

AAU Member Club Compliance Form

CONCUSSION LAW AND SUDDEN CARDIAC ARREST REQUIREMENTS

HB1824, otherwise known as the Zachery Lystedt Law, was signed into law on May 14, 2009. It requires, as of July 26, 2009, that additional steps be taken regarding concussions in private non-profit youth athletic programs using school district facilities. Sudden Cardiac Arrest SB 5083 sec 3 became law on July 15, 2015 which also requires educational training.

This bills requires training and documentation which AAU Member Clubs must adhere to. AAU players and their parents/guardians must meet these minimum requirements: Go to www.ieaau.org upper right hand side of the web site Lystedt Law information:

1. All AAU member coaches will have to take training on the nature and risk of concussions and head injury including continuing to play after a concussion or head injury and the Sudden Cardiac Arrest information provided.
2. On a yearly basis, a concussion and head injury/Sudden Cardiac Arrest information sheet shall be signed and returned by the youth athlete and athlete's parents/guardian prior to the youth athlete's initiating practice or competition.
3. All athletes suspected of suffering a concussion or brain injury will be removed from practice or competition and not returned to play until cleared in writing by a licensed health care provider trained in the evaluation and management of concussions (Medical Doctors, Doctor of Osteopathy, Advanced Registered Nurse Practitioner, Physicians Assistants, and *Certified* Athletic Trainers).
4. This is a requirement to use any public facility. As a team participating in any YVSA AAU Club event, this must be signed and return to the Yakima Valley Sports Authority, A member AAU Club.

AAU Licensing Club Compliance Statement for HB1824 Youth Sports-Head Injury Policies Sudden Cardiac Arrest SB 5083

This page must accompany each Event Entry form. Participation in AAU Sanctioned Events will not be granted until this page is returned and requirements of this application are complete and approved by the AAU Licensing Club.

Team: _____ Grade Level: _____ Boys / Girls (Circle One)

Club Name: _____ Club Number: _____

Coach Name (printed): _____

As the AAU Club contact I verify all coaches, athletes and their parent/guardian have complied with mandated policies for the management of concussions and head injuries and sudden cardiac arrest as prescribed RCW 4.24.660; adding a new section to chapter 28A.600 RCW, and SB 5083

Signed:

AAU Club Contact

Position with AAU Club

Date signed