



# USA Hockey

## Consent To Treat/Medical History Form



This is to certify that on this date, I \_\_\_\_\_, as parent or guardian of \_\_\_\_\_, (athlete participant), or for myself as an adult participant, give my consent to USA Hockey and its medical representative to obtain medical care from any licensed physician, hospital, or clinic for the above mentioned participant, for any injury that could arise from participation in USA Hockey sanctioned events.

If said participant is covered by any insurance company, please complete the following:

Insurance Company: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Parent/Guardian/Adult Participant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Excess accident insurance up to \$50,000, subject to deductibles, exclusions and certain limitations, is provided to all USA Hockey registered team participants. For further details visit [usahockey.com](http://usahockey.com) or contact USA Hockey at (719) 576-USAH.

### EMERGENCY CONTACT

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Physician's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Hospital of Choice: \_\_\_\_\_

### COMPLETION OF MEDICAL HISTORY INFORMATION BELOW IS OPTIONAL

#### MEDICAL HISTORY

If the answer to any of the following questions is yes, please describe the problem and its implications for proper first aid treatment on the back of this form.

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Head Injury<br>(concussion, skull fracture) | <input type="checkbox"/> Asthma              | <input type="checkbox"/> Allergies _____ |
| <input type="checkbox"/> Fainting spells                             | <input type="checkbox"/> High blood pressure | <input type="checkbox"/> Diabetes        |
| <input type="checkbox"/> Convulsions/epilepsy                        | <input type="checkbox"/> Kidney problems     | <input type="checkbox"/> Other _____     |
| <input type="checkbox"/> Neck or back injury                         | <input type="checkbox"/> Hernia              | _____                                    |
|  | <input type="checkbox"/> Heart murmur        | _____                                    |

#### Have you had (or do you currently have) any of the following?

Have you had a recent tetanus booster? ☐ Yes ☐ No If yes, when? \_\_\_\_\_

Are you currently taking any medications? ☐ Yes ☐ No If yes, please list all medications on back.

Has a doctor placed any restrictions on your activity? ☐ Yes ☐ No If yes, please explain on back.



**USA HOCKEY  
PARTICIPANT  
CODE OF CONDUCT**

NAME: \_\_\_\_\_

To be read and signed by you as a member of Team: \_\_\_\_\_

Participating in USA Hockey for the \_\_\_\_\_ season.

1. No swearing or abusive language on the bench, in the rink, or at any team function.
2. No lashing out at any official no matter what the call is. The coaching staff will handle all matters pertaining to officiating.
3. Anyone who receives a penalty will skate directly to the penalty box.
4. Fighting will not be tolerated. Fighting will result in an appearance before a Discipline Committee.
5. There will be no drinking, smoking, chewing of tobacco or use of illegal substance at any team function.
6. I will conduct myself in a befitting manner at all facilities (ice rink, hotel, restaurant, etc) during all team functions.
7. Any player or team official who cannot abide by these rules or violates them will be subject to further disciplinary action.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

## PARENT/LEGAL GUARDIAN CODE OF CONDUCT AGREEMENT

As a parent/legal guardian of a child involved in a program of Michigan Amateur Hockey Association, I agree to abide by and follow the rules and guidelines below.

- ★ I will promote the emotional and physical well-being of the athletes ahead of any personal desire to win.
- ★ I will remember that my child plays hockey for his/her enjoyment, not mine.
- ★ I will encourage good sportsmanship through my actions, by demonstrating positive support for all players.
- ★ I will provide support for coaches and officials working with the athletes to provide a positive experience for all.
- ★ I will demand my athlete treat all players, coaches, officials, parents, and spectators respect regardless of race, creed, color, sex or ability.
- ★ I will treat all players, coaches, officials, parents, and spectators with dignity and in language, attitude, behavior, and mannerisms.
- ★ I will inform the coach of any physical disability or ailment that may affect the safety my athlete or the safety of others.
- ★ I will respect the property and equipment used at any sports facility, both home and away.
- \*\* I have viewed the Michigan Amateur Hockey Association STAR program video\*\***

The video is available online at [www.maha.org](http://www.maha.org) under the SAFETY tab or at [www.youtube.com](http://www.youtube.com) on the maha1hockey channel.

I understand that by signing this document I am agreeing to support and promote this Parent/Legal Guardian Code of Conduct Agreement. Further, my failure to comply with this Agreement or my participation in any of the defined CONDUCT SUBJECT TO DISCIPLINE will result in disciplinary action, up to and including expulsion from Michigan Amateur Hockey Association and its affiliate member associations.

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**Signature**

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**Date**

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**Printed Name**

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**Signature**

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**Date**

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**Printed Name**

### CONDUCT SUBJECT TO DISCIPLINE

*Examples of words or actions which will constitute a violation of the Code include, but are not limited to the following:*

- Making physical contact with any player, coach, official, league representative, arena personnel or spectator;
- Taunting or threatening any player, coach, official, league representative, arena personnel or spectator;
- Going into the locker/dressing room of an opposing team or obstructing their access to or exit from said room and arena;
- Going into the officials' locker/dressing room or obstructing their access to or exit from said room and arena;
- Using profane and/or vulgar language or mannerisms;
- Going onto the ice surface;
- Throwing of any object onto the ice surface, into the player area(s), or at another individual;
- Pounding or climbing on the glass;
- Defacing or damaging property belonging to any individual, team, association or arena;
- Being involved in any activity that would warrant the summoning of law enforcement officials;
- Inciting any person(s) to become involved in any of the above-listed behaviors;
- Any other conduct that is not in compliance with the tenants of the MAHA STAR HOCKEY Program.



# Michigan Amateur Hockey Association

We have been provided the MAHA / USA Hockey Concussion Management educational materials. It is our responsibility to read them and ask questions if there is a need. We have also been advised that we should visit the Centers for Disease Control and Prevention's information page, *Injury Prevention & Control: Traumatic Brain Injury* for more information. ([www.CDC.gov](http://www.CDC.gov))

Participant's name: \_\_\_\_\_  
Please print

Participant's signature: \_\_\_\_\_  
Please sign

Participant's Parent/Legal Guardian's name: \_\_\_\_\_  
Please print

Parent/Legal Guardian's signature: \_\_\_\_\_

Today's date: \_\_\_\_\_

Witness: \_\_\_\_\_  
Print name

Title: \_\_\_\_\_  
Please print

Signature: \_\_\_\_\_

Participant's Birth Year: _____
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# Pocket CONCUSSION RECOGNITION TOOL

To help identify concussion in children, youth and adults



FIFA®



## 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                 |
| - Seizure or convulsion  | - Dizziness                |
| - Balance problems       | - Confusion                |
| - Nausea or vomiting     | - Feeling slowed down      |
| - Drowsiness             | - "Pressure in head"       |
| - More emotional         | - Blurred vision           |
| - Irritability           | - Sensitivity to light     |
| - Sadness                | - Amnesia                  |
| - Fatigue or low energy  | - Feeling like "in a fog"  |
| - Nervous or anxious     | - Neck Pain                |
| - "Don't feel right"     | - Sensitivity to noise     |
| - Difficulty remembering | - Difficulty concentrating |

## 3. Memory function

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

- "At 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 so do
- 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