2026 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. 2026 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 of 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 1,2,3,4,5, or 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.* THIS FORM MUST BE ON FILE PRIOR TO PARTICIPATION IN ANY PRACTICE, SCRIMMAGE, GAME OR OTHER KYF EVENT**

		Yes	No
1.	Have you had a medical illness or injury since your last check up or sports physical?	☐	☐
2.	Have you been hospitalized overnight in the past year?	☐	☐
	Have you ever had surgery?	☐	☐
3.	Have you ever passed out during or after exercise?	☐	☐
	Have you ever had chest pain during or after exercise?	☐	☐
	Do you get tired more quickly than your friends do during exercise?	☐	☐
	Have you ever had racing of your heart or skipped heartbeats?	☐	☐
	Have you had high blood pressure or high cholesterol?	☐	☐
	Have you ever been told you have a heart murmur?	☐	☐
	Has any family member or relative died of heart problems or of sudden unexpected death before age 50?	☐	☐
	Has any family member been diagnosed with enlarged heart (dilated cardiomyopathy),hyperrophic cardiomyopathy, long QT syndrome or other ion channelpathy (Brugada syndrome, etc.), Marfan's syndrome, or abnormal heart rhythm?	☐	☐
	Have you had a severe viral infection (for example, myocarditis or mononucleosis) within the last month?	☐	☐
	Has a physician ever denied or restricted your participation in sports for any heart problems?	☐	☐
4.	Have you ever had a head injury or concussion?	☐	
	Have you ever been knocked out, become unconscious, or lost your memory?	☐	
	If yes, how many times? _____ When was the last concussion? _____		
	How severe was each one? (Explain below)	☐	☐
	Have you ever had a seizure?	☐	☐
	Do you have frequent or severe headaches?	☐	☐
	Have you ever had numbness or tingling in your arms, hands, legs, or feet?	☐	☐
	Have you ever had a stinger, burner, or pinched nerve?	☐	☐
5.	Are you missing any paired organs?	☐	☐
6.	Are you under a doctor's care?	☐	☐
7.	Are you currently taking any prescription or non-prescription (over the counter) medication or pills or using an inhaler?	☐	☐
8.	Do you have any allergies (for example, to pollen, medicine, food, or stinging insects)?	☐	☐
9.	Have you ever been dizzy during or after exercise?	☐	☐
10.	Do you have any current skin problems (for example: itching, rashes, acne, warts, fungus, or blisters)?	☐	☐
11.	Have you ever become ill from exercising in the heat?	☐	☐
12.	Have you had any problems with your eyes or vision?	☐	☐
13.	Have you gotten unexpectedly short of breath with exercise?	☐	☐
	Do you have Asthma?	☐	☐
	Do you have seasonal allergies that require medical treatment?	☐	☐
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)?	☐	☐
15.	Have you ever had a sprain, strain, or swelling after injury?	☐	☐
	Have you broken or fractured any bones or dislocated any joints?	☐	☐
	Have you had any other problems with pain or swelling in muscles, tendons, bones, or joints?	☐	☐
	If yes, check appropriate box and explain below:	☐	☐
	☐ Head ☐ Elbow ☐ Hip ☐ Neck ☐ Forearm ☐ Thigh ☐ Back ☐ Wrist ☐ Knee ☐ Chest ☐ Hand ☐ Shin/Calf ☐ Shoulder ☐ Finger ☐ Ankle ☐ Upper Arm ☐ Foot		
16.	Do you want to weigh more or less than you do now?	☐	☐
	Do you lose weight regularly to meet weight requirements for your sport?	☐	☐
17.	Do you feel stressed out?	☐	☐
18.	Have you ever been diagnosed with or treated for sickle cell trait or sickle cell disease?	☐	☐

Females Only:

19. When was your first menstrual period? _____
When was your most recent menstrual period? _____
How much time do you usually have from the start of one period to the start of another? _____
How many periods have you had in the last year? _____
What was the longest time between periods in the last year? _____

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.

*****Explain "Yes" ANSWERS HERE (***attach additional sheet, if necessary:

_____

_____

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.

If, between this date and the beginning of participation, any illness or injury should occur that may limit this athlete's participation, I agree to notify the KYF authorities of such illness or injury.

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. This Examination Form is required annually for all KYF® Athletes. Any "Yes" answers to specific questions (1-6) on the athlete's MEDICAL HISTORY FORM may require specialist physician evaluation at the discretion of the Licensed Healthcare Provider completing the annual physical examination. If specialist evaluation is required a separate additional Physical Examination Form shall be submitted from the specialist.***

	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, scrimmages 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

KATY YOUTH FOOTBALL

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:

SUBMIT

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, 2026 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)

A FACT SHEET FOR

Parents

CDC HEADS UP
SAFE BRAIN. STRONGER FUTURE.

What is a concussion?

A concussion is a type of brain injury that changes the way the brain normally works. A concussion 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. Even what seems to be a mild bump to the head can be serious. Concussions can have a more serious effect on a young, developing brain and need to be addressed correctly.

What are the signs and symptoms of a concussion?

You can't see a concussion. Signs and symptoms of concussion can show up right after an injury or may not appear or be noticed until hours or days after the injury. It is important to watch for changes in how your child or teen is acting or feeling, if symptoms are getting worse, or if s/he just "doesn't feel right." Most concussions occur without loss of consciousness.

If your child or teen reports one or more of the symptoms of concussion listed below, or if you notice the signs or symptoms yourself, seek medical attention right away. Children and teens are among those at greatest risk for concussion.

Signs & Symptoms of a Concussion

Signs Observed by Parents or Guardians

- Appears dazed or stunned
- Is confused about events
- Answers questions slowly
- Repeats questions
- Can't recall events *prior* to hit, bump, or fall
- Can't recall events *after* hit, bump, or fall
- Loses consciousness (even briefly)
- Shows behavior or personality changes
- Forgets class schedule or assignments

Symptoms Reported by Your Child or Teen

Thinking/Remembering

- Difficulty thinking clearly
- Difficulty concentrating or remembering
- Feeling more slowed down
- Feeling sluggish, hazy, foggy, or groggy

Physical

- Headache or "pressure" in head
- Nausea or vomiting
- Balance problems or dizziness
- Fatigue or feeling tired
- Blurry or double vision
- Sensitivity to light or noise
- Numbness or tingling
- Does not "feel right"

Emotional

- Irritable
- Sad
- More emotional than usual
- Nervous

Sleep*

- Drowsy
- Sleeps *less* than usual
- Sleeps *more* than usual

**Only ask about sleep symptoms if the injury occurred on a prior day.*

To download this fact sheet in Spanish, please visit: www.cdc.gov/HEADSUP. Para obtener una copia electrónica de esta hoja de información en español, por favor visite: www.cdc.gov/HEADSUP
January 2021

Danger Signs

Be alert for symptoms that worsen over time. Your child or teen should be seen in an emergency department right away if she or he has one or more of these danger signs:

- 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)

Children and teens with a suspected concussion should NEVER return to sports or recreation activities on the same day the injuried occurred.

They should delay returning to their activities until a healthcare provider experienced in evaluating for concussion says it's OK to return to play. This means, until permitted, not returning to:

- Physical Education (PE) class
- Sports practices or games
- Physical activity at recess

What should I do if my child or teen has a concussion?

1. **Seek medical attention right away.**
   A healthcare provider experienced in evaluating for concussion can determine how serious the concussion is and when it is safe for your child or teen to return to normal activities, including physical activity and school (concentration and learning activities).
2. **Help them take time to get better.**
   If your child or teen has a concussion, her or his brain needs time to heal. Your child or teen may need to limit activities while s/he is recovering from a concussion. Exercising or activities that involve a lot of concentration, such as studying, working on the computer, or playing video games may cause concussion symptoms (such as headache or tiredness) to reappear or get worse. After a concussion, physical and cognitive activities—such as concentration and learning—should be carefully managed and monitored by a healthcare provider.
3. **Talk to your child or teen about how they are feeling.**
   Your child may feel frustrated, sad, and even angry because s/he cannot return to recreation and sports right away, or cannot keep up with schoolwork. Your child may also feel isolated from peers and social networks. Talk often with your child about these issues and offer your support and encouragement.

How can I help my child return to school safely after a concussion?

Most children can return to school within a few days. Help your child or teen get needed support when returning to school after a concussion. Talk with your child's teachers, school nurse, coach, speech-language pathologist, or counselor about your child's concussion and symptoms.

Your child's or teen's healthcare provider can use CDC's Letter to Schools to provide strategies to help the school set up any needed supports.

As your child's symptoms decrease, the extra help or support can be removed gradually. 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
- Sit out of physical activities, such as recess, PE, and sports until approved by a healthcare provider
- Complete fewer assignments
- Avoid noisy and over-stimulating environments

To learn more, go to www.cdc.gov/HEADSUP or call 1.800.CDC.INFO

January 2021

KYF KATY YOUTH FOOTBALL

DEPARTMENT OF HEALTH & HUMAN SERVICES-USA CDC

A FACT SHEET FOR
Youth Sports Coaches

CDC HEADS UP
SAFE BRAIN. STRONGER FUTURE.

Below is information to help youth sports coaches protect athletes from concussion or other serious brain injury, and to help coaches know what to do if a concussion occurs.

What is a concussion?

A concussion is a type of traumatic brain injury 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 brain cells.

What is a subconcussive head impact?

A subconcussive head impact is a bump, blow, or jolt to the head that *does not* cause symptoms. This differs from concussions, which *do* cause symptoms. A collision while playing sports is one way a person can get a subconcussive head impact. Studies are ongoing to learn about subconcussive head impacts and how these impacts may or may not affect the brain of young athletes.

How can I keep athletes safe?

As a youth sports coach, your actions can help lower an athlete's chances of getting a concussion or other serious injury. Aggressive or unsportsmanlike behavior among athletes can increase their chances of getting a concussion or other serious injury.[3] Here are some ways you can help:

Talk with athletes about concussion:

- Set time aside throughout the season to talk about concussion.
- Ask athletes about any concerns they have about reporting concussion symptoms.
- Remind athletes that safety comes first and that you expect them to tell you and their parent(s) if they think they have experienced a bump, blow, or jolt to their head and "don't feel right."

Focus on safety at games and practices:

- Teach athletes ways to lower the chances of getting a hit to the head.
- Enforce rules that limit or remove the risk of head impacts.
- Tell athletes that good sportsmanship is expected at all times, both on and off the field.
- Bring emergency contact information for parents and healthcare providers to each game and practice in case an athlete needs to be seen right away for a concussion or other serious injury.

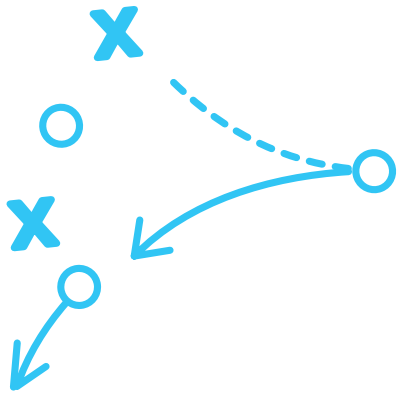
KYF KATY YOUTH FOOTBALL

Multiple concussions

Athletes who have ever had a concussion have a higher chance of getting another concussion. A repeat concussion can lead to more severe symptoms and longer recovery.[1,2]

Coach's to-do list:

- ✓ Talk with athletes about concussion.
- ✓ Teach athletes ways to lower their chances of getting a hit to the head.
- ✓ Encourage concussion reporting among your athletes.
- ✓ Know what to do if you think an athlete has a concussion.
- ✓ Learn how to help an athlete safely return to play after a concussion.



Make sure athletes do not perform these unsafe actions:

- Use their head or helmet to contact another athlete.
- Make illegal contact or check, tackle, or collide with an unprotected opponent.
- Try to injure another athlete.

Stay up to date on concussion information:

- Review your state, league, and organization's concussion plans and rules.
- Take a training course on concussion. The Centers for Disease Control and Prevention (CDC) offers free concussion training at cdc.gov/HEADSUP.
- Download CDC's HEADS UP app or another resource that provides a list of concussion signs and symptoms.

Check equipment and sports facilities:

- Make sure all athletes wear a helmet that is appropriate for the sport or activity; ensure that the helmet fits well and is in good condition.
- Work with the game or event manager to fix any concerns, such as tripping hazards or goal posts without proper padding.

One study found that nearly 70% of athletes continued to play with concussion symptoms.[4]

How can I spot a possible concussion?

Athletes who show or report one or more of the signs and symptoms listed below—or who 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. Concussion signs and symptoms often show up soon after the injury, but it can be hard to tell how serious the concussion is at first. Some symptoms may not show up for hours or days.

Signs coaches or parents may observe:

- Seems confused
- Forgets an instruction or is unsure of the game, position, score, or opponent
- Moves clumsily
- Answers questions slowly or repeats questions
- Can't remember events before or after the hit, bump, or fall
- Loses consciousness (even for a moment)
- Has behavior or personality changes

Symptoms athletes may report:

- Headache
- Nausea or vomiting
- Dizziness or balance problems
- Bothered by light or noise
- Feeling foggy or groggy
- Trouble concentrating or problems with short- or long-term memory
- Does not "feel right"

Signs of a more serious brain injury

In rare cases, a concussion can cause dangerous bleeding in the brain, which puts pressure on the skull. Call 9-1-1 if an athlete develops one or more of these danger signs after a bump, blow, or jolt to the head or body:

- A headache that gets worse and does not go away
- Significant nausea or repeated vomiting
- Unusual behavior, increased confusion, restlessness, or agitation
- Drowsiness or inability to wake up
- Slurred speech, weakness, numbness, or decreased coordination
- Convulsions or seizures (shaking or twitching)
- Loss of consciousness (passing out)

Some athletes may not report a concussion because they don't think a concussion is serious.

They may also worry about:

- Losing their position on the team or losing playing time during a game,
- Putting their future sports career at risk,
- Looking weak,
- Letting down their teammates or the team, and/or
- What their coach or teammates think of them.[5-7]

What should I do if an athlete has a possible concussion?

As a coach, if you think an athlete may have a concussion, you should:

Remove the athlete from play.

When in doubt, sit them out! Record and provide details on the following information to help the healthcare provider or first responders assess 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) and for how long
- Any memory loss right after the injury
- Any seizures right after the injury
- Number of previous concussions (if any)

Keep an athlete with a possible concussion out of play on the same day of the injury and until cleared by a healthcare provider.

Do not try to judge the severity of the injury yourself. Only a healthcare provider should assess an athlete for a possible concussion and decide when it is safe for the athlete to return to play.

Inform the athlete's parent(s) about the possible concussion.

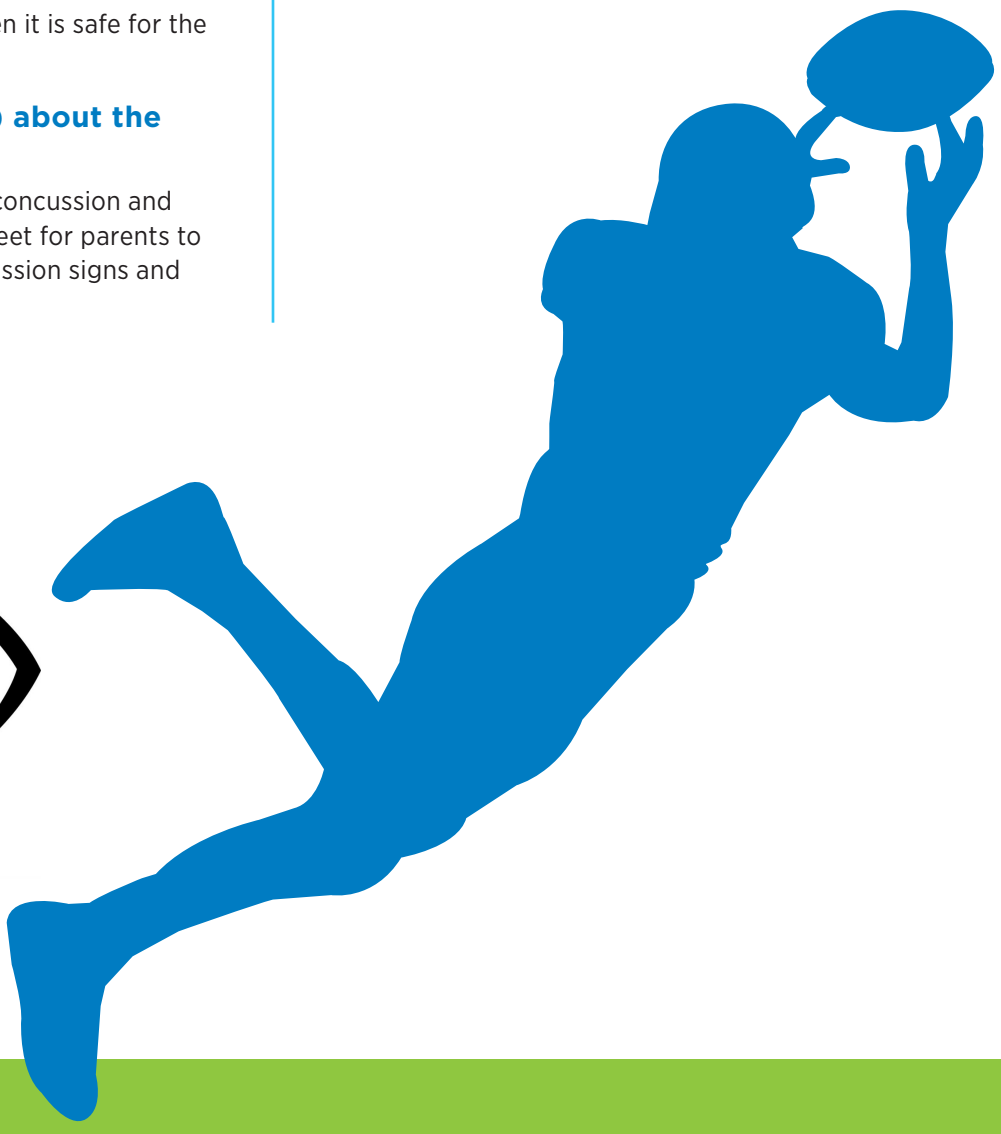
Let parents know about the possible concussion and give them the CDC HEADS UP fact sheet for parents to help them watch the athlete for concussion signs and symptoms at home.

Ask for written instructions from the athlete's healthcare provider on return to play.

This should include information about when the athlete can return to play and steps you should take to help the athlete safely return to play. Athletes who continue to play while having concussion symptoms have a greater chance of getting another concussion. A repeat concussion that occurs before the brain has fully healed can be very serious and can increase the chance for long-term problems. It can even be fatal.

Offer support during recovery.

An athlete may feel frustrated, sad, angry, or lonely while recovering from a concussion. Talk with them about it, and allow an athlete recovering from a concussion to stay in touch with their teammates, such as cheering on their team at practices and competitions.



KYF
KATY YOUTH FOOTBALL

What steps should I take to help an athlete return to play?

An athlete's return to school and sports should be a gradual process that is approved and carefully managed and monitored by a healthcare provider. When available, be sure to also work closely with your team's certified athletic trainer.

There are six gradual steps to help an athlete safely return to play. These steps should not be done in one day, but instead over days, weeks, or months. ***An athlete should move to the next step only if they do not have any new symptoms at the current step.***

Step 1: Return to non-sports activities, such as school, with a greenlight from the healthcare provider to begin the return-to-play process

Step 2: Light aerobic exercise

- Goal: Increase the athlete's heart rate
- Activities: Slow to medium walking or light stationary cycling

Step 3: Sport-specific exercise

- Goal: Add movement
- Activities: Running or skating drills; no activities with risk for contact

Step 4: Non-contact training drills

- Goal: Increase exercise, coordination, and thinking
- Activities: Harder training drills and progressive resistance training

Step 5: Full-contact practice

- Goal: Restore confidence and have coaching staff assess functional skills
- Activities: Normal training activities

Step 6: Return to regular sports activity

Remember: It is important for you and the athlete's parent(s) to watch for concussion symptoms after each day's activities, particularly after each increase in activity. If an athlete's concussion symptoms come back, or if he or she gets new symptoms when becoming more active at any step, this is a sign that the athlete is working too hard. The athlete should stop these activities, and the athlete's parent should contact the healthcare provider. After the athlete's healthcare provider says it is okay, the athlete can begin at the step before the symptoms started.

KYF KATY YOUTH FOOTBALL

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The information provided in this fact sheet or through linkages to other sites is not a substitute for medical or professional care. Questions about diagnosis and treatment for concussion should be directed to a physician or other healthcare provider.

Revised August 2019

HEADS UP CONCUSSION ACTION PLAN

IF YOU SUSPECT THAT AN ATHLETE HAS A CONCUSSION, YOU SHOULD TAKE 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

KYF KATY YOUTH FOOTBALL

JOIN THE CONVERSATION AT www.facebook.com/CDCHeadsUp

TO LEARN MORE GO TO >> 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).

USA Football Coach Certification – KYF® 2026

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**

Football Equipment Inspection Checklist By Player

Week of:_____

Player #:																								
1. Warning Label																								
2. N.O.C.S.A.E.																								
3. Shell																								
4. Mask																								
5. Protection Parts																								
6. Air Lines																								
7. Alterations																								
8. Jaw pads																								
9. Chin Straps																								
10. Paint & Touch Up																								
11. Shoulder pads																								
12. Under-arm straps																								
13. Mouth guard																								
14. Leg/hip pads																								
Player Initial:																								
Coach Initial:																								

Player Responsibility:

Players should inspect their helmet before each and every use. If any inspection reveals the need for repair/replacement, notify parent/guardian and coach

Parent Responsibility:

Instruct your player that he is the person who should have the most concern about the safety and proper maintenance of his helmet. Demonstrate how the checks are to be done using the Helmet Information Sheet on the prior page. Check your player's helmet on a regular basis.

Coach Responsibility:

- See that each player has a helmet that has a sticker or stamp showing it was manufactured to meet N.O.C.S.A.E. approved standards
- Take steps to see that through proper maintenance the helmet is maintained to meet these standards
- Check each helmet weekly with the player so both the coach and player are assured the helmet meets these standards through proper maintenance
- Each item of inspection has been thoroughly explained to each player so he can inspect his own helmet prior to each usage (refer to Football Helmet Information Sheet).
- The warning label has been thoroughly discussed and emphasis made that the player should never butt, ram, or spear an opposing player, and the consequences that could follow if he were to do so.

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 2026 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 it 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 yor 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. Players who miss practice for extended periods MUST repeat the acclimatization procedure upon their return.
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 shall never be worn.
4. KYF® will monitor environmental conditions daily through a combination of Heat Index and Wet Bulb Globe Temperature (WBGT) measurements.
5. KYF may utilize a Kestrel 5400 Heat Stress Tracker or equivalent device to obtain WBGT measurements. Official league readings may be taken at a representative central KYF location and communicated to all organizations and teams as necessary.
6. When both Heat Index and WBGT measurements are available, the more restrictive condition shall govern all practice and game activities.
7. If environmental conditions rise into a more restrictive category during the first half of practice or event, the restrictions associated with the higher category shall immediately apply.
8. Coaches, league officials, and safety personnel retain the authority to impose additional restricted or suspended activities if field-specific conditions appear more severe than official league measurements. Coaches are required to monitor the Heat Index every 30 minutes using the NIOSH Heat Safety Tool Application for iOS/Android
9. **No outdoor football activities shall be conducted when the Heat Index exceeds 115°F or when WBGT exceeds 92.1**

SPECIFIC HEAT GUIDELINES

Condition Level	Heat Index	WBGT	Restrictions
Green	Less Than 100°F	82.1 or below	No Restrictions
Yellow	100-105°F	82.2 – 87.0	➢ Workouts limited to 1 1/2 hours, 10-minute break every 30 minutes. ➢ Conditioning shall take place without helmets/shoulder pads. ➢ Athletes allowed to remove helmets if not actively participating
Orange	105-110°F	87.1 – 90.0	➢ 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 shall take place without helmets/shoulder pads ➢ Conditioning shall not exceed 10 minutes ➢ Decrease repetitions and practice for overweight individuals ➢ Asthmatic athletes may remove themselves from workout without penalties or repercussions
Red	110-115°F	90.1 - 92.0	➢ Shorts and T-shirts, NO HELMETS/PADS for practice ➢ Practice shortened to 1 hour ➢ Unrestricted access to water at all times ➢ 10 minute break every 20 minutes ➢ Conditioning shall take place indoors or not at all ➢ Decrease repetitions and practice for overweight individuals ➢ Asthmatic athletes may remove themselves from workout without penalties
Black	**Great than 115°F**	**Greater than 92.1**	➢ **No outdoor workouts/activities permitted**

WBGT Advisory: KYF may issue league-wide WBGT advisories when measured WBGT reaches 92.1°F or greater. A WBGT reading greater than 92.1°F will result in suspension of all outdoor football activities. Similarly, a Heat Index greater than 115°F will result in suspension of all outdoor football activities. When Heat Index and WBGT result in different restriction categories, the more restrictive category shall apply.

KYF® Heat Illness Emergency Action Plan (EAP)

Purpose

The purpose of this Emergency Action Plan (EAP) is to provide a standardized response for the prevention, recognition, treatment, and emergency management of heat-related illnesses occurring during KYF practices, scrimmages, games, camps, conditioning sessions, and other league activities.

This EAP shall be used in conjunction with the KYF® Hot Weather Policy, Acclimatization Guidelines, and all applicable medical and emergency response procedures, as outlined in the KYF® Health and Safety Packet. Players exhibiting signs or symptoms of heat illness shall be treated immediately.

1. Authority To Modify or Suspend Activity

The following individuals have authority to modify, delay, suspend, or cancel football activities due to environmental heat conditions:

- KYF President
- KYF Director of Health & Safety
- KYF VP Football Operations
- KYF VP Field Operations
- Designated KYF Board Members (H&S Committee)
- Certified Athletic Trainers
- KYF® Approved EMS Personnel
- KYF® Approved On-site medical personnel

Head Coaches may stop or modify their own activities at any time but may not override restrictions imposed by KYF leadership or medical personnel.

For game-day operations, all league-wide modifications including hydration breaks, shortened warmups, delayed starts, shortened game durations, suspension of play, or cancellation of activities shall be determined by the onsite KYF leadership in real time.

2. Environmental Monitoring

KYF utilizes a combination of Heat Index and Wet Bulb Globe Temperature (WBGT) as its environmental heat monitoring tool as outlined in the KYF® Hot Weather Policy.

Environmental conditions shall be monitored throughout all KYF® Activities:

- Prior to the start of activity
- At regular intervals, at least every thirty (30) minutes, during activity.
- Whenever environmental conditions materially change

Because KYF activities occur within a relatively compact geographic area, KYF may utilize a common environmental reading, approved weather service, WBGT monitoring source, or other approved measurement representative of the greater Katy area to establish league-wide heat restrictions and activity modifications.

At practices, coaches may utilize the NIOSH Heat Safety Application, league-designated environmental guidance, local WBGT measurements, or other league-approved monitoring sources to evaluate conditions and implement the requirements of the KYF® Hot Weather Policy.

Coaches remain responsible for observing local conditions and may implement more conservative safety measures whenever local weather conditions, field conditions, player health concerns, or other factors warrant additional precautions.

3. Hydration Requirements

Players shall have unrestricted access to water throughout all activities.

Coaches shall:	**Players shall not be punished for:**
• Encourage hydration before activity • Encourage hydration during activity • Encourage hydration following activity • Never use water restriction as discipline	• Requesting water • Taking authorized hydration breaks • Reporting illness • Reporting heat symptom

4. Recovery Areas

All activities shall have access to:

- Shade whenever practical
- Cooling towels
- Water
- Ice

At game-day events, KYF will maintain designated cooling areas and emergency cooling resources.

KYF® Heat Illness Emergency Action Plan (EAP)

5. Recognition Of Heat Illness

All coaches shall be educated annually on recognition of heat illness. This is achieved through USA Football Coaching Education and Certification, Review of the KYF® Health & Safety Packet, and via the annual coaches meeting.

Possible warning signs include:

Heat Cramps:	**Heat Exhaustion:**	**Exertional Heat Stroke (Emergency):**
• Muscle cramps, pain or spasms • Usually abdomen, arms/legs • Excessive sweating • Fatigue • Thirst	• Cool, moist skin • Heavy Sweating • Headache • Nausea or vomiting • Dizziness • Light-Headedness • Weakness • Excessive Thirst • Irritability • Elevated body temperature • Decreased urine output	• Confusion • Slurred Speech • Loss of Consciousness • Red hot, dry skin or profuse sweating • Very high core body temperature • Possible Seizures

Any athlete exhibiting altered mental status shall be treated as a suspected exertional heat stroke until proven otherwise

6. Emergency Response Procedures (Heat Illness):

Step 1:	Step 2:	Step 3:
• Stop activity immediately. • Remove athlete from participation. • Move athlete to shade or a cool location.	Activate emergency medical response as necessary Call 911 immediately if: • Altered mental status exists • Athlete collapses • Loss of consciousness occurs • Seizure activity occurs • Symptoms deteriorate rapidly • Heat stroke is suspected	• Begin rapid cooling immediately. • Do not wait for EMS arrival before starting cooling efforts • Cooling should begin as soon as heat stroke is suspected

7. Cooling Procedures

Preferred Method

Cold Water Immersion (When Available)

At KYF® game-day operations, Cold Water Immersion (CWI) should be utilized when available and practical.

The athlete should remain immersed until transferred to EMS or medical personnel if Heat Stroke is suspected.

Modified Cooling Procedures

When Cold Water Immersion is not available, including most team practice locations:

Immediately:

- Remove excessive equipment
- Remove helmet
- Loosen clothing
- Move athlete to shade
- Apply ice-water-soaked towels to:
  - Head
  - Neck
  - Armpits
  - Groin
  - Cover as much of body surface area as possible with ice-cold wet towels
- Replace towels frequently (rotate towels every 30 seconds into and out of ice-water)
- Apply additional ice packs if available
- Continue aggressive cooling while awaiting EMS

KYF coaching education currently teaches aggressive cooling using ice-water-soaked towels and ice chests and recognizes this as the standard field-expedient cooling method for practices where immersion equipment is not available.

8. Cool First - Transport Second

For suspected exertional heat stroke:

Cool First

Begin rapid cooling immediately.

Transport Second

Continue cooling efforts until EMS personnel assume medical control.

Upon arrival, EMS personnel shall determine transport timing, method, and destination.

KYF® personnel shall cooperate fully with EMS and follow EMS instructions once EMS assumes patient care.

9. Return To Activity

Any athlete evaluated for:

- Heat Exhaustion
- Heat Stroke
- Exertional Heat Illness
- Collapse associated with heat

shall not return to participation until cleared in accordance with KYF medical participation requirements.

The KYF President, Director of Health & Safety, or designated medical personnel may require additional clearance when appropriate.

10. Acclimatization Requirements

Players who:

- Join late
- Miss significant practice time
- Return from injury
- Return following illness
- Return following heat illness

shall repeat an appropriate acclimatization progression before returning to unrestricted activity.

The progression shall follow the KYF Hot Weather Policy and Acclimatization Guidelines outlined in the Health and Safety Packet.

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 clarity 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.

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.

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.