participant should need immediate care and treatment as a result of any injury or sickness, I do hereby request, authorize, and consent to such care and treatment as may be given said participant by any physician, athletic trainer, nurse, or trained league representative. I do hereby agree to indemnify and save harmless the league and any league or team representative from any claim by any person on account of such care and treatment of said participant.

I hereby state that, to the best of my knowledge, my answers to the above questions are complete and correct. Failure to provide truthful responses could subject the participant in question to penalties determined by KYF. I, as parent/guardian of said KYF player/cheerleader hereby give permission for said child to participate in any and all activities sponsored by Katy Youth Football.

Parent/Guardian Signature: _____ Date: _____



PREPARTICIPATION PHYSICAL EVALUATION – PHYSICAL EXAMINATION

Player's Name: (print) _____ Gender _____ Age _____ Date of Birth _____
 Height _____ Weight _____ % Body Fat (optional) _____ Pulse _____ BP _____ / _____ (____ / _____, ____ / ____)
 Vision R 20/ _____ L 20/ _____ Corrected: Y N Pupils: Equal Unequal

As a minimum requirement, this **Physical Examination Form** must be completed prior to participation in any KYF® sport **annually**.

	NORMAL	ABNORMAL FINDINGS	INITIALS*
MEDICAL			
Appearance			
Eyes/Ears/Nose/Throat			
Lymph Nodes			
Heart-Auscultation of the heart in the supine position			
Heart-Auscultation of the heart in the standing position			
Heart-Lower extremity pulses			
Pulses			
Lungs			
Abdomen			
Genitalia (males only)			
Skin			
Marfan's stigmata (arachnodactyly, pectus excavatum, joint hypermobility, scoliosis)			

MUSCULOSKELETAL

Neck			
Back			
Shoulder/Arm			
Elbow/Forearm			
Wrist/Hand			
Hip/Thigh			
Knee			
Leg/Ankle			
Foot			

*station-based examination only

CLEARANCE

Cleared

Cleared after completing evaluation/rehabilitation for: _____

Not Cleared for: _____ Reason: _____

Recommendations: _____

The following information must be filled in and signed by either a Physician, a Physician Assistant licensed by a State Board of Physician Assistant Examiners, a Registered Nurse recognized as an Advanced Practice Nurse by the Board of Nurse Examiners, or a Doctor of Chiropractic. Examination forms signed by any other health care practitioner will not be accepted.

Name (print/type) _____ Date of Examination: _____

Address: _____

Phone Number: _____

Signature: _____

Must be completed before a student participates in any practices or games.



Injury Reporting Procedure

Overview:

The reporting of injuries during practice and games is an important part of KYF's® intent to run football and cheerleading programs that emphasize safety and minimize incidents. Injury reporting allows the KYF® Health & Safety Committee to analyze injury patterns and to take steps to implement procedures that minimize those incidents in the future.

To that end, every injury beyond the normal day-to-day “bumps and bruises” must be reported by the Head Coach to the Health & Safety Director within 24 hours of the incident occurring on the proper form as included here.

Should there be any questions concerning this policy, please reach out to Jim Rasco, KYF® Vice President, or any of the members of the Health & Safety Committee.

Submit KYF Injury Form to KYF Insurance Email Address:

You must report all injuries, no matter how minor, via the KYF® Injury Report form. The form must be completed by the head coach in its entirety, and then submitted to the KYF® Insurance email address within 24 hours of any injury.

Each head coach is also required to maintain a log of all injuries sustained during the season. This list should be on-hand and available for any KYF® Board Member to review. The required form for this log is also attached in this section.

KYF Insurance Email: insurance@katyyouthfootball.com



Injury Report Form

Please Complete All Fields

Date:		Date of Incident:		Time of Incident:		AM PM	
Event:		Head Coach:		Coach Ph:		Coach Email:	
Location of Incident:			Address:		City/State/Zip:		
Division/Team:				Team Mom:		Team Mom Ph:	
Participant Name:				DOB:		Age:	
Home Address:				Phone:		Sex: M F	
City-State-Zip:				SSN:			
Allergies:						Weight:	
Medications:						Height:	
Past Medical History:							
Parent/Guardian Name:				Phone:		Email:	
Parent/Guardian Name:				Phone:		Email:	
Body Part Injured & Nature of Injury/Incident:							
Events Leading to Illness/Injury: Describe what happened and How; Include Exact Location (Be Specific):							
Date/Time Reported to Head Coach:				Reported By:			
First Aid Treatment: (Include Whom Administered By and When)							
Professional Medical Care: (On-Site Paramedic/EMT, Doctor, Ambulance Transport, Emergency Room, etc. - Be Specific) - Diagnosis:							
Witness:				Phone:		Email:	
Witness:				Phone:		Email:	
I declare and affirm under penalty of perjury that the statements made herein are true and correct to the best of my knowledge, information and belief.							
Head Coach		Print:		Signature:		Date:	



Practice Guidelines – Levels of Contact

Overview:

As part of our comprehensive coaching education program, KYF® believes practice guidelines are essential in lowering injury potential. We believe limiting the contact time during practice will lower the overall exposure time, reducing the overall risk potential for injury. Therefore, we have adopted the following Levels of Contact guidelines and requirements.

Guidelines and Requirements:

KYF® Head Coaches shall develop practice plans for all practices. The KYF® Health & Safety Director and KYF® board members and volunteers may randomly audit practices to verify practice plans and adherence to levels of contact. KYF® recommends all coaches utilize a digital practice planner tool to develop practice plans for all practices throughout the season.

Review Sample Practice Plans Here: <http://www.katyyouthfootball.com/wp-content/uploads/KYF-Practice-Plan-Samples.xlsx>

Please review the sample practice plans and take note of the Player Contact Meter - KYF® defines "Full Contact" as "Thud" work or "Live" work to the ground.

KYF® recommends no more than 60 minutes of Full Contact (Thud / Live) practice per week. Under no circumstance should any team exceed 90 minutes of Full Contact (Thud / Live) practice in any week. KYF® recommends no more than 30 minutes of Full Contact (Thud / Live) time during any single practice.



Concussion Awareness & Management

Overview:

Concussions received by participants in all sports activities are an ongoing concern at all levels of play, and as a result, numerous state agencies throughout the U.S. have developed or revised their guidelines for concussion management. This includes the University Interscholastic League and the Katy Independent School District guidelines on the same.

The KYF® Health & Safety Committee is committed to maintaining the highest level of standards designed to keep our athletes safe while playing, and so the purpose of this document is to update KYF® requirements for concussion management, and to also provide information on Return to Play Protocol as adopted by the league this year.

In addition, KYF® continues to utilize the USA Football coach certification, which is updated annually and remains evergreen to ensure coaches understand proper tackling techniques to reduce the potential for injury. Every coach in KYF® is required to take this mandatory training. More information on “Heads-Up” is included in the last section of this packet.

Information for Parents, 2025 Season:

On the next two pages, please find an awareness guide produced by the Centers for Disease Control regarding concussion awareness and treatment. This document serves as a basic overview to explain what concussions are, how they occur, how they can be prevented, and how they are treated. If your child is suspected (by you or the coaches) of suffering a concussion during the season, we have implemented a new Return to Play Protocol that is included in the Coaches Section of this document.

Information for Head Coaches:

Any player even suspected of suffering a concussion during the season must be put through the Return to Play Protocol (form and guidelines attached). In addition, please remember that a concussion is an injury that is beyond a “normal bump or bruise” and so the Injury Reporting Form must also be filled out. ***Failure to do so may result in disciplinary action by the Board.***



Concussion Awareness & Management (cont')

Definition of Concussion - means a complex pathophysiological process affecting the brain caused by a traumatic physical force or impact to the head or body, which may: (A) include temporary or prolonged altered brain function resulting in physical, cognitive, or emotional symptoms or altered sleep patterns; and (B) involve loss of consciousness.

Prevention

- Teach and practice safe play & proper technique
- Follow the rules of play
- Make sure the required protective equipment is worn for all practices and games
- Protective equipment must fit properly and be inspected on a regular basis

Signs and Symptoms of Concussion – The signs and symptoms of concussion may include but are not limited to: Headache, appears to be dazed or stunned, tinnitus (ringing in the ears), fatigue, slurred speech, nausea or vomiting, dizziness, loss of balance, blurry vision, sensitive to light or noise, feel foggy or groggy, memory loss, or confusion.

Treatment of Concussion - The athlete-athlete shall be removed from practice or competition immediately if suspected to have sustained a concussion. Every athlete-athlete suspected of sustaining a concussion shall be seen by a physician before they may return to athletic participation. The treatment for concussion is cognitive rest. Athletes should limit external stimulation such as watching television, playing video games, sending text messages, use of computer, and bright lights. When all signs and symptoms of concussion have cleared and the athlete has received written clearance from a physician, the athlete-athlete may begin Return to Play Protocol as determined by the Health & Safety Committee.

Return to Play - A player removed from a practice or competition may not be permitted to practice or compete again following the force or impact believed to have caused the concussion until:

- (1) the athlete has been evaluated, using established medical protocols based on peer-reviewed scientific evidence, by a treating physician chosen by the athlete or the athlete's parent or guardian or another person with legal authority to make medical decisions for the athlete;
- (2) the athlete has successfully completed the progressive steps of the return-to-play protocol as outlined below;
- (3) the treating physician has provided a written statement indicating that, in the physician's professional judgment, it is safe for the athlete to return to play; and
- (4) the athlete and the athlete's parent or guardian or another person with legal authority to make medical decisions for the athlete:
 - (A) have acknowledged that the athlete has completed the requirements of the return-to-play protocol necessary for the athlete to return to play;
 - (B) have provided the treating physician's written statement to the person responsible for compliance with the return-to-play protocol and the person who has supervisory responsibilities; and
 - (C) have signed a consent form (included below)



Return to Play Protocol

- The athlete shall be symptom-free for 24 hours prior to initiating the return to play progression.
- Progress continues at 24-hour intervals as long as the athlete is symptom free at each level.
- If the student-athlete experiences any post-concussion symptoms during the return to activity progression, activity is discontinued and the student-athlete must be re-evaluated by a licensed health care professional.

Phase 1: No physical activity until student-athlete is symptom free for 24 hours and receives written clearance from a physician and submission of the required documentation following the concussion injury.

Phase 2 (each step completed in 24 hours, if athlete is symptom-free):

- Step 1:** When the athlete completes Phase 1, begin light aerobic exercise – 5 – 10 minutes on an exercise bike, or light jog; no weight lifting, resistance training, or any other exercise
- Step 2:** Moderate aerobic exercise - 15 to 20 minutes of running at moderate intensity in the gym or on the field without a helmet or other equipment
- Step 3:** Non-contact training drills in full uniform; may begin weight lifting, resistance training, and other exercises
- Step 4:** Full contact practice or training
- Step 5:** Full game play

Any subsequent concussion requires further medical evaluation, which may include a physical examination prior to return to participation. Written clearance from a physician is required as outlined in this section of KYF® Policy and Procedures before any participation in practices or games.



Return to Play Protocol Form

*This form must be completed and submitted to the **team's Division Director & the KYF® Health & Safety Director** who are responsible for compliance with the Return to Play Protocol established by KYF®.*

Player Name (Please Print) _____

Team Name and Head Coach (Please Print) _____

_____ (Parent Initials) The player has been evaluated by a treating physician selected by the player, their parent or other person with legal authority to make medical decisions for the player.

_____ (Parent Initials) The player has completed the Return to Play Protocol established by KYF.

_____ (Parent Initials) KYF has received a written statement from the treating physician indicating, that in the physician's professional judgment, it is safe for the player to return to play.

_____ (Parent/Responsible Decision-Maker) has been informed and consents to the player participating in returning to play in accordance with the return to play protocol established by KYF. Understands the risks associated with the player returning to play and will comply with any ongoing requirements in the return to play protocol. Consents to the disclosure to appropriate persons of the treating physician's written statement for the return to play recommendations by the treating physician. Understands the immunity provisions under Section 38.159 of the Texas Education Code.

Parent/Guardian (printed)

Parent/Guardian (signature)

CONCUSSION FACT SHEET FOR PARENTS



WHAT IS A CONCUSSION?

A concussion is a type of traumatic brain injury. Concussions are caused by a bump or blow to the head. Even a “ding,” “getting your bell rung,” or what seems to be a mild bump or blow to the head can be serious.

You can’t see a concussion. Signs and symptoms of concussion can show up right after the injury or may not appear or be noticed until days or weeks after the injury. If your child reports any symptoms of concussion, or if you notice the symptoms yourself, seek medical attention right away.

WHAT ARE THE SIGNS AND SYMPTOMS OF CONCUSSION?

If your child has experienced a bump or blow to the head during a game or practice, look for any of the following signs of a concussion:

SYMPTOMS REPORTED BY ATHLETE:

- Headache or “pressure” in head
- Nausea or vomiting
- Balance problems or dizziness
- Double or blurry vision
- Sensitivity to light
- Sensitivity to noise
- Feeling sluggish, hazy, foggy, or groggy
- Concentration or memory problems
- Confusion
- Just not “feeling right” or is “feeling down”

SIGNS OBSERVED BY PARENTS/ GUARDIANS:

- Appears dazed or stunned
- Is confused about assignment or position
- Forgets an instruction
- Is unsure of game, score, or opponent
- Moves clumsily
- Answers questions slowly
- Loses consciousness (even briefly)
- Shows mood, behavior, or personality changes



DANGER SIGNS

Be alert for symptoms that worsen over time. Your child or teen should be seen in an emergency department right away if s/he has:

- One pupil (the black part in the middle of the eye) larger than the other
- Drowsiness or cannot be awakened
- A headache that gets worse and does not go away
- Weakness, numbness, or decreased coordination
- Repeated vomiting or nausea
- Slurred speech
- Convulsions or seizures
- Difficulty recognizing people or places
- Increasing confusion, restlessness, or agitation
- Unusual behavior
- Loss of consciousness (even a brief loss of consciousness should be taken seriously)

WHAT SHOULD YOU DO IF YOU THINK YOUR CHILD HAS A CONCUSSION?

1. SEEK MEDICAL ATTENTION RIGHT AWAY

A health care professional will be able to decide how serious the concussion is and when it is safe for your child to return to regular activities, including sports.

2. KEEP YOUR CHILD OUT OF PLAY.

Concussions take time to heal. Don't let your child return to play the day of the injury and until a health care professional says it's OK. Children who return to play too soon - while the brain is still healing - risk a greater chance of having a second concussion. Repeat or later concussions can be very serious. They can cause permanent brain damage, affecting your child for a lifetime.

3. TELL YOUR CHILD'S COACH ABOUT ANY PREVIOUS CONCUSSION.

Coaches should know if your child had a previous concussion. Your child's coach may not know about a concussion your child received in another sport or activity unless you tell the coach.

HOW CAN YOU HELP YOUR CHILD PREVENT A CONCUSSION OR OTHER SERIOUS BRAIN INJURY?

- Ensure that they follow their coach's rules for safety and the rules of the sport.
- Encourage them to practice good sportsmanship at all times.
- Make sure they wear the right protective equipment for their activity. Protective equipment should fit properly and be well maintained.
- Wearing a helmet is a must to reduce the risk of a serious brain injury or skull fracture.
 - However, helmets are not designed to prevent concussions. There is no "concussion-proof" helmet. So, even with a helmet, it is important for kids and teens to avoid hits to the head.

HOW CAN I HELP MY CHILD RETURN TO SCHOOL SAFELY AFTER A CONCUSSION?

Children and teens who return to school after a concussion may need to:

- Take rest breaks as needed
- Spend fewer hours at school
- Be given more time to take tests or complete assignments
- Receive help with schoolwork
- Reduce time spent reading, writing, or on the computer

Talk with your child's teachers, school nurse, coach, speech-language pathologist, or counselor about your child's concussion and symptoms. As your child's symptoms decrease, the extra help or support can be removed gradually.



JOIN THE CONVERSATION ➡ www.facebook.com/CDCHeadsUp

TO LEARN MORE GO TO >> [WWW.CDC.GOV/CONCUSSION](https://www.cdc.gov/concussion)

Content Source: CDC's Heads Up Program. Created through a grant to the CDC Foundation from the National Operating Committee on Standards for Athletic Equipment (NOCSAE).

CONCUSSION FACT SHEET FOR COACHES



WHAT IS A CONCUSSION?

Concussion, a type of traumatic brain injury, is caused by a bump, blow, or jolt to the head. Concussions can also occur from a blow to the body that causes the head and brain to move rapidly back and forth—literally causing the brain to bounce around or twist within the skull.

This sudden movement of the brain causes stretching and tearing of brain cells, damaging the cells and creating chemical changes in the brain.

HOW CAN I RECOGNIZE A POSSIBLE CONCUSSION?

Concussions can result from a fall or from athletes colliding with each other, the ground, or with an obstacle, such as a goalpost. Even a “ding,” “getting your bell rung,” or what seems to be a mild bump or blow to the head can be serious.

As a coach you are on the front line in identifying an athlete with a suspected concussion. You know your athletes well and can recognize when something is off—even when the athlete doesn’t know it or doesn’t want to admit it.

So to help spot a concussion, you should watch for and ask others to report the following two things:

1. A forceful bump, blow, or jolt to the head or body that results in rapid movement of the head.

AND

2. Any concussion signs or symptoms, such as a change in the athlete’s behavior, thinking, or physical functioning.

Signs and symptoms of concussion generally show up soon after the injury. But the full effect of the injury may not be noticeable at first. For example, in the first few minutes the athlete might be slightly confused or appear a little bit dazed, but an hour later they can’t recall coming to the practice or game.

You should repeatedly check for signs of concussion and also tell parents what to watch out for at home. Any worsening of concussion signs or symptoms indicates a medical emergency.

SIGNS AND SYMPTOMS

Athletes who experience one or more of the signs and symptoms listed below, or who report that they just “don’t feel right,” after a bump, blow, or jolt to the head or body, may have a concussion.

SYMPTOMS REPORTED BY ATHLETE:

- Headache or “pressure” in head
- Nausea or vomiting
- Balance problems or dizziness
- Double or blurry vision
- Sensitivity to light
- Sensitivity to noise
- Feeling sluggish, hazy, foggy, or groggy
- Concentration or memory problems
- Confusion
- Just not “feeling right” or is “feeling down”

SIGNS OBSERVED BY COACHING STAFF:

- Appears dazed or stunned
- Is confused about assignment or position
- Forgets an instruction
- Is unsure of 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 hit or fall
- Can’t recall events after hit or fall



WHAT ARE CONCUSSION DANGER SIGNS?

In rare cases, a dangerous blood clot may form on the brain in an athlete with a concussion and crowd the brain against the skull. Call 9-1-1 or take the athlete to the emergency department right away if after a bump, blow, or jolt to the head or body the athlete exhibits one or more of the following danger signs:

- One pupil larger than the other
- Is drowsy or cannot be awakened
- A headache that gets worse
- Weakness, numbness, or decreased coordination
- Repeated vomiting or nausea
- Slurred speech
- Convulsions or seizures
- Cannot recognize people or places
- Becomes increasingly confused, restless, or agitated
- Has unusual behavior
- Loses consciousness (even a brief loss of consciousness should be taken seriously)

FACTS

Sometimes people wrongly believe that it shows strength and courage to play injured. Some athletes may also try to hide their symptoms.

Don't let your athlete convince you that he or she is "just fine" or that he or she can "tough it out." Discourage others from pressuring injured athletes to play. Emphasize to athletes and parents that playing with a concussion is dangerous.

WHAT SHOULD I DO IF A CONCUSSION IS SUSPECTED?

No matter whether the athlete is a key member of the team or the game is about to end, an athlete with a suspected concussion should be immediately removed from play. To help you know how to respond, follow the Heads Up four-step action plan:

1. REMOVE THE ATHLETE FROM PLAY.

Look for signs and symptoms of a concussion if your athlete has experienced a bump or blow to the head or body. When in doubt, sit them out!

2. ENSURE THAT THE ATHLETE IS EVALUATED BY AN APPROPRIATE HEALTH CARE PROFESSIONAL.

Do not try to judge the severity of the injury yourself. Health care professionals have a number of methods that they can use to assess the severity of concussions. As a coach, recording the following information can help health care professionals in assessing the athlete after the injury:

- Cause of the injury and force of the hit or blow to the head or body
- Any loss of consciousness (passed out/knocked out) and if so, for how long
- Any memory loss immediately following the injury
- Any seizures immediately following the injury
- Number of previous concussions (if any)

3. INFORM THE ATHLETE'S PARENTS OR GUARDIANS.

Let them know about the possible concussion and give them the Heads Up fact sheet for parents. This fact sheet can help parents monitor the athlete for sign or symptoms that appear or get worse once the athlete is at home or returns to school.

4. KEEP THE ATHLETE OUT OF PLAY.

An athlete should be removed from play the day of the injury and until an appropriate health care professional says they are symptom-free and it's OK to return to play. After you remove an athlete with a suspected concussion from practice or play, the decision about return to practice or play is a medical decision.



WHY SHOULD I BE CONCERNED ABOUT CONCUSSIONS?

Most athletes with a concussion will recover quickly and fully. But for some athletes, signs and symptoms of concussion can last for days, weeks, or longer.

If an athlete has a concussion, his or her brain needs time to heal. A repeat concussion that occurs before the brain recovers from the first—usually within a short time period (hours, days, weeks)—can slow recovery or increase the chances for long-term problems. In rare cases, repeat concussions can result in brain swelling or permanent brain damage. It can even be fatal.



DID YOU KNOW?

- Young children and teens are more likely to get a concussion and take longer to recover than adults.
- Athletes who have ever had a concussion are at increased risk for another concussion.
- All concussions are serious.
- Recognition and proper response to concussions when they first occur can help prevent further injury or even death.

HOW CAN I HELP ATHLETES TO RETURN TO PLAY GRADUALLY?

An athlete should return to sports practices under the supervision of an appropriate health care professional. When available, be sure to work closely with your team's certified athletic trainer.

Below are five gradual steps that you and the health care professional should follow to help safely return an athlete to play. Remember, this is a gradual process. These steps should not be completed in one day, but instead over days, weeks, or months.

BASELINE:

Athletes should not have any concussion symptoms. Athletes should only progress to the next level of exertion if they do not have any symptoms at the current step.

STEP 1:

Begin with light aerobic exercise only to increase an athlete's heart rate. This means about 5 to 10 minutes on an exercise bike, walking, or light jogging. No weight lifting at this point.

STEP 2:

Continue with activities to increase an athlete's heart rate with body or head movement. This includes moderate jogging, brief running, moderate-intensity stationary biking, moderate-intensity weightlifting (reduced time and/or reduced weight from your typical routine).

STEP 3:

Add heavy non-contact physical activity, such as sprinting/running, high-intensity stationary biking, regular weightlifting routine, non-contact sport-specific drills (in 3 planes of movement).

STEP 4:

Athlete may return to practice and full contact (if appropriate for the sport) in controlled practice.

STEP 5:

Athlete may return to competition.

If an athlete's symptoms come back or she or he gets new symptoms when becoming more active at any step, this is a sign that the athlete is pushing him or herself too hard. The athlete should stop these activities and the athlete's health care provider should be contacted. After more rest and no concussion symptoms, the athlete should begin at the previous step.

HOW CAN I HELP PREVENT CONCUSSIONS OR OTHER SERIOUS BRAIN INJURIES?

Insist that safety comes first. To help minimize the risks for concussion or other serious brain injuries:

- Ensure that athletes follow the rules for safety and the rules of the sport.
- Encourage them to practice good sportsmanship at all times.
- Make sure the athlete wears the right protective equipment for their activity. Protective equipment should fit properly, be well maintained, and be worn consistently and correctly.
- Wearing a helmet is a must to reduce the risk of severe brain injury and skull fracture. However, a helmet doesn't make an athlete immune to concussion. There is no "concussion-proof" helmet.

Check with your league, school, or district about concussion policies. Concussion policy statements can be developed to include:

- The school or league's commitment to safety
- A brief description of concussion
- Information on when athletes can safely return to school and play.

Parents and athletes should sign the concussion policy statement at the beginning of the season.



▶ **"WHEN IN DOUBT,
SIT THEM OUT!"**

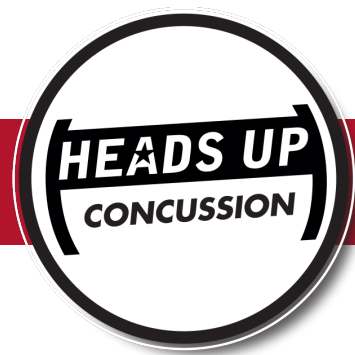


JOIN THE CONVERSATION AT www.facebook.com/CDCHeadsUp

TO LEARN MORE GO TO [>> WWW.CDC.GOV/CONCUSSION](http://www.cdc.gov/concussion)

Content Source: CDC's Heads Up Program. Created through a grant to the CDC Foundation from the National Operating Committee on Standards for Athletic Equipment (NOCSAE).

HEADS UP CONCUSSION ACTION PLAN



IF YOU SUSPECT THAT AN ATHLETE HAS A CONCUSSION, YOU SHOULD TAKE THE FOLLOWING STEPS:

1. Remove the athlete from play.
2. Ensure that the athlete is evaluated by a health care professional experienced in evaluating for concussion. Do not try to judge the seriousness of the injury yourself.
3. Inform the athlete's parents or guardians about the possible concussion and give them the fact sheet on concussion.
4. Keep the athlete out of play the day of the injury. An athlete should only return to play with permission from a health care professional, who is experienced in evaluating for concussion.

▶ **"IT'S BETTER TO MISS ONE GAME, THAN THE WHOLE SEASON."**



CONCUSSION SIGNS AND SYMPTOMS

Athletes who experience one or more of the signs and symptoms listed below after a bump, blow, or jolt to the head or body may have a concussion.

SYMPTOMS REPORTED BY ATHLETE

- Headache or "pressure" in head
- Nausea or vomiting
- Balance problems or dizziness
- Double or blurry vision
- Sensitivity to light
- Sensitivity to noise
- Feeling sluggish, hazy, foggy, or groggy
- Concentration or memory problems
- Confusion
- Just not "feeling right" or is "feeling down"

SIGNS OBSERVED BY COACHING STAFF

- Appears dazed or stunned
- Is confused about assignment or position
- Forgets an instruction
- Is unsure of 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 hit or fall



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HEADS UP

TO LEARN MORE GO TO >> WWW.CDC.GOV/CONCUSSION



USA Football Coach Certification – KYF® 2025

Overview:

This season KYF® is continuing USA Football's Coach Certification Training Curriculum for all teams at all levels of the league. Each and every coach will undergo this evolving training, which is a live and in-person clinic including live drills for the coaches. USA Football and KYF® are dedicated to developing a better, safer game.

The Curriculum is composed of multiple pillars including:

- 1) Football Development Model Overview**
- 2) Health & Safety (Head, Heart, and Heat Lessons)**
- 3) Emergency Action Plans**
- 4) Coach 101 – Building a Coaching Purpose Statement**
- 5) Anti-Abuse – Signs of Abuse & Reporting**
- 6) Equipment Fitting**
- 7) Levels of Contact**
- 8) Blocking and Defeating Blocks**
- 9) Youth Tackling Model**
- 10) Bonus Resources (Player Progression, Practice Planning, etc.)**

Each pillar reinforces one another. The combination of coaching education, properly fit equipment, proper training, heat and hydration awareness, and proper technique is designed to make play safer than ever before.



Weekly Equipment Checks

Overview:

Properly fitted and maintained equipment is an essential component of playing safe football. Unlike other sports, where equipment plays a secondary role in the activity, the helmet, mouth guard, shoulder pads, and leg pads play a critical role in keeping a player safe.

It has been a longstanding requirement in KYF® for coaches to check players' equipment for wear & tear and proper fit. It will now be a requirement that coaches document these checks (at minimum) on a weekly basis.

Information for Parents:

On the following pages are the specification sheets used by Katy ISD Football Players regarding the helmet checks they are required to do as part of participating in the sport. Please become comfortable with the particulars of how the different aspects of your player's helmet are intended to work. Regular helmet checks are highly required by the league, and we encourage you to teach your player how to do the same- it is a skill they will have to learn at higher levels of play, and teaching this to them when they're young develops good habits for later.

Information for Head Coaches:

It is the responsibility of each team's coaching staff to document, at minimum, that each player's equipment has been checked weekly. The form to document this process is included in this section. League officials may ask to see your equipment check log sheet at any time, and you are required to have it on your person at every KYF® practice or game. Failure to produce a sheet at a Board Member's request may result in disciplinary action.



Football Helmet Information Sheet

1. Warning Label

Your helmet should have a warning label in it. Whether the label has been removed or covered up, you should be aware of it and what it says:

Warning

Do not use this helmet to butt, ram, or spear an opposing player. This is in violation of the football rules. Such use can result in severe head or neck injury, paralysis, or death to you, as well as possible injury to your opponent. No helmet can prevent all head or neck injuries a player might receive while participating in football.

2. N.O.C.S.A.E. Standards

All helmets must have a N.O.C.S.A.E. sticker inside or stamped on back of helmet.

3. Shell

- a. No visible cracks in shell.
- b. Fixtures or velcro to hold protective parts are intact and functional.
- c. All chin strap snap fixtures are in place and functional.

4. Mask

- a. Not bent out of shape.
- b. No excessive metal showing.
- c. Properly installed with correct hardware and hangers.
- d. No bolts, screws, nuts used other than type designed for this purpose.

5. Protective Parts

- a. No signs of cracks, deterioration, or compressed out of original shape.
- b. No alterations from original design.

- c. All securely fastened to shell with fixtures designed for this purpose.

6. Air Liners

Will hold air and is properly installed and inflated.

7. Alterations

- a. Only original manufactured parts are used when replacements are needed.
- b. No alterations from original manufacturers design permitted.

8. Jaw Pads

- a. Should have proper thickness to hold helmet firm against face.
- b. Snaps are intact and hold the pads securely.

9. Chin Straps

- a. Should be properly adjusted to give a firm pressure on the chin.
- b. All snaps in place and each snapped properly.

10. Paint and Touch Up

- a. No helmet shall be painted or touched up with any paint other than recommended by the manufacturer.
- b. No spray can substance, paint, polish, clear lacquer, or cleaner should be used on helmet unless approved by the manufacturer.

Warning

Paints, lacquers, or cleaners other than those approved by the manufacture may damage the helmet shell, causing it to crack or shatter on contact

Helmets should be checked:

- **Daily by the player**
- **Weekly by the coach (and documented!)**
- **As needed by the parent**



Achieving Heat Acclimatization

Overview:

Safely participating in practices and games in the Texas heat requires advance preparation and on-the-spot knowledge and management of how an athlete's body reacts to physical exertion in hot, humid weather. To insure that KYF® athletes are able to perform safely at their highest level, the following information is provided.

Information for Parents & Coaches:

The first step in achieving a safe practice environment for players and coaches, is acclimating the body to the heat of summer. KYF® encourages coaches to hold conditioning-only practices in July to help in this regard. These practices can be no longer than 90 minutes, twice each week, and no football-specific training or coaching may be performed. These sessions are to be used solely to help athletes get in shape for the season, and to help achieve heat acclimatization prior to donning full pads. Please refer to the KYF® Rules & Administrative Guidelines for more information on conditioning practices.

When official practices begin in August, all Coaches should follow the 2025 KYF® Heat Acclimatization Guidance. All coaches must follow these guidelines to insure player safety and to achieve heat acclimatization. Coaches may restrict practice further at their discretion, but may never practice beyond the limitations outlined in these guidelines.

- *Practice is defined as time on the football field (including warm-up, stretching, break time, cool down, and any conditioning, and should never exceed two hours*
- *During the first two days, practices must be limited to 90 minutes. Practice should never exceed 2 hours on any day.*
- *Heat acclimatization days should be continuous, if possible, meaning few days off. However, if your practice schedule is only a few days a week, then remember that the days between your practices (the days off) do NOT count toward acclimatization days. It will take longer to acclimatize in situations like this.*



Heat & Hydration

Overview:

The second step in achieving a safe practice environment for players and coaches, is proper hydration before, during, and after practices and games.

(please visit <https://ksi.uconn.edu/> for more information).

Information for Parents & Coaches:

Hydration, or fluid replacement, plays a crucial role in physiological functioning, athletic performance and heat illnesses. Numerous research studies state that increased dehydration levels elevate the risk for heat illness. Other factors that increase fluid loss include intensity of exercise, inappropriate work-to-rest ratios, inaccessible fluids or inadequate fluid sources, acclimatization to heat and fitness level.

Dehydration can lead to increased heart rate and overall strain on the heart. It will also increase the core body temperature to a level higher than if an individual is optimally hydrated. This cardiovascular strain combined with a higher core body temperature puts an athlete at increased risk for heat illness. To avoid heat-related illnesses, it is imperative that athletes minimize core body temperature increases, and decrease cardiovascular strain during exercise. **Proper hydration is one way to accomplish this.**

Maintaining Hydration

- Encourage your child to stay well hydrated before, during, and after practice sessions.
- Encourage your child to drink both water and fluids containing sodium (for example sports drinks), especially for heavy or salty sweaters.
- Drinking water throughout the day is also important, especially when having multiple practices.
- One way to determine how much fluid your child needs to drink during a workout is by measuring his or her sweat rate.



- Participate in adequate water breaks throughout practice sessions. These sessions should be every 15-20 minutes, and they should allow athletes to drink as much as they wish.

****As the temperature increases, rest/water breaks should be taken more frequently****

- Water and rest breaks should be in shaded/cooler areas, if possible.
- To make sure your child is hydrated, have him or her observe the color of their urine, which should be a “straw” yellow or the color of lemonade and NOT the color of apple juice.
- Your child should never be denied or discouraged from drinking water/fluids. Fluids should be readily accessible throughout practice. Your child should NOT be punished by withholding water/fluids.

Sports Drinks

Exercise in warm, humid environments increases core body temperature and can cause heat storage in the body. Heat storage increases sweat rate, which may induce dehydration. Fluid ingestion is a strategy that minimizes dehydration and slows the rise in core temperature by sustaining blood flow for heat dissipation. Ingesting sufficient fluid to minimize dehydration during exercise optimizes heat dissipation.

Intense endurance exercise promotes dehydration and depletion glucose and electrolytes. Fluid-energy-electrolyte replacement beverages (i.e., sports drinks) improve endurance because they satisfy these needs, particularly in hot and humid environments with exercise lasting over one hour. Electrolytes also stimulate thirst and promote absorption in the gastrointestinal (GI) tract.

Any fluid deficit that is incurred during one exercise session can potentially compromise the next exercise session if adequate fluid replacement does not occur. Therefore, it is important to replace fluid and electrolyte losses, and replenish energy stores in order to achieve recovery before the next bout of exercise.

Ingestion of non-caffeinated sport drinks containing vital nutrients such as water, electrolytes and carbohydrate during exercise may help enhance performance and reduced physiological stress on an athlete’s cardiovascular, central nervous and muscular systems.



Both the volume of the drink and its composition are critical. Carbohydrates improve the rate of intestinal uptake of sodium, which in turn favors the retention of water. When proper hydration status is maintained, including carbohydrates in the sports drink delays the onset of fatigue during a the next bout of intense exercise in a warm environment. Even modest (up to 2% of body weight) exercise-induced dehydration decreases aerobic performance capacity and compromises cognitive capability.

Tips to Stay Cool

Staying cool in the heat when exercising is important. Increased body temperature when exercising can lead to heat illnesses such as exertional heat stroke, heat exhaustion, and heat syncope. Body temperature can increase for many reasons besides exercise alone. They include:

- Illness
- Lack of acclimatization to the heat
- Dehydration
- Long-term lack of sleep
- Poor physical fitness
- Amount of equipment being worn in heat
- Certain medications (ADHD medications, Sudafed, Ephedra, recreational drugs)

It is not hard to stay cool when exercising if you take the proper steps beforehand such as:

- Avoid practicing during the hottest part of the day
- Take time to adapt to hot environments over the course of 10-14 days (acclimatization)
- Take frequent breaks (every 20 minutes or so)
- Stay hydrated before, during and after practice
- Maintain a minimum level of physical fitness even when not practicing
- Avoid practicing when you are sick
- Make sure you practice where there is a shaded or cool area nearby
- Don't use full heavy gear until you have acclimatized to the heat
- Have ice towels available to use during rest breaks
- Have accurate temperature monitors available to prevent exertional heat stroke
- Monitor body temperature more closely if using medications that increase body temperature



- Avoid recreational drugs
- In a competition scenario, minimize warm-up or warm up in cool or air conditioned environment

Prevention of Heat Illnesses

Before your child starts playing a sport, he or she should have a physical examination by a medical doctor that includes specific questions about any history of exertional heat illness (EHI).

- Tell your child's coach about any history of EHI.
- Make sure your child is properly hydrated before he or she heads to practice or a game.
- Be sure your child feels comfortable with expressing if they do not feel well to others, especially coaches.
- Give your children their own water bottles to take to practice everyday.
- Make sure your child's coach has your emergency contact numbers.
- Check that your child's league/team has an emergency action plan (EAP).
- Make sure your child is acclimatized to the heat by gradually phasing in the amount of activity they are performing in the heat, over the course of 10–14 days, especially when wearing equipment.
- Be aware of the intrinsic factors (mostly your child's control / items (s)he can adjust) and extrinsic factors (mostly outside of your child's control) that cause EHI.
- To aid in preventing EHI, proper hydration should be monitored and encouraged along with other preventive methods.

Exercise extra caution if your child has any of these intrinsic factors or you are concerned regarding any of the extrinsic factors.

Intrinsic Factors:

- History of heat illness
- Inadequate heat acclimatization
- Low fitness level
- Overweight or obese
- Inadequate hydration
- Lack of sleep
- Fever



Stomach illness

Highly motivated/ultra-competitive

Pre-pubescent

Extrinsic Factors:

Wet Bulb Globe Temperature (WBGT)

Intense or prolonged exercise with minimal breaks

High temperature/humidity/sun exposure & over multiple days

Inappropriate work/rest ratios based on intensity

Clothing

Equipment

Fitness

No or limited access to fluids or breaks during practice

Delay in recognition of signs and symptoms associated with EHS



Hot Weather Policy

Overview:

Practice or competition in hot and humid environmental conditions poses special problems for athletes. Heat stress and resulting heat illness is a primary concern in these conditions. Although deaths from heat illness are rare, constant surveillance and education are necessary to prevent heat-related problems. The following practices should be observed.

General Considerations for Risk Reductions

1. Encourage proper education regarding heat illnesses (for athletes, coaches, parents, medical staff, etc.) Education about risk factors should focus on hydration needs; acclimatization, work/rest ratio, signs and symptoms of heat illnesses, treatment, dietary supplements, nutritional issues, and fitness status.

General Guidelines:

1. An initial complete medical history and physical exam (see section on Medical Release and Physicals, elsewhere in this packet)
2. Gradual acclimatization of the athlete to hot/humid conditions is a must. We advise that athletes should gradually increase exposure to hot and/or humid environmental conditions over a period of seven to 10 days to achieve acclimatization.
3. Clothing and protective gear can increase heat stress. Dark colors absorb solar radiation, clothing and protective gear interfere with the evaporation of sweat and other avenues of heat loss. During acclimatization process, athletes should practice in T-shirts, shorts, socks and shoes. Rubberized suits should never be worn.
4. To identify heat stress conditions, regular measurements of environmental conditions will be taken daily.
5. Players who miss practice for extended periods MUST repeat the acclimatization procedure upon their return.



Specific Guidelines

Heat index of less than 100:

- No restrictions

Heat index of 100-105:

- Workouts limited to 1 1/2 hours, 10 minute break every 30 minutes.
- Conditioning should take place without helmets/shoulder pads.
- Athletes allowed to remove helmets if not actively participating

Heat index of 105-110:

- Workouts limited to 1 1/2 hours, 10 minute break every 30 minutes
- Unrestricted access to water at all times
- A 10 minute break should precede all conditioning
- Conditioning should take place without helmets/shoulder pads
- Conditioning should not exceed 10 minutes
- Decrease repetitions and practice for overweight individuals
- Asthmatic athletes may remove themselves from workout without penalties or repercussions

Heat Index of 110-115

- Shorts and T-shirts, no helmets for practice
- Practice shortened to 1 hour
- Unrestricted access to water at all times
- 10 minute break every 20 minutes
- Conditioning should take place indoors
- Decrease repetitions and practice for overweight individuals
- Asthmatic athletes may remove themselves from workout without penalties

Heat index of greater than 115:

- No outdoor workouts



National Association for
Sport and Physical Education

NASPE Sets the Standard

Sexual Harassment in Athletic Settings

A Statement from the National Association for Sports and Physical Education
(NASPE) Fall 2000

Overview:

It is the position of KYF® that sexual harassment in all its forms has no place on the playing fields of our league. While some parents and coaches may be more familiar with sexual harassment in the work place, what follows is a statement regarding sexual harassment as it relates to athletic settings.

Information for Parents & Coaches:

Background

Sexual harassment may be defined as unwanted sexual attention that would be offensive to a reasonable person and that negatively affects the work or school environment. The critical element in almost all definitions of sexual harassment is unwanted sexual attention. Sexual harassment includes a wide range of behaviors from verbal innuendo and subtle suggestions, to overt demands and abuse, including rape and child sexual abuse.

However, even as the courts continue to clarify the nature of sexual harassment; educational institutions are well advised to follow the Office for Civil Rights (OCR) and the Equal Employment Opportunity Commission (EEOC) definitions of sexual harassment and to be in compliance with title IX of the Education Amendments of 1972 and Title VII of the Civil Rights Act of 1964

Generally, there is agreement as to what constitutes the most blatant forms of sexual harassment, yet viewpoints often differ regarding more subtle circumstances.

The social interaction is frequently very complicated and may invite different interpretations. Whether behavior is considered sexual harassment depends to some extent on the subjective experience of the recipient. The same behavior might be enjoyed by one recipient and unwanted by another. The Subjective aspect contributes to the possibility of misunderstanding and miscommunication.



National Association for
Sport and Physical Education

NASPE Sets the Standard

Types of Sexual Harassment

Quid Pro Quo Harassment

Quid pro quo harassment occurs when a school employee or coach causes a student athlete to believe that he or she must submit to unwelcome sexual conduct (sexual advances; requests for sexual favors; or other verbal, non-verbal, or physical conduct that is sexual in nature) in order to participate in a school program or activity, regardless of whether the student athlete submits to the demands.

This category of sexual harassment often involves a power relationship such as that between a supervisor and an employee or between a teacher and a student.

Hostile Environment Harassment

Hostile environment harassment applies when unwelcome sexual conduct causes the environment to become hostile, intimidating, or offensive, and unreasonably interferes with an employee's or student's work. It can occur when the unwelcome sexual conduct is so severe, persistent, or pervasive, that it affects a student's ability to participate in the educational program or activity.

The Issue of Power

Sexual harassment is not an exclusively sexual issue, but may be an exploitation of a power relationship. Like any other power struggle, many instances of sexual harassment are initiated and negotiated by a person in a position of authority and are sustained at the expense of another who cannot counter demands without risk of reprisal (as a teacher vs. student or coach vs. player)

Sexual harassment often is experienced as a hostile act that may be intended to dis-empower and subjugate the person harassed.

Evidence suggests that individuals employed in nontraditional work settings for their gender, are somewhat more likely to be harassed.



National Association for
Sport and Physical Education

NASPE Sets the Standard

Initiated by the Athlete

Coaches cannot absolve themselves of the responsibility of avoiding intimate sexual relationships with athletes, simply because the intimacy may be initiated by the athlete. Because of the superior-subordinate relationship, the coach must realize that the subordinate is not in a position of taking responsibility for eliminating the sexual harassment, especially if the athlete is a minor. The nature of the coach/athlete relationship requires that the coach is always responsible for maintaining the professional relationship. Intimacy initiated by the subordinate must be anticipated, discouraged, and avoided by the coach.

Guidelines for Coaches

- Use discretion when alone with an athlete, and when coaching a student, try to have another coach or supervisor present
- Don't touch an athlete outside of necessary touching to teach a skill
- Don't drive alone with an athlete, or sit in parked vehicles
- Stay in separate sleeping quarters when traveling to athletic events
- Educate your athletes about sexual harassment and encourage them to talk to you and their parents, if anyone makes them uncomfortable
- Document any behavior by students, directed toward you, which is sexual in nature. Include witnesses, how you dealt with the situation, and who you talked to about the situation.
- Immediately notify your division director regarding any accusations.