New Mexico Tech
Department of Physical Recreation

SPORTS CLUB MANUAL

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APPENDICES (Forms)

Sport Club Registration Packet

1. Sport Club Registration Form
2. Sport Club Advisor Contract
3. Sport Club Membership Roster
4. Sport Club Waiver
5. Sport Club Code of Conduct
6. Sport Club Budget Request Form
7. Sport Club Officer Contact Form

Other Documents

8. Concussion Info. and Protocol
9. Incident Reporting Form
10. Travel Form
11. Club Constitution Template
Important phone Numbers – all area code 575
Gymnasium/Physical Recreation -------------- 835-5131
Melissa Begay, Director ------------------ 835-5120
Brent Nourse, Sport Club Coordinator --------- 835-5854
Annie Gabaldon, Recreation Specialist -------- 835-5852
Gym Office Fax ----------------------------- 835-5853
Student Health Center --------------------- 835-5094

Physical Recreation Hours of Operation
Front office - 8:00 a.m. to 5:00 p.m. Monday through Friday
Recreation facilities (Gymnasium) - Hours vary with day of week, holidays, and term breaks. Extended hours in effect during the week, more limited hours Saturday and Sunday. Call gym office for current open hours.

Introduction

New Mexico Tech’s sports club program provides opportunities for developing skills and/or participating at a higher level of competition in a variety of sporting and recreational activities. Sports clubs serve as avenues for meeting and working with people toward mutual goals in a sanctioned setting, while developing leadership within each club. Participants find participation in a sports club a refreshing break from the rigors of the curricula at New Mexico Tech.

NMT sports clubs are formed, developed, directed, and controlled by members within University guidelines. Clubs are registered with, and operate through, the auspices of the Department of Physical Recreation, hereafter referred to as the PR Department, a division of the Department of Student and University Relations.
Definition of “Sport Club”

A New Mexico Tech Sport Club shall be defined as a group of at least ten individuals formed with the purpose of pursuing a particular sport or physical activity, however, the Physical Recreation Department will consider exceptions to the minimum number of members required for club recognition on an ad hoc basis.

A sport club is characterized by:

- Regular sessions, practices, and/or events in which members actively engage in the development of skills and teamwork necessary to engage in competition;

- Meetings on a regular or semi-regular basis to address issues related to its organization and maintenance as well as planning for future activities.

New Mexico Tech sport clubs shall adopt and practice a Club Constitution that includes a policy precluding discrimination on the basis of race, national origin, creed, religion, sex, age, disability, gender identity, sexual orientation, associational preference, or any other classification which would deprive the person of consideration as an individual.
Sports Club Status

Sport clubs fall under one of three Categories of Status in relation to the Physical Recreation Department and the Sports Club Program:

1 – **Good Standing** fulfilling all guidelines of sports club operation as outlined herein, including those for membership, budget, activity, and acceptable representation of the program and the University.

2 – **Probationary status** for clubs in their first year of operation, those not yet granted Good Standing status, or clubs returning from a period of suspension.

3 – **Suspension status** suspends the usual rights and privileges of a club or club member for a period of not more than one year, whereupon the suspension will be reviewed by the sports club council and the sport club coordinator.

**NMT Right of Dissolution** – Consistent with the guidelines of participation for sports clubs as provided in this Sport Club Manual, the University and the Department retain the right to reprimand, suspend, or remove any member or members of a sporting club found in violation. In addition, suspension of these rights and privileges may extend to entire clubs when deemed appropriate by agents of the University or the Department of Physical Recreation.

**Guidelines for member and/or club dissolution** – Members or clubs believed guilty of infractions will be notified in writing of the problem. Serious infractions may result in a meeting with the Sport Club Coordinator to discuss the seriousness of the offense and any disciplinary actions that may be warranted. Lack of agreement for satisfactory solutions in the course of said meeting may result in probation or suspension of members or clubs.
Registration and Funding

Registration procedures. All Clubs must submit completed Club Registration Packets for both Fall and Spring Semester on or before the date required by the Sport Club Coordinator. A Complete Sport Club Registration Packet can be found in Appendices 1 – 7 and includes the following:

1. Sport Club Registration Form
2. Sport Club Advisor Contract
3. Sport Club Membership Roster
4. Sport Club Waiver
5. Sport Club Code of Conduct
6. Sport Club Budget Request Form
7. Sport Club Officer Contact Form

Club Constitutions. Within the first semester following acceptance into the sport club program, a club will be required to adopt by membership vote a club constitution to establish bylaws aimed at smooth operation. Contact the sport club coordinator for assistance. Each Constitution must include a policy statement precluding discrimination on the basis of race, national origin, creed, religion, sex, age, disability, gender identity, sexual orientation, associational preference, or any other classification which would deprive the person of consideration as an individual.
Privileges of Sports Club Status

1. Qualified to apply for Physical Recreation Department funds.
2. Opportunity to engage in club practices, activities, and events.
3. Reservation of facilities as available and appropriate.
4. Use of sport club equipment and funding allocated for organized club activities.
5. Reduced rental rate for PR Department transportation.

Responsibilities

1. Attend ALL sports club council meetings. Absence from two meetings in a row, or multiple meetings during the course of a semester or academic year will result in a penalty equal to a minimum of 10% of annual budget.
2. Satisfy all deadlines for registration, such as funding requests, membership rosters, individual waivers, and club advisor contracts.
3. Provide, and update as necessary, effective contact phone numbers and e-mail addresses.
4. Monthly written reports to Sport Club Coordinator, including:
   a. Identification of significant changes, events, or developments within the club;
   b. Current inventory of club equipment or assets;
   c. Club activities, practices, events, or matches;
   d. Membership attendance at club activities, practice, events, or matches.
5. Plan in advance with the Sport Club Coordinator (brent.nourse@nmt.edu) and Annine Gabaldon (annine.gabaldon@nmt.edu) in scheduling events and activities, especially those requiring use of gym office resources, facilities, or transportation.
6. Approve club purchases and arrange details with PR Department as early as practical.
7. Maintain mature and considerate behavior consistent with maintaining a positive image for the club, the PR Department, and the University (see Code of Conduct).
8. Obey all municipal, state, and federal laws while engaged in club activities or en route to or from same.
9. Clubs are strongly encouraged to engage in fundraising campaigns to augment their activities. Funds generated through these activities must be deposited into the club’s account at the Physical Recreation Office within TWO BUSINESS DAYS of their procurement.
Sports Club Council

The sports club council consists of one or two members from each recognized sport club and usually meets once a month September through May to outline club activities, share experiences relevant to effective operation of club affairs, discuss problems, and ensure club activity. Club officers may rotate representatives to ensure participation and continuity of communication. Each sport club will field one vote in council business.

Club Organization and Leadership

Responsibilities of Officers
1. Maintain compliance with all procedures outlined in this sport club manual.
2. Inform club members of Department policies, procedures, and emergency procedures.
3. Oversee planning and organization of club functions.
4. Oversee and manage all club purchases, including reimbursements to members.
5. Responsible for club debts. Club officers listed on registration form must fulfill all financial obligations entered into on behalf of club members and shall be personally accountable for all club debts incurred. The University will not be liable for debts above and beyond the amount of the club’s budget.
6. Make timely reservations of facilities or transport vehicles for club activities. Ensure compliance with driver requirements (see Travel).
7. Determine whether to reimburse members for travel expenses from the club budget, at a rate not to exceed PR Department standards. Note travel reimbursement forms must be initiated 1 WEEK in advance of departure and should be completed within ONE BUSINESS DAY of return.
8. Submit and keep a current member contact list.
Risk management

Members in the Club Sports Program assume an element of risk, and are required to sign a “Club Sports Release and Indemnity Agreement” upon joining a club.

In order to guard against the negative consequences often associated with risk, the following procedures and guidelines have been implemented into the Club Sports Program.

Accident Reports – Club officers should have NMT accident report forms available at club functions. A completed report form should be filed with the Department within ONE WORKING DAY of the incident.

Injury/Accident Plan – In order to prevent accidents and injuries it is strongly recommended that each sporting club develop, implement, and practice the following safety procedures:

A. Club officers, coaches, and instructors should review the risks inherent in their sport with the members and emphasize safety at all times.
B. Develop and review emergency procedures with members whenever relevant, for example when new members are present.
C. Inspect facilities and equipment prior to each practice, game, or event. Report unsafe conditions to the physical recreation office immediately, or if at an off-campus venue, report the problem to the proper managing authority.
D. Identify club members who have First Aid and/or CPR training. If none exist, encourage at least two members to receive training. Contact the PR Department for details.
E. Non-student/faculty/staff club members must provide proof of insurance and sign a sport club waiver.

Concussion Protocol – It is required that all Sport Clubs and their officers review and comply with the Concussion Awareness and Protocol policies provided in the Appendix (Form 8). Accident Reports are required to be filed with the Department for all concussions or possible concussions, and all required “Return to Play” documentation must be submitted to the Department prior to any injured member returning to full club activities.
Travel

Clubs may reserve PR Department transportation vehicles dependent on need, vehicle availability, and the availability of two (2) qualified Defensive Driving Course drivers per vehicle. Securing qualified drivers is the responsibility of clubs and they should include DDC registration costs ($95) at an appropriate level in their budget proposals. Contact the PR Department or Information Services Department (ISD, 835- 5700) for details.

Note: It is expedient for DDC-qualified drivers to bring their driver’s license and DDC card into the PR Dept office at the earliest convenience so that copies can be made and kept on file.

All relevant Travel forms must be initiated ONE WEEK in advance of departure, and completed within ONE BUSINESS DAY of return.

NOTE: Part II, paragraph 3, bullet 1 of the Travel Procedures states the PI/account administrator should verify the following prior to sending the request to the Travel Office:

“Justification for the trip. Examples are invitations, brochures or copies of the registration. If no documentation is available, specify how information about the trip was obtained (letter, telephone, contract, email, etc). The traveler will provide a reason for the trip and demonstrate that the travel is necessary and beneficial to Tech.”

A. Private Vehicle Travel
- Drivers granted reimbursement privileges by a club officer must complete an NMT “Travel Request and Reimbursement Voucher” form 5 business days prior to departure to club functions.
- Travel to club events in private vehicles also requires proof of insurance commensurate with New Mexico State Motor Vehicle requirements. Such proof of insurance must be presented to the office during business hours. Reimbursement of club members traveling in private vehicles is by approval of club officers within parameters of the club’s budget balance.
- Also see “Registration Fees” under Purchases, page 10.

B. Department Vehicles
- Reservations are on a first come, first served basis. Reservations should be made well in advance of use by visiting or calling the Department during office hours.
• A completed "Travel Request for Gym Vans" form is required to confirm reservations.
• For safety reasons, van capacity is limited to 12 occupants, and must not exceed posted speed limit.
• Keys and completed forms must be returned by 10:00 a.m. the next business day following return. Vans must be returned clean to avoid a cleaning charge. Failure to return Department vehicles as noted herein will result in an additional day fee charged to the club account for each day.

Van Safety

Campus groups should be aware that in recent years, numerous incidents of rollovers involving the type of vans the physical recreation department rents (12 capacity) have been reported in the U.S. Department vans do not handle the same as a passenger car. In order to address safety concerns for department van use, the following rules (r) and guidelines (g) are in effect:

♦ Two Defensive Driver Course certificate holders must be registered for the trip and be on board each van during operation (r).
  A 12-passenger upgrade course is now required and available from Information Services. Call 835-5700 for information.
♦ Neither driver shall have consumed any alcohol or narcotics previous to driving the van (r).
♦ Drivers should begin trips rested and alternate before the onset of fatigue (g).
♦ Speed shall not exceed 70 mph at any time (r). Gravitational instability has been shown to increase with a greater number of occupants.
♦ Capacity of the vans is now limited to 12 (r).
♦ It is always a good idea to check tire pressure before beginning a trip or when refueling (g).

Each van is equipped with a tool kit, found beneath the seat.
**Purchases**

- **Department staff must be consulted as far in advance as possible of club purchases** (requested minimum one week).
- Direct reimbursements are no longer possible.
- At least one club officer MUST approve all equipment orders before being placed.
- It is the responsibility of club purchasing agents to determine those online vendors willing to accept university purchase orders, and to provide full ordering information to the PR office.

**Registration Fees**

Club or individual registration fees, whether for an event or season, are to be arranged in coordination with the PR Department office. Often these may be included in the travel paperwork.
Appendix 1
New Mexico Tech  
Fall 2018  
Sport Club Registration Form  
Physical Recreation

Please complete the requested information below in its entirety together with all other forms included in the Sport Club Registration Packet and submit to the Sport Club Coordinator (brent.nourse@mmt.edu) not later than the close of business (5:00 p.m.), August 31, 2018. Please remember – greater weight is given to greater detail in your Registration packets.

The Physical Recreation Department will consider all timely budget requests. Physical Recreation reserves the right, in its sole discretion, to consider late Registration and Budget Requests upon a showing of hardship or other good cause by the applicant.

Questions regarding this or other forms in the Registration Packet should be directed to the Sport Club Coordinator (brent.nourse@mmt.edu) or (ext. 5854).

Club Name: _______________________________________

Officers:

President:  
__________

Email: ____________________________

Phone: ____________________________

Vice Pres.:  
__________

Email: ____________________________

Phone: ____________________________

Secretary:  
__________

Email: ____________________________

Phone: ____________________________

Treasurer:  
__________

Email: ____________________________

Phone: ____________________________

Next Page ➔
**Active Members**

Identify as accurately as possible the number of active members returning or anticipated to return from the previous semester. If the applicant is a new club, please provide a reasonable estimation of actual active members for the semester.

**Students:**
(actual enrolled)  

**Faculty/Staff:**

**Community:**

**TOTAL:**

**Budget**

Previous Academic Year's Budget:

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<td><strong>2017 – 2018 Expenditures:</strong></td>
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Please complete the Budget Request form and identify the total amount of financial support your club is request from Physical Recreation Department:

**Fall 2018 Allocation Request:**

Signed: __________________________ Date: __________________________

Name: ___________________________

Title: ___________________________
Appendix 2
NEW MEXICO TECH
PHYSICAL RECREATION
SPORT CLUB ADVISOR CONTRACT

This agreement between the Advisor of the __________________________ Club and the Physical Recreation Director must be signed and completed before the Club will be recognized as a Sport Club.

I, ______________________________________, agree to be the Advisor of the above-mentioned club. I have met with the club officers and have discussed their goals and expectations for the club for the academic year 20___ - 20____.

I understand my role and responsibilities to include, but not be limited to:

1. Be knowledgeable of the policies and procedures for NMT Club Sports and NMT student organizations;
2. Assist members and officers as necessary in organizing club events, activities, project planning, etc.;
3. Serve as a source of information for club members and officers as necessary or required;
4. Serve as a liaison between the club and the University;
5. Assist members and officers in the development of club goals and objectives;
6. Provide guidance, leadership, and general direction;
7. Advise as necessary on budget preparation and expenditures; and
8. Complete a Sport Club Advisor Contract.

Signed and Accepted by:

Club Advisor

__________________________  __________________________  __________________________
Printed Name                  Signed                        Date

__________________________
E-mail

Club President

__________________________  __________________________  __________________________
Printed Name                  Signed                        Date

__________________________
E-mail

Alternate Contact

__________________________  __________________________  __________________________
Printed Name                  Signed                        Date

__________________________
E-mail

Approved by:

__________________________  __________________________  __________________________
Signed                        Printed Name                  Date

__________________________
Title
Appendix 3
NEW MEXICO TECH  
PHYSICAL RECREATION  
SPORT CLUBS MEMBERSHIP ROSTER

SPORT CLUB NAME_________________________ SEMESTER_________________________

By signing below, each individual acknowledges and understands:
1) I am a participating member of this club;
2) I have read and agree to the terms of the Club Sports Release and Indemnity Agreement; and
3) I have read and agree to the terms of the New Mexico Tech Club Sports Code of Conduct.

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Appendix 4
New Mexico Institute of Mining and Technology
(New Mexico Tech)

Club Sports Release and Indemnity Agreement

THIS IS A LEGAL DOCUMENT WHICH AFFECTS YOUR RIGHTS. READ IT CAREFULLY BEFORE SIGNING.

In partial consideration for being permitted to participate in New Mexico Tech's Club Sports program and for using the associated practice and playing facilities and equipment, and in consideration of the voluntary nature of such participation and use, I hereby release, hold harmless, and discharge New Mexico Tech, its employees and agents, from any and all liability, claims, demands, actions, and causes of action whatsoever arising out of or related to any loss, property damage, or personal injury, including death, that may be sustained by me, or to any property belonging to me, while participating in such activity. Such participation includes practice, club functions, and travel to and from all club sports activities and functions.

I am fully aware of the risks and hazards associated with participation and the use of the facilities and equipment for any club sports I elect. I hereby elect voluntarily to participate in said activities and fully acknowledge that I retain the full responsibility for any risk or loss, property damage, or any personal injury including death, that may be sustained by me or any loss or damage to property owned by me as a result of being engaged in such activities.

Furthermore I agree to obey all municipal, state, and federal laws while engaged in club activities or en route to, or from, same.

This release and hold harmless agreement is binding on myself, my heirs, assigns, and personal representatives, and shall be effective from the date of signature until August 1 of the following Calendar Year.

Prior to signing this document, I have had an adequate opportunity to read and understand it, have had an opportunity to ask questions about it, and any questions I have had have been answered to my satisfaction.

Agreed, this ______ day of __________________, 20____.

________________________________________________________________________
Signature                      SS Number or Student I.D.                  Insurance Company
                                      (NMT or other)

_______________________________
Printed name

_______________________________
Club sport or activity

_______________________________
Health insurance policy #
(if not NMT insurance)

_______________________________
Local address

_______________________________
E-mail

_______________________________
Local phone number

_______________________________
Class status (Fr. So. Jr. Sr. Grad)
Appendix 5
All individuals (students, coaches, officers, administrators, etc.) involved in the New Mexico Institute of Mining and Technology ("NMT") Club Sports Program (club sport members) represent not only him/herself, but also NMT and NMT's Physical Recreation Department. Participation with a club sport carries with it a great deal of responsibility. As a representative of NMT and the Physical Recreation Department, club sport members are expected to conduct themselves in a courteous, professional, and positive manner at all times.

All members of the NMT Club Sports Program, as well as the clubs/teams as a whole, are required to adhere to all federal, state, and NMT laws, regulations, guidelines, policies, and standards; including this Code of Conduct. The NMT Physical Recreation Department reserves the right to sanction individuals and/or clubs for violation of any of the above, which sanctions may include, but are not limited to, denying or revoking membership of individuals in a club, suspension of any individual, suspension of club privileges, or expulsion from the NMT Sport Club program. Any NMT Sport Club may be held responsible for the acts of any of its individual members.

Please review and initial each bullet point below, and sign and date where indicated at the bottom of this form to indicate your acknowledgement and agreement to this Code of Conduct. Note: You will not be allowed to continue participating with any sport club until this form is completed.

In addition to the standards of conduct described in the NMT Student Handbook, CLUB MEMBERS, OFFICERS, ADMINISTRATORS AND COACHES SHALL NOT:

- Engage in any form of hazing. Hazing is any action taken or situation created upon which initiation, admission into, or an affiliation with an organization is directly or indirectly conditioned and which produces physical discomfort, embarrassment, harassment, or ridicule, irrespective of the willingness of an individual to participate.
- Use drugs (except for medical purposes), or use any illicit drugs, while participating, traveling or competing in any club sport activity.
- Consume alcohol while traveling, practicing, or competing.
- Use NMT provided funds for purchase of alcohol.
- Attempt to strike, or to threaten or cause personal injury to anyone while participating in club sport activity.
- Verbally abuse another participant, coach, spectator, official, administrator, or any other person.
- Cause damage to facilities, or equipment, or the property of others while participating in any club sport activity.
- Engage in conduct that constitutes discriminatory, hateful, or harassing acts or language to another, irrespective of whether the recipient or object of such conduct is actually offended.

As a member of the NMT Club Sports Program, I agree to the terms of this Code of Conduct described above. I have read and fully understand this Code of Conduct and any and all other documents referenced herein, and my submission of this form confirms my understanding that my team and I may be subject to sanctions, including suspension or termination from the NMT Sport Club Program for any violation of this Code of Conduct.

Failure to agree to this Code of Conduct disqualifies me from participating in the NMT Sport Club Program.

Printed Name: ______________________ Signature: ______________________ Date: ______________________
Appendix 6
# Sport Club Budget - [Club Name]

* Please complete this form in unshaded areas only and submit ELECTRONICALLY to Sport Club Coordinator

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<tr>
<td>TOTAL ACTUAL COST/INCOME</td>
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<tr>
<td>TOTAL DIFFERENCE COST/INCOME</td>
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Appendix 7
Appendix 8
Physical Recreation Concussion Management Plan

ACKNOWLEDGEMENT

- The Physical Recreation Concussion Management Plan will be included in the Sport Club Registration Packet. Prior to participation in Sport Club or Intramural Competitions, all student-athletes will review this Concussion Management Plan as well as the enclosed NCAA Concussion Fact Sheet and the Graduated Return to Play Protocols.

EVALUATION

- Any athlete experiencing symptoms should report to their Coach (if applicable), club official, and/or the Physical Recreation staff as soon as possible.

- Any athlete exhibiting signs, symptoms, or behaviors consistent with concussion shall be removed from athletic activities by a coach (if applicable) and/or Club Official and evaluated by a medical professional trained in concussion management (i.e. properly trained athletic trainer, physician, etc.) as soon as possible.

- A SCAT5 assessment will be performed by a appropriate athletic trainer or medical professional as soon possible after the time of injury for all athletes exhibiting signs, symptoms, or behaviors consistent with concussion.

- All athletes should be evaluated by a physician trained in concussion management.

RETURN TO PLAY CRITERIA:

- No concussed athlete will return to play on the same day the injury occurred, and for either: (a) a minimum of one (1) week thereafter, or (b) signed clearance by a medical professional that the athlete is asymptomatic, whichever is longer.

- No athlete will participate in any athletic activity (i.e. training, practice, play) while symptomatic.

- Once a concussed athlete has received written clearance from a medical professional that the athlete is asymptomatic, the athlete will complete a Graduated Return to Play Protocol. Upon successful completion of the GRTP, the athlete may return to play.

ACADEMIC CONSIDERATIONS

- Professors of a concussed athlete (as well as administrators, athletic director, school nurse, and guidance) should be informed of his/her injury and provided with the CDC Concussion Fact Sheet for Teachers, together with any recommendations by the treating physician for academic modifications.
WHAT IS A CONCUSSION?
A concussion is a brain injury that:
• Is caused by a blow to the head or body.
  – From contact with another player, hitting a hard surface such as the ground, ice or floor, or being hit by a piece of equipment such as a bat, lacrosse stick or field hockey ball.
• Can change the way your brain normally works.
• Can range from mild to severe.
• Presents itself differently for each athlete.
• Can occur during practice or competition in ANY sport.
• Can happen even if you do not lose consciousness.

HOW CAN I PREVENT A CONCUSSION?
Basic steps you can take to protect yourself from concussion:
• Do not initiate contact with your head or helmet. You can still get a concussion if you are wearing a helmet.
• Avoid striking an opponent in the head. Undercutting, flying elbows, stepping on a head, checking an unprotected opponent, and sticks to the head all cause concussions.
• Follow your athletics department’s rules for safety and the rules of the sport.
• Practice good sportsmanship at all times.
• Practice and perfect the skills of the sport.

WHAT ARE THE SYMPTOMS OF A CONCUSSION?
You can't see a concussion, but you might notice some of the symptoms right away. Other symptoms can show up hours or days after the injury. Concussion symptoms include:
• Amnesia.
• Confusion.
• Headache.
• Loss of consciousness.
• Balance problems or dizziness.
• Double or fuzzy vision.
• Sensitivity to light or noise.
• Nausea (feeling that you might vomit).
• Feeling sluggish, foggy or groggy.
• Feeling unusually irritable.
• Concentration or memory problems (forgetting game plays, facts, meeting times).
• Slowed reaction time.

Exercise 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.

WHAT SHOULD I DO IF I THINK I HAVE A CONCUSSION?
Don't hide it. Tell your athletic trainer and coach. Never ignore a blow to the head. Also, tell your athletic trainer and coach if one of your teammates might have a concussion. Sports have injury timeouts and player substitutions so that you can get checked out.

Report it. Do not return to participation in a game, practice or other activity with symptoms. The sooner you get checked out, the sooner you may be able to return to play.

Get checked out. Your team physician, athletic trainer, or health care professional can tell you if you have had a concussion and when you are cleared to return to play. A concussion can affect your ability to perform everyday activities, your reaction time, balance, sleep and classroom performance.

Take time to recover. If you have had a concussion, your brain needs time to heal. While your brain is still healing, you are much more likely to have a repeat concussion. In rare cases, repeat concussions can cause permanent brain damage, and even death. Severe brain injury can change your whole life.

IT'S BETTER TO MISS ONE GAME THAN THE WHOLE SEASON. WHEN IN DOUBT, GET CHECKED OUT.
For more information and resources, visit www.NCAA.org/health-safety and www.CDC.gov/Concussion.

Reference to any commercial entity or product or service on this page should not be construed as an endorsement by the Government of the company or its products or services.
WHAT IS THE SCAT5?

The SCAT5 is a standardized tool for evaluating concussions designed for use by physicians and licensed healthcare professionals. The SCAT5 cannot be performed correctly in less than 10 minutes.

If you are not a physician or licensed healthcare professional, please use the Concussion Recognition Tool 5 (CRT5). The SCAT5 is to be used for evaluating athletes aged 13 years and older. For children aged 12 years or younger, please use the Child SCAT5.

Preseason SCAT5 baseline testing can be useful for interpreting post-injury test scores, but is not required for that purpose. Detailed instructions for use of the SCAT5 are provided on page 7. Please read through these instructions carefully before testing the athlete. Brief verbal instructions for each test are given in italics. The only equipment required for the tester is a watch or timer.

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Recognise and Remove

A head impact by either a direct blow or indirect transmission of force can be associated with a serious and potentially fatal brain injury. If there are significant concerns, including any of the red flags listed in Box 1, then activation of emergency procedures and urgent transport to the nearest hospital should be arranged.

Key points

- Any athlete with suspected concussion should be REMOVED FROM PLAY, medically assessed and monitored for deterioration. No athlete diagnosed with concussion should be returned to play on the day of injury.
- If an athlete is suspected of having a concussion and medical personnel are not immediately available, the athlete should be referred to a medical facility for urgent assessment.
- Athletes with suspected concussion should not drink alcohol, use recreational drugs and should not drive a motor vehicle until cleared to do so by a medical professional.
- Concussion signs and symptoms evolve over time and it is important to consider repeat evaluation in the assessment of concussion.
- The diagnosis of a concussion is a clinical judgment, made by a medical professional. The SCAT5 should NOT be used by itself to make, or exclude, the diagnosis of concussion. An athlete may have a concussion even if their SCAT5 is "normal".

Remember:

- The basic principles of first aid (danger, response, airway, breathing, circulation) should be followed.
- Do not attempt to move the athlete (other than that required for airway management) unless trained to do so.
- Assessment for a spinal cord injury is a critical part of the initial on-field assessment.
- Do not remove a helmet or any other equipment unless trained to do so safely.
IMMEDIATE OR ON-FIELD ASSESSMENT

The following elements should be assessed for all athletes who are suspected of having a concussion prior to proceeding to the neurocognitive assessment and ideally should be done on-field after the first aid / emergency care priorities are completed.

If any of the "Red Flags" or observable signs are noted after a direct or indirect blow to the head, the athlete should be immediately and safely removed from participation and evaluated by a physician or licensed healthcare professional.

Consideration of transportation to a medical facility should be at the discretion of the physician or licensed healthcare professional.

The GCS is important as a standard measure for all patients and can be done serially if necessary in the event of deterioration in conscious state. The Maddocks questions and cervical spine exam are critical steps of the immediate assessment; however, these do not need to be done serially.

STEP 1: RED FLAGS

**RED FLAGS:**

- Neck pain or tenderness
- Double vision
- Weakness or tingling / burning in arms or legs
- Seizure or convolution
- Loss of consciousness
- Deteriorating conscious state
- Vomiting
- Increasingly restless, agitated or combative

**STEP 2: OBSERVABLE SIGNS**

Witnessed □  Observed on Video □

- Lying motionless on the playing surface
- Balance / gait difficulties / motor incoordination: stumbling, slipping, falls / laboured movements
- Stupor/lethargy or confusion, or an inability to respond appropriately to questions
- Blink or react to look
- Facial injury after head trauma

**STEP 3: MEMORY ASSESSMENT MADDOWS QUESTIONS**

- Mark √ for correct answer / X for incorrect
- Which team was it?
- Which shirt is it?
- Who scored the winning goal?
- What team did you play last week / game?
- Did your team win the last game?

Note: Appropriate sport-specific questions may be administered.

**STEP 4: EXAMINATION GLASGOW COMA SCALE (GCS)**

<table>
<thead>
<tr>
<th>Time of assessment</th>
<th>Date of assessment</th>
</tr>
</thead>
<tbody>
<tr>
<td>√ 1</td>
<td>1 1 1</td>
</tr>
<tr>
<td>2 2 2</td>
<td>3 3 3</td>
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<tr>
<td>4 4 4</td>
<td>5 5 5</td>
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<td>4 4 4</td>
</tr>
<tr>
<td>5 5 5</td>
<td>6 6 6</td>
</tr>
</tbody>
</table>

**CERVICAL SPINE ASSESSMENT**

- Does the athlete report that their neck is pain free at rest? Y N
- Do they report neck pain at rest? Y N
- Does the athlete have a full range of active / passive neck movement? Y N
- Is limb strength and sensation normal? Y N

In a patient who is not lucid or fully conscious, a cervical spine injury should be assumed until proven otherwise.
OFFICE OR OFF-FIELD ASSESSMENT

Please note that the neurocognitive assessment should be done in a distraction-free environment with the athlete in a resting state.

STEP 1: ATHLETE BACKGROUND

Sport / team / school: __________________________

Date / time of injury: __________________________

Years of education completed: __________________

Age: __________________

Gender: M / F / Other

Dominant hand: left / neither / right

How many diagnosed concussions has the athlete had in the past?: ____________________________

When was the most recent concussion?: ____________________________

How long was the recovery (time to being cleared to play) from the most recent concussion?: ___________ (days)

Has the athlete ever been:

- Hospitalized for a head injury? Yes / No
- Diagnosed / treated for headache disorder or migraines? Yes / No
- Diagnosed with a learning disability / dyslexia? Yes / No
- Diagnosed with ADD / ADHD? Yes / No
- Diagnosed with depression, anxiety or other psychiatric disorder? Yes / No

Current medications? If yes, please list:
________________________________________________________
________________________________________________________
________________________________________________________
________________________________________________________

STEP 2: SYMPTOM EVALUATION

The athlete shall then be given the symptom form and asked to rate their symptom severity on a scale of 0-5. The athlete shall rate their symptoms based on how they typically feel and for the post-injury assessment the athlete shall rate their symptoms as of the point in time.

Please check: □ Baseline □ Post-Injury

Please hand the form to the athlete

<table>
<thead>
<tr>
<th>Symptom</th>
<th>none</th>
<th>mild</th>
<th>moderate</th>
<th>severe</th>
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<tbody>
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<td>Headache</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>&quot;Pressure in head&quot;</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Neck pain</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Nausea or vomiting</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Dizziness</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
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<td>Blurred vision</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Balance problems</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Sensitivity to light</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Sensitivity to noise</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Feeling slowed down</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Feeling &quot;in a fog&quot;</td>
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<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>&quot;Don't feel right&quot;</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Difficulty concentrating</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Difficulty remembering</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Fatigue or low energy</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Confusion</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Drowsiness</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>More emotional</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
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<tr>
<td>Irritability</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
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<td>Sadness</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
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<tr>
<td>Nervous or anxious</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
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<tr>
<td>Trouble falling asleep</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
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Total number of symptoms: ___________ of 22

Symptom severity score: ___________ of 132

- Do your symptoms get worse with physical activity? Y / N
- Do your symptoms get worse with mental activity? Y / N

If 100% is feeling perfectly normal, what percent of normal do you feel?

If not 100%, why?
________________________________________________________
________________________________________________________

Please hand form back to examiner
**STEP 3: COGNITIVE SCREENING**

Standardised Assessment of Concussion (SAC)*

**ORIENTATION**

- What month is it? 0 1
- What is the date today? 0 1
- What is the day of the week? 0 1
- What year is it? 0 1
- What time is it right now (within 1 hour)? 0 1

Orientation score 5 of 5

**IMMEDIATE MEMORY**

The Immediate Memory component can be completed using the traditional 5-word per trial list or optionally using 10-words per trial to minimize any ceiling effect. All 3 trials must be administered irrespective of the number correct on the first trial. Administer at the rate of one word per second.

Please choose EITHER 5 or 10 word lists, and circle the specific word lists chosen for this test.

I am going to test your memory. I will read you a list of words, and when I am done, repeat back as many words as you can remember in any order. For lists 2 & 3 I am going to repeat the same list again. Repeat back as many words as you can remember in any order, even if you recall the word before.

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<th>Alternate 5-word lists</th>
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Score of 5

<table>
<thead>
<tr>
<th>List</th>
<th>Alternate 10-word lists</th>
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</thead>
<tbody>
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<td></td>
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Score of 10

**CONCENTRATION**

**DIGITS BACKWARDS**

Please circle the Digit list chosen (A, B, C, D, E, F). Administer at the rate of one digit per second reading DOWN the selected column.

I am going to read a string of numbers and when I am done, repeat them back to me in reverse order of how I read them to you. For example, if I say 7-5-6, you would say 6-5-7.

<table>
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<tr>
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</tr>
<tr>
<td>4-9-0-5</td>
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<tr>
<td>Y</td>
</tr>
<tr>
<td>6-2-9-6</td>
</tr>
<tr>
<td>Y</td>
</tr>
<tr>
<td>3-8-1-4</td>
</tr>
<tr>
<td>Y</td>
</tr>
<tr>
<td>3-0-7-4</td>
</tr>
<tr>
<td>Y</td>
</tr>
<tr>
<td>6-2-9-4</td>
</tr>
<tr>
<td>Y</td>
</tr>
<tr>
<td>1-5-2-8-6</td>
</tr>
<tr>
<td>Y</td>
</tr>
<tr>
<td>7-1-6-8-4</td>
</tr>
<tr>
<td>Y</td>
</tr>
<tr>
<td>5-3-0-1-4-8</td>
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<td>Y</td>
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<table>
<thead>
<tr>
<th>List D</th>
<th>List E</th>
<th>List F</th>
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<tbody>
<tr>
<td>7-9-2</td>
<td>3-6-2</td>
<td>2-9-1</td>
</tr>
<tr>
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<td>Y</td>
<td>N</td>
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<tr>
<td>9-2-6</td>
<td>5-1-8</td>
<td>6-4-9</td>
</tr>
<tr>
<td>Y</td>
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<td>N</td>
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<td>4-4-8-3</td>
<td>7-7-9-3</td>
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<td>3-9-9-4</td>
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<td>2-5-4-6-1-7-8</td>
<td>6-9-7-3-8-2</td>
<td>5-8-6-2-4-9</td>
</tr>
<tr>
<td>Y</td>
<td>N</td>
<td>N</td>
</tr>
</tbody>
</table>

**MONTHS IN REVERSE ORDER**

How to time the months of the year in reverse order: Start with the last month and go backward. December, November, October, September, August, July, June, May, April, March, February, January.

- 0 1

**Concentration Total Score (Digits + Months)  of 5**

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STEP 4: NEUROLOGICAL SCREEN
See the instruction sheet (page 7) for details of test administration and scoring of the tests.

Can the patient read aloud? (e.g., sentence checking) and follow instructions without difficulty?  Y  N

Does the patient have a full range of pain-free passive cervical spine movement?  Y  N

Without moving their head or neck, can the patient touch side-to-side and up-and-down without double vision?  Y  N

Can the patient perform the finger-to-nose coordination test normally?  Y  N

Can the patient perform tandem gait normally?  Y  N

BALANCE EXAMINATION
Modified Balance Error Scoring System (mBESS) testing

Which foot was tested:
(i.e., which is the non-dominant foot)  □ Left  □ Right

Testing surface (hard floor, grass, etc.)

Footwear (shoes, barefoot, barefoot, shoes, tape, etc.)

Condition  Errors of 10
Double leg stance  10
Single leg stance (non-dominant foot)  10
Tandem stance (non-dominant foot, hands on hips)  10
Total Errors  20

STEP 5: DELAYED RECALL:
The delayed recall should be performed after 5 minutes have elapsed since the end of the Immediate Recall section. Score 1 pt. for each correct response.

Do you remember that list of words? Indicate the number of words you can remember in the order.

Time Started ______________

Please record each word correctly recalled. Total score equals number of words recalled.

Total number of words recalled accurately:  5 or 10

STEP 6: DECISION
Date & time of assessment:

Domain

Symptoms

number (of 33)  □ 15  □ 20  □ 25

Symptoms severity score (of 33)  □ 15  □ 20  □ 25

Orientation (of 8)  □ 6  □ 7  □ 8

Immediate memory

of 15  of 20  of 25

Concentration (of 4)

Neuro exam

Normal  Abnormal

Balance errors (of 10)

of 6  of 10  of 16

Delayed Recall

Score of Injury:

If the athlete is known to you prior to their injury, are they different from their usual self?
□ Yes  □ No  □ Unsure  □ Not Applicable
(If different, describe why in the clinical notes section)

Concussion Diagnosed?
□ Yes  □ No  □ Unsure  □ Not Applicable

If re-testing, has the athlete improved?  □ Yes  □ No  □ Unsure  □ Not Applicable

I am a physician or licensed healthcare professional and I have personally administered or supervised the administration of this SCAT5.

Signature: __________________________

Date: __________________________

SCORING ON THE SCAT5 SHOULD NOT BE USED AS A STAND-ALONE METHOD TO DIAGNOSE CONCUSSION, MEASURE RECOVERY OR MAKE DECISIONS ABOUT AN ATHLETE'S READINESS TO RETURN TO COMPETITION AFTER CONCUSSION.

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CONCUSSION INJURY ADVICE
(To be given to the person monitoring the concussed athlete)

This patient has received an injury to the head. A careful medical examination has been carried out and no sign of any serious complications has been found. Recovery time is variable across individuals and the patient will need monitoring for a further period by a responsible adult. Your treating physician will provide guidance as to this timeframe.

If you notice any change in behaviour, vomiting, worsening headache, double vision or excessive drowsiness, please telephone your doctor or the nearest hospital emergency department immediately.

Other important points:

Initial rest: Limit physical activity to routine daily activities (avoid exercise, training, sports) and limit activities such as school, work, and screen time to a level that does not worsen symptoms.

1) Avoid alcohol

2) Avoid prescription or non-prescription drugs without medical supervision. Specifically:
   a) Avoid sleeping tablets
   b) Do not use aspirin, anti-inflammatory medication or stronger pain medications such as narcotics

3) Do not drive until cleared by a healthcare professional.

4) Return to play/sport requires clearance by a healthcare professional.
INSTRUCTIONS

Words in Italics throughout the SCAT5 are the instructions given to the athlete by the clinician

Symptom Scale

The time frame for symptoms should be based on the type of test being administered. At baseline it is advantageous to assess how an athlete "typically" feels whereas during the acute/post-season scale it is best to ask how the athlete feels at the time of testing.

The symptom scale should be completed by the athlete, not by the examiner. In situations where the symptom scale is being completed after exercise, it should be done in a resting state, generally by approximating his/her resting heart rate.

For total number of symptoms, maximum possible is 22 except immediately post injury. If a symptom is omitted, which then creates a maximum of 21.

For Symptom severity score, add all scores in table, maximum possible is 22 x 6 = 132, except immediately post injury if a symptom is omitted, which then creates a maximum of 21 x 12 = 252.

Immediate Memory

The Immediate Memory component can be completed using the traditional 5-word per trial list or, optionally, using 10 words per trial. The literature suggests that the Immediate Memory has a notable ceiling effect when a 5-word list is used. In settings where this ceiling is prominent, the examiner may wish to make the task more difficult by incorporating two 5-word groups for a total of 10 words per trial. In this case, the maximum score per trial is 10 with a total trial maximum of 30.

Choose one of the word lists (either 5 or 10). Then perform 3 trials of immediate memory using this list.

Complete all 3 trials regardless of score on previous trials.

I am going to test your memory. I will read you a list of words and then ask you to repeat them back as many words as you can remember in any order. The words must be read at a rate of one word per second.

Trials 2 & 3 MUST be completed regardless of score on trial 1 & 2.

Trials 2 & 3:

I am going to repeat the same list again. Repeat back as many words as you can remember in any order, even if you said the word before.

Score 1 pt. for each correct response. Total score equals sum across all 3 trials. Do NOT inform the athlete that delayed recall will be tested.

Concentration

Digits backward

Choose one column of digits from lists A, B, C, D, E or F and administer those digits as follows:

Say, "I am going to read a string of numbers and when I am done, you repeat them back to me in reverse order of how I read them to you. For example, if I say 7-1-9, you would say 9-1-7."

Begin with first 3 digit string.

If correct, circle "Y" for correct and go to next string length. If incorrect, circle "N" for the first string length and read trial 2 in the same string length. One point possible for each string length. Stop after incorrect on both trials (2 Ns) in a string length.

The digits should be read at the rate of one per second.

Months in reverse order

"How many months of the year in reverse order. Start with the last month and go backwards. So you'll start December, November... Go Ahead."

1 pt. for entire sequence correct

Delayed Recall

The delayed recall should be performed after 5 minutes have elapsed since the end of the Immediate Recall section.

"Do you remember that list of words I read a few minutes earlier? Tell me as many words from the list as you can remember in any order."

Score 1 pt. for each correct response

Modified Balance Error Scoring System (mBESS)6 testing

This balance testing is based on a modified version of the Balance Error Scoring System (BESS). A timing device is required for this testing.

Each of 20-second trials/stance is scored by counting the number of errors. The examiner begins counting errors only after the athlete has assumed the proper start position. The modified BESS is calculated by adding one error point for each error occurring in the first 20-second test. The maximum number of errors for any single condition is 10. If the athlete commits multiple errors simultaneously, only one error is recorded but the athlete should quickly return to the testing position, and counting should resume once the athlete is set. Athletes that are unable to maintain the testing procedure for a minimum of five seconds at the start are assigned the highest possible score, ten, for that testing condition.

1. Hands lifted off the nest
2. Opening eyes
3. Step, stumble, or fall
4. Moving hip into 30 degrees abduction
5. Lifting forefoot or heel of test position + 5 sec
6. Remaining out of test position + 5 sec

Balance testing - types of errors

"I am now going to test your balance. Please take your shoes off (if applicable), roll up your pant legs above ankle (if applicable), and remove any ankle taping (if applicable). This test will consist of three twenty second tests with different stances."

(a) Double leg stance:

"The first stance is standing with your feet together with your hands on your hips and your eyes closed. You should try to maintain stability in that position for 20 seconds. I will count the number of times you move out of this position. If you lose your balance out of this position, open your eyes and return to the start position and continue balancing. I will start timing when you are set and have closed your eyes."

(b) Single leg stance:

"If you were to kick a ball, which foot would you use? This will be the dominant foot. Now stand on your non-dominant foot. The dominant leg should be held in approximately 30 degrees of hip flexion and 45 degrees of knee flexion. Again, you should try to maintain stability for 20 seconds with your hand on your hips and your eyes closed. I will count the number of times you move out of this position. If you lose your balance out of this position, open your eyes and return to the start position and continue balancing. I will start timing when you are set and have closed your eyes."

(c) tandem stance:

"You should toe-toe with your non-dominant foot in back. Your weight should be evenly distributed across both feet. Again, you should try to maintain stability for 20 seconds with your hands on your hips and your eyes closed. I will count the time you move out of this position. If you lose your balance out of this position, open your eyes and return to the start position and continue balancing. I will start timing when you are set and have closed your eyes."

Tandem Gait

Participants are instructed to stand with their feet together behind a starting line (the test is best done with footwears removed). Then, they walk in a forward direction as quickly and as accurately as possible along a 318mm wide (sports tape), 3 meter line with an alternate foot heel-to-toe gait ensuring that they approximate their heel and toe on each step. Once they cross the end of the 3m line, they turn 180 degrees and return to the starting point using the same gait. Athletes fail the test if they step off the line, have a separation between their heel and toe, or if they touch or grab the examiner or an object.

Finger to Nose

"I am going to test your coordination now. Please sit comfortably on the chair with your legs open and your arm either right or left extended (shoulder flexed to 30 degrees and elbow and fingers extended), pointing in front of you. When I give a start signal, I would like you to perform five successive finger to nose repetitions using your index finger to touch the tip of the nose, and then return to the starting position, as quickly and as accurately as possible."

References

CONCUSSION INFORMATION

Any athlete suspected of having a concussion should be removed from play and seek medical evaluation.

Signs to watch for

Problems could arise over the first 24-48 hours. The athlete should not be left alone and must go to a hospital at once if they experience:

- Worsening headache
- Repeated vomiting
- Unusual behavior or confusion or irritability
- Weakness or numbness in arms or legs
- Unsteadiness on their feet
- Seizures (arms and legs jerk uncontrollably)
- Slurred speech

Consult your physician or licensed healthcare professional after a suspected concussion. Remember, it is better to be safe.

Rest & Rehabilitation

After a concussion, the athlete should have physical rest and relative cognitive rest for a few days to allow their symptoms to improve. In most cases, after no more than a few days of rest, the athlete should gradually increase their daily activity level as long as their symptoms do not worsen. Once the athlete is able to complete their usual daily activities without concussion-related symptoms, the second step of the return to play/sport progression can be started. The athlete should not return to play/sport until their concussion-related symptoms have resolved and the athlete has successfully returned to full school/learning activities.

When returning to play/sport, the athlete should follow a stepwise, medically managed exercise progression, with increasing amounts of exercise. For example:

Graduated Return to Sport Strategy

<table>
<thead>
<tr>
<th>Exercise step</th>
<th>Functional exercise at each step</th>
<th>Goal of each step</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Symptom-limited activity</td>
<td>Daily activities that do not provoke symptoms.</td>
<td>Gradual reintroduction of work/school activities.</td>
</tr>
<tr>
<td>2. Light aerobic exercise</td>
<td>Walking or stationary cycling at slow to medium pace. No resistance training.</td>
<td>Increase heart rate.</td>
</tr>
<tr>
<td>3. Sport-specific exercise</td>
<td>Running or skating drills, No head impact activities.</td>
<td>Add movement.</td>
</tr>
<tr>
<td>4. Non-contact training drills</td>
<td>Harder training drills, e.g. passing drills. May start progressive resistance training.</td>
<td>Exercise, coordination, and increased thinking.</td>
</tr>
<tr>
<td>5. Full contact practice</td>
<td>Following medical clearance, participate in normal training activities.</td>
<td>Restore confidence and assess functional skills by coaching staff.</td>
</tr>
<tr>
<td>6. Return to play/sport</td>
<td>Normal game play</td>
<td></td>
</tr>
</tbody>
</table>

Graduated Return to School Strategy

Concussion may affect the ability to learn at school. The athlete may need to miss a few days of school after a concussion. When going back to school, some athletes may need to go back gradually and may need to have some changes made to their schedule so that concussion symptoms do not get worse. If a particular activity makes symptoms worse, then the athlete should stop that activity and rest until symptoms get better. To make sure that the athlete can get back to school without problems, it is important that the healthcare provider, parents, caregivers and teachers talk to each other so that everyone knows what the plan is for the athlete to go back to school.

Note: If mental activity does not cause any symptoms, the athlete may be able to skip step 2 and return to school part-time before doing school activities at home first.

<table>
<thead>
<tr>
<th>Mental Activity</th>
<th>Activity at each step</th>
<th>Goal of each step</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Daily activities that do not give the athlete symptoms</td>
<td>Typical activities that the athlete does during the day, as long as they do not increase symptoms (e.g. reading, testing, screen time). Start with 5-15 minutes at a time and gradually build up.</td>
<td>Gradual return to typical activities.</td>
</tr>
<tr>
<td>2. School activities</td>
<td>Homework, reading or other cognitive activities outside of the classroom</td>
<td>Increase tolerance to cognitive work.</td>
</tr>
<tr>
<td>3. Return to school part-time</td>
<td>Gradual introduction of schoolwork. May need to start with a partial school day or with increased breaks during the day.</td>
<td>Increase academic activities.</td>
</tr>
<tr>
<td>4. Return to school full-time</td>
<td>Gradually progress school activities until a full day can be tolerated.</td>
<td>Return to full academic activities and catch up on missed work.</td>
</tr>
</tbody>
</table>

If the athlete continues to have symptoms with mental activity, some other accommodations that can help with return to school may include:

- Starting school later, only going for half days, or only to certain classes
- Taking lots of breaks during class, homework, tests
- No more than one exam/day
- More time to finish assignments/tests
- Repetition/memory cues
- Quiet room to finish assignments/tests
- Not going to noisy areas like the cafeteria, assembly halls, sporting events, music class, shop class, etc.
- Use of a student helper/tutor
- Reassurance from teachers that the child will be supported while getting better

The athlete should not go back to sports until they are back to school/learning, without symptoms getting significantly worse and no longer needing any changes to their schedule.

Written clearance should be provided by a healthcare professional before return to play/sport as directed by local laws and regulations.

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3. Memory Function

- Difficulty remembering
- Trouble with everyday life
- Trouble keeping up with conversation
- Trouble keeping up with questions
- Trouble remembering

2. Signs and symptoms of suspected concussion

- Loss of consciousness
- Headache
- Nausea or vomiting
- Dizziness
- Bloody vision
- Seizure problems
- Speech problems
- Change in behavior
- Change in emotion
- Change in personality
- Change in mood
- Change in personality
- Loss of previous experience
- Change in speech
- Change in personality
- Change in behavior

Recognition Tool

To help identify concussion in children, youth, and adults.
Appendix 9
New Mexico Tech
Physical Recreation Department

Accident/Injury Report

INJURED PERSON

Name_________________ Social Security / ID# ______________________

Local Address____________________________________________________

Local Phone # ___________________ Home Phone # ___________________

Sex ______ Age ______ Classification: Student____ Faculty/Staff____ Other____

Intramural____ Open Recreation____

ACCIDENT INFORMATION

Date of Injury______________ Time __________ Location:____________________

Activity (Volleyball, Soccer, Basketball etc…)___________________________

Injured Area________________ Type of Injury___________________________
(head, foot, ankle, etc…) (bleeding, sprain, fracture, etc…)

Details of Accident:_________________________________________________

________________________________________________________________

Actions Taken: Ice Given_______ Called Public Safety___________ Ambulance____

Comments: __________________________________________________________

Report Prepared By: ________________________________ Date: ______________

________________________________________________________________

OFFICE USE ONLY

Follow up Call (Date): _____________ Time: ___________ Staff: ______________

Comments:________________________________________________________________
Appendix 10
Travel Request Form

Name: ____________________________  Banner 200 #: ___________________

US Citizen [ ]  Permanent Resident [ ]  Foreign National [ ]

Travel Departure Point (Where did you begin your trip?): ____________________________

Destination: ____________________________  Date of Return: ____________________________

Date of Departure: ____________________________  Date of Return: ____________________________

Department or Grant/Contract: ____________________________

Contact (Name and Email): ____________________________

Index#: ____________________  Account: ____________________  Activity: ____________________  Total Estimate: ____________________

*If multiple indexes are needed attach a separate page providing how the travel should be distributed.

Provide the reason for the trip and demonstrate that the travel is necessary

Prepayments (Payments to be made prior to travel)

☐ Pre-paid by Traveler' (provide receipt)

☐ Registration (provide invoice)

Vendor Name: ____________________________

☐ Airfare Paid by NMIMT

☐ Advance up to 90% of Approved Travel Less prepayments and reimbursements

NMVT Purchasing Card (Original receipts must be submitted to Purchasing. A copy should be included with the travel.)

☐ Airfare

☐ Registration

☐ Hotel

☐ Ground Transportation/Parking

Additional Information (Check if applicable)

☐ Hotel (actual amount will be claimed)

State Travel

☐ State Per Diem Rate  $0.54  per day

☐ State Mileage Rate  per mile

Federal Travel (provide documentation from www.GSA.gov)

☐ Federal Per Diem Rate  per day

☐ Federal Mileage Rate  per mile

The requestor and approving authorities certify that the above constitutes NMIMT business related Travel.

Request Approvals

Requestor: ____________________________  Date: ____________________________

Dept. Division Head or P.I.: ____________________________  Date: ____________________________

Vice President (required for actual lodging): ____________________________  Date: ____________________________

NMVT President (required for international travel): ____________________________  Date: ____________________________

FOR BUSINESS OFFICE/SPONSORED PROJECTS ADMIN. USE ONLY

Accountant Approval: ____________________________  Federal Per Diem: ____________________________  Date: ____________________________

Federal Mileage: ____________________________  Date: ____________________________

Dept Concur
Signature/Initials: ____________________________
### Travel Reimbursement Voucher

**See Form Instructions**

Name: ____________________________  Banner ID #: __________________________

**Travel Departure Point (Where did you begin your trip?):**

**Destination:** ____________________________

**Date of Departure:** ____________________________  **Date of Return:** ____________________________

**Time of Departure:** ____________________________  **Time of Return:** ____________________________

Department: ____________________________

Contact (Home and Email): ____________________________

Index #: ____________________________  **Account:** ____________________________  Activity: ____________________________

**Note:** If multiple Indexes note under special instructions or attach a memo providing how the travel should be distributed.

Mark the end box after the amount IF NMINT P-Card was used for the travel payment. IF NMINT P-Card was used original receipts must be submitted to Purchasing. A copy should be included with the travel.

- **NMT Per Dlem**  Days ______  Hours ______  Rate Per Day ______
- **Federal Per Dlem**  Days ______  Rate Per Day ______

**Hotel** (less any personal/other services such as movies, room services, etc)

**Plane**  Personal Purchase  NMINT Purchase
- **Private**  @ $0.88 per mile
- NMINT P-Card ______________

**Auto**  Official  Vehicle # ______________  Miles ______________
- Private NMT Rate  @ $0.54 per mile
- Private Federal  @ ______________ per mile
- Private local at destination  @ ______________ per mile
- Odometer: Beginning ______________  Ending ______________

**Other Transportation:** (specify)
- Tax ______________  Shuttle ______________  Car Rental ______________  Fuel ______________

**Registration**
- Prepaid ______________  Paid by Traveler ______________

**Miscellaneous:** (list)

**Total Cost**  $0.00

**Subtract Prepayment(s), NMINT P-Card Payments & Advances**  $0.00

**Total amount to be reimbursed**  $0.00

### Special Instructions:

I hereby certify that the above travel has been completed for the stated purpose; that the above itemized account is just and true in all respects, and that the amount claimed is due and payable.

**Reimbursement Approvals**

**Requestor**

**Dept. Division Head or P.I.**

**Vice President**

**NMJT President**

**FOR BUSINESS OFFICE USE ONLY**

Date: ____________________________  **Amount of Payment:** ____________________________

For Payment: ____________________________  **FOAP:** ____________________________

**Remit To:**

**Dept Concur Signature/Initials:**
Appendix 11
Constitution of [_________Sport Club_________]

Adoption Date:

Article 1-Name
The official name for the club shall be the [Sport Club Name].

Article 2-Purpose
The purpose of this club shall be to play _____, develop _____-related skills, improve the NMT and Socorro community, provide leadership and interpersonal skill learning opportunities, and promote awareness of the game.

Article 3-Membership Guidelines
A) Membership shall be extended to anyone interested in joining the club. No person will be denied membership on the basis of race, national origin, creed, religion, sex, age, disability, gender identity, sexual orientation, associational preference, or any other classification which would deprive the person of consideration as an individual.
B) Full membership shall be extended to those who participate in [club activities], matches and pays their dues when possible.
A full member of the club has the right to participate in all rugby functions including league matches.

Article 4-Meetings
A) Meetings shall be held at the beginning and end of the semester or as deemed appropriate by the clubs’ executive board and advisor.
B) Given notice by the executive board, a meeting can be held when and where it is deemed necessary or as routinely prescribed for convenience.

Article 5-Executive Board
A) The executive board shall consist of a President, Vice-president, secretary, and treasurer.
B) The President will have the following duties: to administer club meetings, serve as a liaison between the club and university, oversee and coordinate other officers’ work, approve expenditure of funds in accordance with the members’ desires, make all travel arrangements, update club constitution for approval by the membership, supervise fund raising events and insure club abides by universities policies and procedures.
C) The vice president shall fill in for the president whenever required and assist the president when necessary or when requested.
D) The club secretary shall have the following duties: Complete all university forms, submit yearly budget request to the sport club office for approval, keep updated membership lists, submit membership and liability waivers to the sports club office, publicize activities, record club minutes.
E) The treasurer shall have the following duties: prepare yearly budget request, deposit funds, collect dues, and oversee generation of funds.
F) Vacancies will be filled in with new officers if there is a dereliction of duty or if there is a resignation. The new officers will be voted in and approved by existing board members

Article 6- Meetings
A) The officers of the club will be voted for by a representative membership of the club, the members present shall decide if there is a representative body.
B) Terms will last one year
C) Nominations will be accepted at a forum at the beginning of each school year whenever the current executive board is present. A reasonable time is considered within six weeks of the start of the school year.
D) If a run off is necessary, newly elected executive board members will vote on the position.

Article 7-Funds
A) Funds shall be used for equipment, traveling expenses and hosting responsibilities or any other items/services deemed necessary for the club by the executive board.

Article 8-Committees
A) Committees shall be made when necessary and appointed by the secretary with approval by the president.

Article 9-Affiliations
A) The club shall be part of the [applicable governing body (i.e. USA Rugby)].

Article 10- Advisor(s)
A) The club advisor must have these qualifications: they must have a working knowledge of rugby, be able to maintain an active role in the rugby club and be able to work with club members when necessary.
B) The advisors’ duties shall be to oversee club officers and club function, attend meetings, be a liaison to the university, and give a general direction for the club.

Article 11- Coaching (if applicable)
A) To be a head coach – [minimum qualifications].
B) The coach’s duties shall be: ____________________________ ....

Article 12 –Ratification
A) Ratification of the constitution must be done by consensus

Article 13- Amendments
A) After ratification an amendment to the constitution must be submitted in writing to the executive board to be presented for voting in the next general membership meeting.

B) There must be a ¾ vote for the bill to pass

Signed, this ___ day of ________________, 20___.

__________________________________________________________
Name:
Title:

__________________________________________________________
Name:
Title:

__________________________________________________________
Name:
Title:

__________________________________________________________
Name:
Title: