

SAGEBRUSH EMPIRE POP WARNER



PARENTS MEDICAL RELEASE

In the event of a medical or traumatic emergency, I hereby grant permission for my child, _____ to obtain necessary treatment at the nearest available hospital or treatment facility. I further agree to hold the hospital, treatment facility or Pop Warner Football and Cheer harmless of liability for granting or making available such treatment.

Note any allergies, medications or medical information we should be aware of

I understand that I am responsible for the cost of treatment, subject to available Pop Warner insurance coverage and my own medical insurance coverage.

Parent or Guardian Signature _____ Date _____

Name of above, please print clearly _____

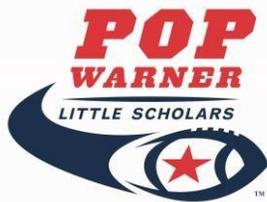
Phone (days) _____ Phone (evenings/weekends) _____

Name of Physician: _____

Name of Dentist: _____

Primary Insurance Information

Name of Carrier _____
Group Policy # _____
I.D. # _____



**Pacific Northwest Region
Sagebrush Empire
Code of Conduct**

2017



<u>Sagebrush Empire Participant's Code</u>	<u>Sagebrush Empire Parent's Code</u>	<u>Sagebrush Empire Coach's Code</u>
<p>I WILL: Emphasis the ideas of sportsmanship, ethical conduct and fair play.</p> <p>Show courtesy to my opponents and officials.</p> <p>Recognize athletic contests are serious educational endeavors.</p> <p>Give complete allegiance to my coaches who are the instructional authority for my team.</p> <p>Discourage fans, fellow teammates and parents from undercutting my coach's authority.</p> <p>I WILL NOT:</p> <p>Use profanity or talk "trash" before, during or after any game.</p> <p>Use drugs, alcohol or tobacco.</p> <p>Criticize my teammates.</p> <p>Act in any way that may incite spectators.</p>	<p>I WILL: Support my child's team/squad and teach the value of commitment to the team/squad emphasis the ideals of sportsmanship, ethical conduct and fair play.</p> <p>Help my child and Pop Warner make athletic contests a positive educational experience.</p> <p>Show courtesy to opponents and officials.</p> <p>Direct constructive criticism of my child's athletic program to the athletic director or association officials and work towards a positive result for all concerned.</p> <p>I WILL NOT:</p> <p>Criticize officials, direct abuse or profane language toward them, or otherwise subvert their authority.</p> <p>Undermine, in word or deed, the authority of the coach or administration.</p>	<p>I WILL: Respect the integrity and judgment of contest officials/judges and work with them to promote positive experiences.</p> <p>Establish and model fair play, sportsmanship, and proper conduct.</p> <p>Hold in highest priority the establishment of the child's safety and well fair.</p> <p>Provide proper supervision of the athletes at all times.</p> <p>Use discretion when providing constructive criticism and when reprimanding the athlete. Maintain consistency in requiring athletes to adhere to established rules and standards of the contest to be played.</p> <p>Follow the Pop Warner rules of behavior and the procedures for responsible crowd control.</p> <p>Vigorously encourage and support athletes.</p> <p>I WILL NOT:</p> <p>Suggest, provide, or encourage athletes to use non-prescription drugs or substances.</p> <p>Promote acts that will in any way incite spectators in a negative manner.</p>

Head Coaches, Parents and Participants must sign this form and by signing he/she is assuring the Sagebrush Empire League Directors/staff that he/she will review and follow the "code of conduct" with his/her relatives/fans at all times.

HEAD COACH: _____

Print Name Clearly

Signature

Date

Association

Team/Squad Name

SAGEBRUSH EMPIRE
League

PARENT: _____

Print Name Clearly

Signature

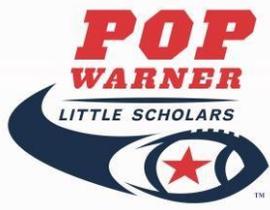
Date

PARTICIPANT: _____

Print Name Clearly

Signature

Date



Pacific Northwest Region
Sagebrush Empire
Code of Conduct Consequences
7 2017



Consequences for Violation of the Code of Conduct

Adult Behavior:

1. At any Pop Warner event, practice or competition, any adult who: 1) verbally abuses; 2) attempts to intimidate; 3) is flagrantly rude, or 4) cannot control their language or actions with an official, coach or Pop Warner volunteer will be asked to leave the Pop Warner event. He or she will receive a written warning regarding their behavior. His or her child (ren) will be immediately removed from the Pop Warner event.
2. Any adult that commits a second similar offense will be banned from Pop Warner events for the remainder of that season and their child(ren) removed from Pop Warner for the remainder of that season. Association will refund registration monies pro-rated based on the percentage of the season remaining.
3. Any adult who physically assaults an official, coach or Pop Warner volunteer will be banned from Pop Warner and their child(ren) removed from the Pop Warner program for one year from the date of the offense. The child(ren) may not participate in another Pop Warner Association during the sanction period. After one year, the parent may apply for re-instatement of his or her child. If the adult commits a second offense, he or she will be permanently banned from Pop Warner and the child(ren) permanently removed from Pop Warner.

The term physical assault includes, but is not limited to: hitting, slapping, pushing, spitting, kicking or striking in any way with any part of the body or any physical implement.

I have read the above three (3) paragraphs I understand and will agree to abide by them.

HEAD COACH: _____
Print Name Clearly

Signature

Date

PARENT: _____
Print Name Clearly

Signature

Date

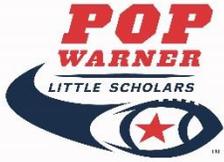
PARTICIPANT: _____
Print Name Clearly

Signature

Date

DIVISION (CIRCLE ONE) TM MM JPW PW JM M

(Copies) ASSOCIATION - TEAM BINDER



SPARKS POP WARNER CONCUSSION POLICY STATEMENT

www.sparkspopwarner.com

Email: jwcm.taylor@yahoo.com - PH 775.560.4003



A concussion is a brain injury that results from a bump, blow or jolt to the head or body which causes the brain to move rapidly in the skull and which disrupts normal brain function. Children who continue to participate in an athletic activity while suffering from a concussion or suffering from the symptoms of an injury to the head are at a greater risk for catastrophic injury to the brain or even death. Ensuring that a child who sustains or is suspected of sustaining a concussion or other injury to the head receives the appropriate medical care before returning to an athletic activity will significantly reduce the child's risk of sustaining greater injury.

OVERVIEW:

This policy's intent is to provide safest environment possible for every participant involved in the Sparks Pop Warner Little Scholars programs. This will be accomplished through protocols that are intended to educate our board members, coaches, players, and parents. Policies that set forth preseason baseline testing for all participants 10 years and older. Special protocols intended for participants' ages 5 through 9. A return to play policy that is in line with Pop Warner Concussion policies, CDC recommendations and Nevada Assembly Bill 455-effective July 1, 2011. The use of Baseline Test results verse post injury results to insure safe return to play.

PRESEASON:

Recommendation

All participants age 10 years and older can be baseline tested prior to August 1st. or the first day of practice each year they are involved in the Pop Warner activities. Impact Test is the current standard.

All participants age 5 to 9 years old can be baseline tested prior to August 1st. or the first day of practice each year they are involved in the Pop Warner activities. King-Devic test is recommended.

Pop Warner Board:

1. All executive board members shall be trained in concussion evaluation. Recommended course is the CDC online Concussion Training Course http://www.cdc.gov/concussion/HeadsUp/online_training.html Once the course is completed a certificate of completion should turned over to the league.
2. It is recommended that a Medical Advisory Committee be established each year to review all injuries during the year. That this committee meet on once a year at the end of each season to evaluate all incidences and make recommendations pertaining to any changes that could bring a higher level of safety to the league.
3. Require that at least one executive board member be present at all Pop Warner functions to help evaluate any potential concussion related injuries

Pop Warner Coaches:

1. All Pop Warner coaches and their first assistant be trained in concussion evaluation, Recommended course is CDC online Concussion Training Course http://www.cdc.gov/concussion/HeadsUp/online_training.html Once the course is completed a certificate of completion should turned over to the league.
2. That they read, agree to and sign the Sparks Pop Warner Participant/Parent/Coaches Concussion Policy Statement.
3. That Heads Up tackling and contact techniques are implemented at all times during the season.
4. If a coach has a son or daughter that is suspected of having a concussion. The coach shall recuse them self from the return to play decision at the time of the injury. Allowing either the first assistant or league representative to make the decision.
5. If an concussion or suspected concussion occurs the Sparks Pop Warner Injury Action Plan should be followed
6. Sparks Pop Warner return to play policy must be followed before allowing the injured player to rejoin the team.

Parents:

1. Recommend that all parents view the CDC online Concussion Training Course. http://www.cdc.gov/concussion/HeadsUp/online_training.html
2. That they read, agree to and sign the Sparks Pop Warner Participant/Parent Concussion Policy Statement.
3. That all parent are provided with a copy the complete Sparks Pop Warner Concussion Policy.

Players:

1. That they read, agree to and sign the Sparks Pop Warner Participant/Parent Concussion Policy Statement.

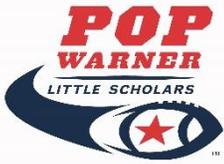
Gradual return-to-play protocol after athlete is symptom-free at rest:

Medical Clearance by doctor on doctor's letter head.

- **Day 1:** Light aerobic exercise (walking or stationary cycling) keeping exercise heart rate less than 70% of maximum predicted heart rate. No resistance training.
- **Day 2:** Sport-specific exercise, any activities that incorporate sport-specific skills. No head impact activities.
- **Day 3:** Non-contact training drills
- **Day 4:** Full contact practice, participate in normal practice activities **Signed parental consent to play.**

No athlete can return to full activity or competitions until they are asymptomatic in limited, controlled, and full-contact activities, and cleared by their parent or guardian and their doctor.

If any concussion symptoms return during any of the above activities, the athlete should return to the previous level, after resting for 24 hours.



**2017 PARTICIPANT/PARENT/COACHES
CONCUSSION POLICY STATEMENT**
www.sparkspopwarner.com
Email: jwcm.taylor@yahoo.com - PH 775.560.4003



As a Participant/Parent we understand that it is our responsibility to report all injuries and illnesses to the Head Coach/Team Manager and/or Pop Warner League Official.

**We have read and understand the CDC/Pop Warner Concussion Fact Sheet.
After reading the CDC/Pop Warner Concussion fact sheet, we are aware of the following information:**

1. A Concussion is a brain injury, which I am responsible for reporting to my Coach/Team Manager and/or Pop Warner League Official. **Initial:** _____
2. A Concussion can affect my ability to perform everyday activities, and affect reaction time, balance, sleep, and classroom performance. **Initial:** _____
3. You cannot see a concussion. You might notice some of the symptoms right away, however, other symptoms can show up hours or days after the injury. **Initial:** _____
4. If I suspect a teammate has a concussion, I am responsible for reporting the injury to the Coach/Team Manager and/or Pop Warner League Official. **Initial:** _____
5. I will not return to play in a game or practice if I have received a blow to the head or body that results in concussion-related symptoms. **Initial:** _____
6. Following a concussion the brain needs time to heal. You are much more likely to have a repeat concussion if you return to play before your symptoms resolve. **Initial:** _____
7. In some cases, repeat concussions can cause permanent brain damage, and even death. **Initial:** _____

Signature of Parent/Guardian

Print Name

Date Signed

Signature of Participant

Print Name

Date Signed

As Head Coach, I understand that it is my responsibility to report all injuries and illnesses to a Pop Warner League Official.

**I have read and understand the CDC/Pop Warner Concussion Fact Sheet.
After reading the CDC/Pop Warner Concussion fact sheet, I am aware of the following information:**

1. A Concussion is a brain injury, which I am responsible for reporting to a Pop Warner League Official. **Initial:** _____
2. A Concussion can affect the athlete's ability to perform everyday activities, and affect reaction time, balance, sleep, and classroom performance. **Initial:** _____
3. You cannot see a concussion. You might notice some of the symptoms right away, however, other symptoms can show up hours or days after the injury. **Initial:** _____
4. If I suspect an athlete has a concussion, I am responsible for evaluating the athlete to the best of my ability, if I'm in doubt I will set the athlete out until a complete evaluation can be completed, if the injured child is related to me I will recuse myself from the evaluation allowing my first assistant or a league official to evaluate and make conclusions, I will report the injury to a Pop Warner League Official. **Initial:** _____
5. I will not knowingly allow the athlete to return to play in a game or practice in he/she has received a blow to the head or body that results in concussion-related symptoms. **Initial:** _____
6. Following a concussion the brain needs time to heal. You are much more likely to have a repeat concussion if you return to play before your symptoms resolve. **Initial:** _____
7. In some cases, repeat concussions can cause permanent brain damage, and even death. **Initial:** _____

Signature of Head Coach

Print Name

Date Signed



2017 SPARKS POP WARNER PARTICIPANT ATTENDANCE & EQUIPMENT POLICY

www.sparkspopwarner.com

Email: jwcm.taylor@yahoo.com - PH 775.560.4003



It is Sparks Pop Warner's goal to create a fun and safe environment for all of our participants. For this reason we are implementing a league wide attendance and disciplinary policy. This policy's intention is to protect and ensure the safety of our participants. This will also ensure that all participants are being disciplined the same at all levels of our football and cheer programs.

1. **Excused Absences** are when the player makes the coach aware and the coach excuses the absence. Religious, School Function, Medical, Family Emergency.
2. **Unexcused Absences** are those absences that the coach may not be aware of, essentially a "no show" to practice, or other reasons, unexcused absences shall be determined at the coach's discretion

Unexcused absences Policy: If a participant has two or more unexcused absences within one practice week, he or she may, on the first offense, be allowed to play only their minimum allowable plays. On the second and all subsequent offenses the participant may not be allowed to play/cheer in one game. This game may be implemented the same week of the offense. If the ability of the team to play hinges on the disciplined player's participation, it may be moved to the following week. Head Coach will have final decision. **Initial:** _____

School functions and religious gatherings are considered excused, unless the Head Coach was not informed prior to day of practice. **Initial:** _____

Sick and injured policy: Sick participants who miss 2 or more practices within a game week: he or she will be asked to sit out the game that week, or receive their minimum plays. This is a safety issue for the participant as they could be run down from the illness and not at full strength or stamina.

Injured participants who miss 2 or more practices within a game week: he or she will be required to sit out that week's game. Injured players must provide a doctor's release allowing them to return to full participation. If said participant does not provide a doctor's release, they will not be allowed to participate, no exceptions. If additional practices are missed due to either injury or failure to produce a doctor's release, he/she can expect decreased game participation. **Initial:** _____

Sparks Pop Warner recommends that all decisions be made in the best interest of the children and that when any doubt exists as to the health of the participants, they sit out.

CONCUSSIONS

Sparks Pop Warner strictly adheres to Pop Warner National Concussion guidelines. These guidelines can be found at: www.popwarner.com *under the Safety drop down menu.

- *A participant who is suspected of sustaining a concussion or a head injury in a practice, game or competition shall be removed from practice, play or competition at that time based on evaluation and determination by the Head Coach. However, if an official licensed athletic trainer or other official qualified medical professional is on site and available to render such evaluation, that person shall always have final authority as to removal or return to play of the participant.
- "Any Pop Warner participant who has been removed from practice, play or competition due to a head injury or suspected concussion may not return to Pop Warner activities until the participant has been evaluated by a currently licensed medical professional trained in the evaluation and management of concussions and receives written clearance to return to play from that licensed practitioner."

Unexcused Tardy Policy: The participant will receive an unexcused tardy when the following conditions are not satisfied. **Coach has been informed of school function, religious event or family emergency prior to the scheduled start of practice.**

- A participant who accumulates at least 2 unexcused absences within the same week may only get their minimum plays/cheer time that week. Recurring tardiness may result in further loss of playing/cheer time. This will be at the discretion of the Head Coach. **Initial:** _____
- For an absence or tardy to be excused, the Head Coach must be notified prior to the scheduled start of practice. If a participant is behind in their school work, the parent and Head Coach can agree to allow the participant to complete the necessary homework. This instance would be considered an excused absence. The participant could come to practice and work on their homework there, or they can do it at home. This needs to be discussed with the Head Coach prior to practice if possible. **Initial:** _____

Equipment policy for practices and games: Each parent/participant is expected to have all of the necessary equipment to participate in practices and games.

- **Proper football practice attire/equipment:** Helmets (with chin strap and mouth piece), shoulder pads, girdle (with pads), knee pads, practice pants (game pants are not to be worn to practice), belt, socks, cleats and practice jersey (if issued one by the team otherwise you need a large enough shirt to cover your shoulder pads).
- **Proper football game attire/equipment:** Helmets (with chin strap and mouth piece), shoulder pads, girdle (with pads), knee pads, complete game uniform (game pants, game jersey, belt, socks) and cleats.
- **Proper cheer practice attire/equipment:** Workout clothing, nothing too baggy. Shorts or work out pants or yoga pants. Shirt or tank top with straps that are too inches wide. No belly buttons showing and no bottoms hanging out. Bring Pom poms and clean cheer shoes to every practice. Hair will be worn up and out of your face, no barrettes, bobby pins or jewelry. **Proper cheer game attire/equipment:**

All of your uniform should be clean, Shell, sleeves, skirt, bloomers, socks, clean cheer shoes, hair bow, Pom poms, and warm ups. No Barrettes or bobby pins in the hair. No jewelry.

Failure to have all of the proper equipment/attire for practices or games could result in loss of practice time (unexcused absence). Continued failure to adhere to these requirements will result in a loss of playing time for that week's game. Head Coach will have final decision. **Initial:** _____

Signature Parent/Guardian

Print Name

Date Signed

Signature Participant

Print Name

Date Signed