

**The University of Mary Washington
Eagle Sport Club Student-Athlete Concussion Statement**

**CONCUSSION PROTOCAL**

* All Eagle Sport Club student-athletes and coaches must read the NCAA Concussion Fact Sheet provided by the Department of Campus Recreation and sign the statement acknowledgement regarding sport club concussion management policy and protocol.
* All Eagle Sport club officers and coaches will be required to attend the concussion education session presented the Department of Campus Recreation and Mary Washington Healthcare during the first week of fall classes.
* Every first-year or transfer student-athlete in the sports of boxing, cheerleading, field hockey, lacrosse (men and women), polo, rugby (men and women), soccer, and women’s volleyball will be required to take a supervised pre-season baseline assessment for concussion using the **ImPACT** (Immediate Post-Concussion Assessment and Cognitive Testing)system. Student-athletes who have already had ImPACT testing must provide a copy of the test results to the Director of Campus Recreation.
* **Cheerleading FL 2011**
* **Men’s and Women’s Rugby FL 2011**
* **Men’s and Women’s Lacrosse FL 2011**
* **Boxing FL 2012**
* **Field Hockey FL 2012**
* **Men’s and Women’s Soccer FL 2012**
* **Polo FL 2012**
* **Women’s Volleyball FL 2012**
* ImPACT is a software tool utilized to evaluate recovery after concussion. ImPACT evaluates multiple aspects of neurocognitive function, including memory, attention, brain processing speed, reaction time, and post concussion symptoms. This data will help physicians evaluate recovery following concussions and assist in making recommendations for return to play.
* ImPACT testing will be conducting by the professional staff of the Department of Campus Recreation. Each Eagle Sport Club president will be contacted with the date and time(s) of their club’s testing sessions. The test administrator will confirm that all tests are certified as valid.
* The student-athlete will maintain a copy of the baseline test and the data will be stored in the ImPACT data base. This information will be available to Mary Washington Healthcare staff in the event the student-athlete presents to the hospital with a concussion or other head trauma.

**CONCUSSION ACKNOWLEDGEMENT**

**I have read and understand UMW Eagle Sport Club Concussion Policy and the NCAA Concussion Fact Sheet. I am aware of the following information:**

* I understand that a concussion is a serious brain injury that can in some instances (and with repeated instances of concussions) lead to brain damage or death.
* I realize that a concussion can affect my ability to perform everyday activities and affect my reaction time, balance, sleep and classroom performance.
* I am responsible for reporting any suspected concussion to my club officers and coaches.
* I cannot see a concussion, but realize that some symptoms may occur immediately while others may show up hours or days after the injury.
* I understand that the brain needs time to heel following a concussion. I will not return to practice or competition before my symptoms are resolved.
* I will not return to practice or competition if I suspect that I have sustained a concussion until I am cleared by a physician.
* I am responsible for reporting any suspected concussion of one of my teammates to my club officers and coaches.

 ***Student-Athlete Name***

***Student-Athlete Signature***

***Sport Club Date***