

New Mexico Tech
Department of Physical Recreation

SPORTS CLUB MANUAL

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3. Sport Club Membership Roster
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8. Concussion Info. and Protocol
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Important phone Numbers – all area code 575

Gymnasium/Physical Recreation ----- 835-5131
Melissa Begay, Director ----- 835-5120
Brent Nourse, Sport Club Coordinator ----- 835-5854
Annine 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."

http://www.nmt.edu/images/stories/travel/Travel_Procedures.pdf

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@nmt.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@nmt.edu) or (ext. 5854).

Club Name: _____

Officers:

President: _____ Email: _____

_____ Phone: _____

Vice Pres.: _____ Email: _____

_____ Phone: _____

Secretary: _____ Email: _____

_____ Phone: _____

Treasurer: _____ Email: _____

_____ Phone: _____

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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:

Fall 2017 Gym Allocation:	
Spring 2018 Gym Allocation:	
2017 – 2018 Self-Generated Funds:	
2017 – 2018 Expenditures:	

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

Appendix 3

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

CODE OF CONDUCT

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, ADMININSTRATORS 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: _____

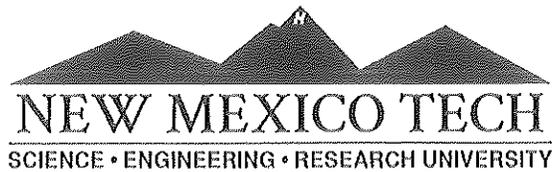
Signature: _____

Date: _____

Appendix 6

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.

CONCUSSION

A FACT SHEET FOR STUDENT-ATHLETES

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?

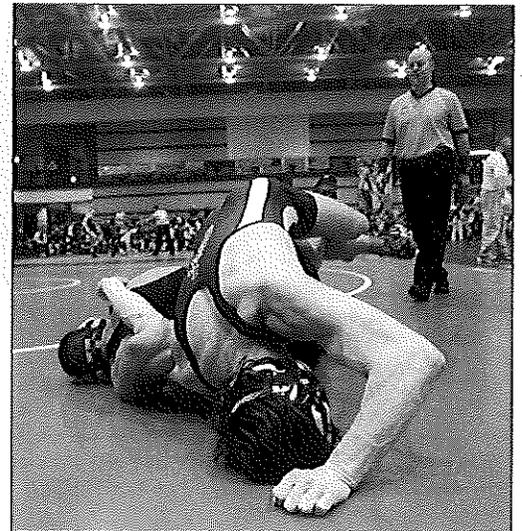
Don't hide it. Tell your athletic trainer and coach. Never ignore a blow to the head. Also, tell your athletic trainer and coach if one of your teammates might have a concussion.

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.



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SCAT5[®]

SPORT CONCUSSION ASSESSMENT TOOL – 5TH EDITION

DEVELOPED BY THE CONCUSSION IN SPORT GROUP

FOR USE BY MEDICAL PROFESSIONALS ONLY

supported by



FIFA[®]



FEI

Patient details

Name: _____

DOB: _____

Address: _____

ID number: _____

Examiner: _____

Date of Injury: _____ Time: _____

WHAT IS THE SCAT5?

The SCAT5 is a standardized tool for evaluating concussions designed for use by physicians and licensed healthcare professionals¹. 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.

This tool may be freely copied in its current form for distribution to individuals, teams, groups and organizations. It should not be altered in any way, re-branded or sold for commercial gain. Any revision, translation or reproduction in a digital form requires specific approval by the Concussion in Sport Group.

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 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
- Severe or increasing headache
- Seizure or convulsion
- 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	Y	N
Balance / gait difficulties / motor incoordination: stumbling, slow / laboured movements	Y	N
Disorientation or confusion, or an inability to respond appropriately to questions	Y	N
Blank or vacant look	Y	N
Facial injury after head trauma	Y	N

STEP 3: MEMORY ASSESSMENT MADDOCKS QUESTIONS²

"I am going to ask you a few questions, please listen carefully and give your best effort. First, tell me what happened?"

Mark Y for correct answer / N for incorrect

What venue are we at today?	Y	N
Which half is it now?	Y	N
Who scored last in this match?	Y	N
What team did you play last week / game?	Y	N
Did your team win the last game?	Y	N

Note: Appropriate sport-specific questions may be substituted.

Name: _____

DOB: _____

Address: _____

ID number: _____

Examiner: _____

Date: _____

STEP 4: EXAMINATION GLASGOW COMA SCALE (GCS)³

Time of assessment			
Date of assessment			
Best eye response (E)			
No eye opening	1	1	1
Eye opening in response to pain	2	2	2
Eye opening to speech	3	3	3
Eyes opening spontaneously	4	4	4
Best verbal response (V)			
No verbal response	1	1	1
Incomprehensible sounds	2	2	2
Inappropriate words	3	3	3
Confused	4	4	4
Oriented	5	5	5
Best motor response (M)			
No motor response	1	1	1
Extension to pain	2	2	2
Abnormal flexion to pain	3	3	3
Flexion / Withdrawal to pain	4	4	4
Localizes to pain	5	5	5
Obeys commands	6	6	6
Glasgow Coma score (E + V + M)			

CERVICAL SPINE ASSESSMENT

Does the athlete report that their neck is pain free at rest?	Y	N
If there is NO neck pain at rest, does the athlete have a full range of ACTIVE pain free movement?	Y	N
Is the 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:

Name: _____

DOB: _____

Address: _____

ID number: _____

Examiner: _____

Date: _____

STEP 2: SYMPTOM EVALUATION

The athlete should be given the symptom form and asked to read this instruction paragraph out loud then complete the symptom scale. For the baseline assessment, the athlete should rate his/her symptoms based on how he/she typically feels and for the post injury assessment the athlete should rate their symptoms at this point in time.

Please Check: Baseline Post-Injury

Please hand the form to the athlete

	none	mild	moderate	severe
Headache	0	1 2	3 4	5 6
'Pressure in head'	0	1 2	3 4	5 6
Neck Pain	0	1 2	3 4	5 6
Nausea or vomiting	0	1 2	3 4	5 6
Dizziness	0	1 2	3 4	5 6
Blurred vision	0	1 2	3 4	5 6
Balance problems	0	1 2	3 4	5 6
Sensitivity to light	0	1 2	3 4	5 6
Sensitivity to noise	0	1 2	3 4	5 6
Feeling slowed down	0	1 2	3 4	5 6
Feeling like "in a fog"	0	1 2	3 4	5 6
"Don't feel right"	0	1 2	3 4	5 6
Difficulty concentrating	0	1 2	3 4	5 6
Difficulty remembering	0	1 2	3 4	5 6
Fatigue or low energy	0	1 2	3 4	5 6
Confusion	0	1 2	3 4	5 6
Drowsiness	0	1 2	3 4	5 6
More emotional	0	1 2	3 4	5 6
Irritability	0	1 2	3 4	5 6
Sadness	0	1 2	3 4	5 6
Nervous or Anxious	0	1 2	3 4	5 6
Trouble falling asleep (if applicable)	0	1 2	3 4	5 6

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)⁴

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	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 minimise 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 the 5 or 10 word list groups and circle the specific word list 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 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

List	Alternate 5 word lists					Score (of 5)		
						Trial 1	Trial 2	Trial 3
A	Finger	Penny	Blanket	Lemon	Insect			
B	Candle	Paper	Sugar	Sandwich	Wagon			
C	Baby	Monkey	Perfume	Sunset	Iron			
D	Elbow	Apple	Carpet	Saddle	Bubble			
E	Jacket	Arrow	Pepper	Cotton	Movie			
F	Dollar	Honey	Mirror	Saddle	Anchor			
Immediate Memory Score						of 15		
Time that last trial was completed								

List	Alternate 10 word lists					Score (of 10)		
						Trial 1	Trial 2	Trial 3
G	Finger	Penny	Blanket	Lemon	Insect			
	Candle	Paper	Sugar	Sandwich	Wagon			
H	Baby	Monkey	Perfume	Sunset	Iron			
	Elbow	Apple	Carpet	Saddle	Bubble			
I	Jacket	Arrow	Pepper	Cotton	Movie			
	Dollar	Honey	Mirror	Saddle	Anchor			
Immediate Memory Score						of 30		
Time that last trial was completed								

Name: _____
 DOB: _____
 Address: _____
 ID number: _____
 Examiner: _____
 Date: _____

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, 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.

Concentration Number Lists (circle one)

List A	List B	List C			
4-9-3	5-2-6	1-4-2	Y	N	0
6-2-9	4-1-5	6-5-8	Y	N	1
3-8-1-4	1-7-9-5	6-8-3-1	Y	N	0
3-2-7-9	4-9-6-8	3-4-8-1	Y	N	1
6-2-9-7-1	4-8-5-2-7	4-9-1-5-3	Y	N	0
1-5-2-8-6	6-1-8-4-3	6-8-2-5-1	Y	N	1
7-1-8-4-6-2	8-3-1-9-6-4	3-7-6-5-1-9	Y	N	0
5-3-9-1-4-8	7-2-4-8-5-6	9-2-6-5-1-4	Y	N	1
List D	List E	List F			
7-8-2	3-8-2	2-7-1	Y	N	0
9-2-6	5-1-8	4-7-9	Y	N	1
4-1-8-3	2-7-9-3	1-6-8-3	Y	N	0
9-7-2-3	2-1-6-9	3-9-2-4	Y	N	1
1-7-9-2-6	4-1-8-6-9	2-4-7-5-8	Y	N	0
4-1-7-5-2	9-4-1-7-5	8-3-9-6-4	Y	N	1
2-6-4-8-1-7	6-9-7-3-8-2	5-8-6-2-4-9	Y	N	0
8-4-1-9-3-5	4-2-7-9-3-8	3-1-7-8-2-6	Y	N	1
Digits Score: of 4					

MONTHS IN REVERSE ORDER

Now tell me the months of the year in reverse order. Start with the last month and go backward. So you'll say December, November. Go ahead.

Dec - Nov - Oct - Sept - Aug - Jul - Jun - May - Apr - Mar - Feb - Jan 0 1

Months Score of 1

Concentration Total Score (Digits + Months) of 5

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. symptom checklist) 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 look side-to-side and up-and-down without double vision?	Y	N
Can the patient perform the finger nose coordination test normally?	Y	N
Can the patient perform tandem gait normally?	Y	N

BALANCE EXAMINATION

Modified Balance Error Scoring System (mBESS) testing⁵

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

Testing surface (hard floor, field, etc.) _____

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

Condition	Errors
Double leg stance	_____ of 10
Single leg stance (non-dominant foot)	_____ of 10
Tandem stance (non-dominant foot at the back)	_____ of 10
Total Errors	_____ of 30

Name: _____

DOB: _____

Address: _____

ID number: _____

Examiner: _____

Date: _____

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 I read a few times earlier? Tell me as many words from the list as you can remember in any order.

Time Started _____

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

Total number of words recalled accurately: _____ of 5 or _____ of 10

STEP 6: DECISION

Domain	Date & time of assessment:		
	_____	_____	_____
Symptom number (of 22)	_____	_____	_____
Symptom severity score (of 132)	_____	_____	_____
Orientation (of 5)	_____	_____	_____
Immediate memory	_____ of 15 _____ of 30	_____ of 15 _____ of 30	_____ of 15 _____ of 30
Concentration (of 5)	_____	_____	_____
Neuro exam	Normal Abnormal	Normal Abnormal	Normal Abnormal
Balance errors (of 30)	_____	_____	_____
Delayed Recall	_____ of 5 _____ of 10	_____ of 5 _____ of 10	_____ of 5 _____ of 10

Date and time 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: _____

Name: _____

Title: _____

Registration number (if applicable): _____

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.

CLINICAL NOTES:

Name: _____
 DOB: _____
 Address: _____
 ID number: _____
 Examiner: _____
 Date: _____



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.

Clinic phone number: _____
 Patient's name: _____
 Date / time of injury: _____
 Date / time of medical review: _____
 Healthcare Provider: _____

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Contact details or stamp

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-acute stage 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 sleep item 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 sleep item is omitted, which then creates a maximum of 21x6=126.

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 when I am done, repeat 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 N's) in a string length. The digits should be read at the rate of one per second.

Months in reverse order

"Now tell me the months of the year in reverse order. Start with the last month and go backward. So you'll say 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 times 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)⁵ testing

This balance testing is based on a modified version of the Balance Error Scoring System (BESS)⁵. A timing device is required for this testing.

Each of 20-second trial/stance is scored by counting the number of errors. The examiner will begin 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 during the three 20-second tests. 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.

OPTION: For further assessment, the same 3 stances can be performed on a surface of medium density foam (e.g., approximately 50cm x 40cm x 6cm).

Balance testing -- types of errors

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

"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 with your eyes closed. You should try to maintain stability in that position for 20 seconds. I will be counting the number of times you move out of this position. 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 hands on your hips and your eyes closed. I will be counting the number of times you move out of this position. If you stumble 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:

"Now stand heel-to-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 be counting the number of times you move out of this position. If you stumble 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 footwear removed). Then, they walk in a forward direction as quickly and as accurately as possible along a 38mm wide (sports tape), 3 metre 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 eyes open and your arm (either right or left) outstretched (shoulder flexed to 90 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

- McCroly et al. Consensus Statement On Concussion In Sport – The 5th International Conference On Concussion In Sport Held In Berlin, October 2016. British Journal of Sports Medicine 2017 (available at www.bjsm.bmj.com)
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- Jennett, B., Bond, M. Assessment of outcome after severe brain damage: a practical scale. Lancet 1975; i: 480-484
- McCrea M. Standardized mental status testing of acute concussion. Clinical Journal of Sport Medicine. 2001; 11: 176-181
- Guskiewicz KM. Assessment of postural stability following sport-related concussion. Current Sports Medicine Reports. 2003; 2: 24-30

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
- Drowsiness or inability to be awakened
- Inability to recognize people or places
- Repeated vomiting
- Unusual behaviour or confusion or irritable
- Seizures (arms and legs jerk uncontrollably)
- Weakness or numbness in arms or legs
- Unsteadiness on their feet.
- 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

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

In this example, it would be typical to have 24 hours (or longer) for each step of the progression. If any symptoms worsen while exercising, the athlete should go back to the previous step. Resistance training should be added only in the later stages (Stage 3 or 4 at the earliest).

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

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.

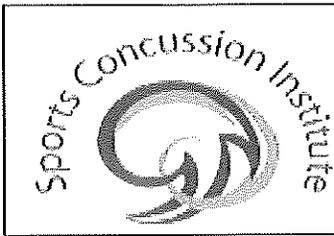
Note: If mental activity does not cause any symptoms, the athlete may be able to skip step 2 and return to school part-time before doing school activities at home first.

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

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 going only to certain classes
- More time to finish assignments/tests
- Quiet room to finish assignments/tests
- Not going to noisy areas like the cafeteria, assembly halls, sporting events, music class, shop class, etc.
- Taking lots of breaks during class, homework, tests
- No more than one exam/day
- Shorter assignments
- Repetition/memory cues
- 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.



Graduated Return to Play Protocol

<p>1. NO ACTIVITY (RECOVERY)</p> <p><i>Complete Physical and Cognitive Rest until Medical Clearance</i></p>	<p>2. LIGHT AEROBIC EXERCISE (INCREASE HEART RATE)</p> <p><i>Walking, Swimming, Stationary Cycling.</i></p> <p>Heart Rate <70% - 15 min</p>	<p>3. SPORT SPECIFIC EXERCISE (ADD MOVEMENT)</p> <p><i>Skating Drills (Ice Hockey), Running Drills (Soccer, etc)</i></p> <p><i>NO Head Impact Activities</i></p> <p>Heart Rate <80% - 45 min</p>	<p>4. NON-CONTACT TRAINING DRILLS (INCREASED EXERCISE, COORDINATION & ATTENTION)</p> <p><i>Progress to Complex Training Drills (e.g., Passing Drills, etc)</i></p> <p><i>May Start Resistance Training</i></p> <p>Heart Rate <90% - 60 min</p>	<p>5. FULL CONTACT PRACTICE (RESTORE CONFIDENCE & ASSESS FUNCTIONAL SKILLS)</p> <p><i>If Symptom Free, Return to Normal Training Activities</i></p>
<p><i>Symptom Free for 24 Hours?</i></p> <p>Yes: Begin Step 2</p> <p>No: Continue Resting</p>	<p><i>Symptom Free for Next 24 hours?</i></p> <p>Yes: Move to Step 3</p> <p>No: Rest Further until Symptom Free</p>	<p><i>Symptom Free for Next 24 Hours?</i></p> <p>Yes: Move to Step 4</p> <p>No: Return to Step 2 until Symptom Free</p>	<p><i>Symptom Free for Next 24 Hours?</i></p> <p>Yes: Move to Step 5</p> <p>No: Return to Step 3 until Symptom Free</p>	<p><i>Symptom Free Next 24 Hours?</i></p> <p>Yes: Return to Play</p> <p>No: Return to Step 4 until Symptom Free</p>
<p>Date Attained:</p>	<p>Date Attained:</p>	<p>Date Attained:</p>	<p>Date Attained:</p>	<p>Date Attained:</p>

Reference: Consensus Statement on Concussion in Sport: the 3rd International Conference on Concussion in Sport held in Zurich (2008), Br J of Sports Med 2009; 43: i76-i84 doi:10.1136/bjism.2009.058248



Pocket CONCUSSION RECOGNITION TOOL

To help identify concussion in children, youth and adults



FIFA®



IFEB

RECOGNIZE & REMOVE

Concussion should be suspected if one or more of the following visible clues, signs, symptoms or errors in memory questions are present.

1. Visible clues of suspected concussion

Any one or more of the following visual clues can indicate a possible concussion:

- Loss of consciousness or responsiveness
- Lying motionless on ground / Slow to get up
- Unsteady on feet/ Balance problems or falling over / Incoordination
- Grabbing / Clutching of head
- Dazed, blank or vacant look
- Confused / Not aware of plays or events

2. Signs and symptoms of suspected concussion

Presence of any one or more of the following signs & symptoms may suggest a concussion:

- | | |
|-------------------------|--------------------------|
| • Loss of consciousness | • Headache |
| • Dizziness | • Balance problems |
| • Nausea or vomiting | • Feeling slowed down |
| • "Pressure in head" | • More emotional |
| • Irritability | • Sensitivity to light |
| • Amnesia | • Fatigue or low energy |
| • Nervous or anxious | • Neck Pain |
| • Sensitivity to noise | • Difficulty remembering |

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3. Memory function

Failure to answer any of these questions correctly may suggest a concussion.

- "What venue are we at today?"
- "Which half is it now?"
- "Who scored last in this game?"
- "What team did you play last week / game?"
- "Did your team win the last game?"

Any athlete with a suspected concussion should be **IMMEDIATELY REMOVED FROM PLAY**, and should not be returned to activity until they are assessed medically. Athletes with a suspected concussion should not be left alone and should not drive a motor vehicle.

It is recommended that, in all cases of suspected concussion, the player is referred to a medical professional for diagnosis and guidance as well as return to play decisions, even if the symptoms resolve.

RED FLAGS

If ANY of the following are reported then the player should be safely and immediately removed from the field. If no qualified medical professional is available, consider transporting by ambulance for urgent medical assessment:

- | | |
|--|---------------------------------|
| ▶ Athlete complains of neck pain | ▶ Deteriorating conscious state |
| ▶ Increasing confusion or irritability | ▶ Severe or increasing headache |
| ▶ Repeated vomiting | ▶ Unusual behaviour change |
| ▶ Seizure or convulsion | ▶ Double vision |
| ▶ Weakness or tingling / burning in arms or legs | |

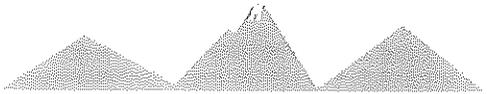
Remember:

- In all cases, the basic principles of first aid (danger, response, airway, breathing, circulation) should be followed.
- Do not attempt to move the player (other than required for airway support) unless trained to do so.
- Do not remove helmet (if present) unless trained to do so.

from McCrory et al. Consensus Statement on Concussion in Sport. Br J Sports Med 47 (5), 2013

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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

Travel Number _____

See Form Instructions

Name: _____ Banner ID #: _____

US Citizen Permanent Resident Foreign National

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

Destination: _____

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 _____

NMIMT 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 _____ per day
 - State Mileage Rate \$0.54 per mile
- Federal Travel (provide documentation from www.GSA.gov)**
 - Federal Per Diem Rate _____ per day
 - Federal Mileage Rate _____ per mile

Vehicle Use

- Official Vehicle # _____
- Private

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

Request Approvals

Requestor _____

Dept. Division Head or P.I. _____

Vice President (required for actual lodging) _____

NMIMT President (required for international travel) _____

Date _____

Date _____

Date _____

Date _____

Dept Concur
Signature/Initials:

FOR BUSINESS OFFICE/SPONSORED PROJECTS ADMIN. USE ONLY

Accountant Approval _____ Federal Per Diem

Date _____

Federal Mileage

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 $\frac{3}{4}$ vote for the bill to pass

Signed, this ___ day of _____, 20__.

Name:

Title:

Name:

Title:

Name:

Title:

Name:

Title: