

Coaches Reference Manual

Rutgers SAFETY Clinic (5th Edition)

Sports Awareness for Educating Today's Youth™



RUTGERS

Youth Sports Research Council

Coach's Reference Manual

Fifth Edition
(Third Printing)



Rutgers SAFETY Clinic
Sports Awareness For Educating Today's Youth™

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This manual is intended to be used as an educational aid for individuals who attend the fifth edition of the Rutgers SAFETY Clinic - *Sports Awareness for Educating Today's Youth*[™]. The emergency care procedures described herein, reflect the knowledge and standard of care expected of volunteer youth sports coaches in New Jersey at the time this manual was published. Completing the program does not constitute, nor can it be expected to substitute for comprehensive first aid or medical training. Individuals who are interested in obtaining first aid certification should contact their local chapter of the American Red Cross, local hospital or rescue squad.

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FOREWORD

Founded in 1983, the Youth Sports Research Council is a continuing education division of the Department of Kinesiology and Health at Rutgers University, New Brunswick. The Sports Council develops and disseminates information about the influence of organized sports on the physical and psychological development of children and adolescents.

Following the enactment of the *Little League Law* (2A:62A-6 et. seq.) on May 12, 1986, the Youth Sports Research Council combined efforts with the New Jersey Recreation and Park Association (NJRPA) to provide safety training for volunteer coaches. The *Little League Law* links civil immunity protection to attendance at a "safety orientation and training skills program."

The Rutgers SAFETY Clinic - *Sports Awareness For Educating Today's Youth*[™], is a three-hour program conducted by hundreds of recreation departments and youth sports agencies throughout New Jersey. Unlike other coaches' education programs, it is specifically designed to meet the stipulations of New Jersey's law. Volunteer coaches who successfully complete the clinic are granted partial protection from potential lawsuits, and their attendance is permanently recorded by the Rutgers Youth Sports Research Council. "Certification" is for attendance only, and does not reflect, nor imply, that coaches who have attended the clinic have attained specific levels of proficiency or competence.

The objectives of the Rutgers SAFETY Clinic are to:

- 1) help coaches minimize the risk of injury to young athletes;
- 2) provide information about fundamental coaching concepts; and
- 3) protect volunteer coaches from civil lawsuits.

Those who believe that youth sports can have a profound effect upon the youth of our nation must also realize that such influence depends heavily upon the quality of the coaches to whom our youth are entrusted. Coaches need not only the skills to teach their sports safely, but also the value systems that allow them to realize that the development of their athletes, not the outcome of the competition, is the most important part of their sports programs.

Rutgers SAFETY Clinic Registration on CommunityPass

Step 1- How to Create an Account:

1. Go to <https://register.communitypass.net/RutgersYouthSportsResearchCouncil>
2. From the login homepage click on the “Create an Account” tab.
3. On the next page complete the Information fields and click on Create at the bottom of the page.
4. On the next page you will see the Community Pass Privacy Statement. After reading, click ‘Accept.’ Then click ‘Finish.’
5. Please save your login and password for future use.

Step 2- How to Register for your Clinic:

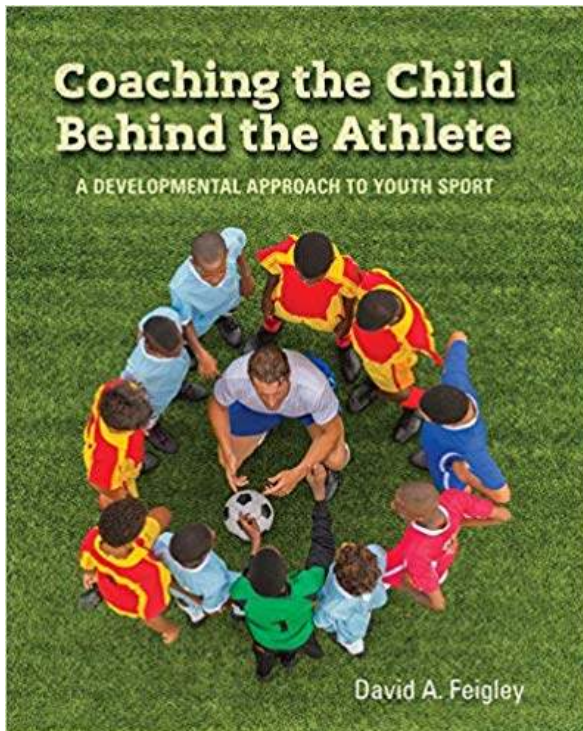
1. Click the ‘Click Here to Register’ button.
2. Select the name of the person in your family that attended the clinic then click “Continue”.
3. Click Rutgers SAFETY Clinic.
4. Find the Clinic you are attending, select “Add to Cart”.
5. Select Person, then Click Continue.
6. Click “Continue to checkout” and answer following questions and Click Continue.
7. Select Finish.

Scan with your phone to bring you to CommunityPass website!




Online version of Coaching the Child Behind the Athlete

1. Go to- <https://endpaperengine.com/>
2. Enter Code- YSRC2019
3. Enter email and Click Redeem
4. Select format you would like to save the book. (eReader, Tablet, Phone, Computer or PDF)



- CHAPTER 1 Developing a Philosophy for Coaching Youth Sports
- CHAPTER 2 Teaching Strategies for Effective Coaching
- CHAPTER 3 Developing Mental Toughness
- CHAPTER 4 Positive Discipline and Young Athletes
- CHAPTER 5 Guidelines for Effective Goal Setting
- CHAPTER 6 Developing Sportsmanship
- CHAPTER 7 Working with Athletes with Disabilities
- CHAPTER 8 Creating a Positive Team Culture
- CHAPTER 9 Motivation
- CHAPTER 10 Working with Parents
- CHAPTER 11 The Darker Side of Youth Sports
 - Bullying; Child Abuse; Eating Disorders
- CHAPTER 12 Training and Conditioning of Youth Athletes
- CHAPTER 13 Care and Management of Sports Injuries
- CHAPTER 14 Safety and Risk Management

Rutgers Youth Sports Research Council
in cooperation with
New Jersey Recreation and Park Association
presents



The Rutgers SAFETY Clinic (5th edition)
Sports Awareness For Educating Today's Youth™

WHAT CAN YOU EXPECT TO LEARN TODAY



Medical and First Aid Psychological Aspects
Training and Conditioning Legal Aspects
General Coaching

“The Little League Law”
(N.J.S.A. 2A:62A-6, et. seq.)

- **Protects:**
 - “Safety-trained” volunteer coaches and managers
 - Accredited officials; whether compensated or not
 - Sponsors of teams or leagues affiliated with nonprofits, county or municipal recreation department









WHAT IS YOUR COACHING PHILOSOPHY?



Exercise 1

Based On The Information Outlined Below
What Philosophy Do You Think the Coaches
Might Have Had Regarding Youth Sport?

PROG.	PURPOSE	BUDGET	STAFF	FACILITY	FEES	SCHEDULE	TRYOUTS
REC TEAM	Introduce Children to the Game of....	Financed by Town or Sponsor	Volunteer Coach	Recreation Facility	\$0.0 - \$50.00	Intramural Round Robin and Playoffs	None
TRAVEL TEAM	Develop Advanced Skills and Team Strategies	Financed by Sponsors, Parent-Group Fundraisers Fees	Volunteer Coach with Certified Trainer, Equipment Manager	High School, College, or Independent Facility	\$1200	Regional & National Tournaments, Home & Away Leagues	Tryouts twice a year

Here Are The Two Philosophies That The Coaches Used To Develop The Previous Programs



Probability of Competing in Athletics Beyond the High School Level (2016-17)

	Men's Baseball	Men's Football	Men's Basketball	Women's Basketball	Men's Soccer	Women's Soccer	Men's Ice Hockey
% High School to All NCAA	11.5%	8.4%	5.6%	6.2%	7.6%	9.3%	10.5%
% High School to Div 1 NCAA	2.1%	2.5%	0.9%	1.1%	1.1%	2.2%	3.7%
% College to Pro's	0.086%	1.6%	1.2%	0.9%	1.4%	0.45%	6.8%
% High School to Pro's	0.02%	0.04%	0.01%	0.01%	0.02%	0.01%	0.30%

Sources: scholarshipstats.com; NCAA.com

Trends in Youth Sports

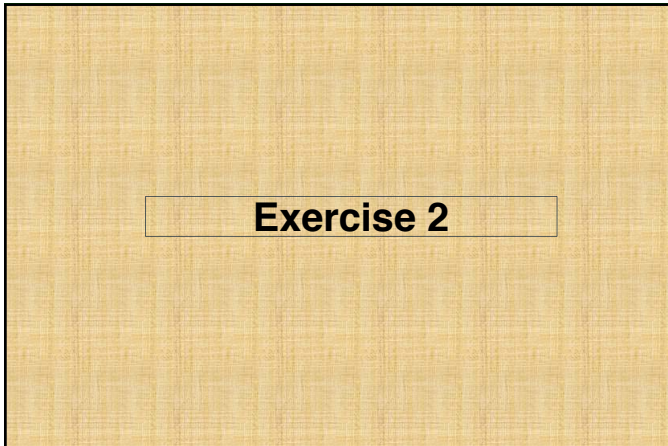
- Children involved in sports should be encouraged to participate in a variety of different activities and develop a wide-range of skills.

(AAP, 2010; Reaffirmed October 2014)

- Athletes who play a variety of sports before puberty have fewer injuries and play longer
- Late specialization and early diversification provides greater chance for lifetime sport involvement and possible elite status

Brenner, J.S. (2016) *Sport Specialization and Intensive Training in Young Athletes*, American Academy of Pediatrics Clinical Report, 138(3)





Working With Your Athletes
Praising Athletes Effectively

 PARTICIPATION	 MASTERY
 EFFORT	 RANK

Four Ways to Prevent Misbehavior

Plan Detailed Practices 	Ensure Sharp Starts 	Minimize Distractions 	Est. Rules & Standards 
---	---	---	--

- ◆ What is Your Definition of Sportsmanship?
- ◆ How Do You Instill It in Your Athletes?



Why Do Well Meaning People Behave Badly?



Exercise 3

Strategies for Teaching Sportsmanship



Define, Teach and Reinforce Expected Behavior

Hold All Athletes to the Same Standards

Be A Role Model All The Time No Matter What

Use Age Appropriate Moral Dilemmas

Legal Aspects of Coaching



◆ Identify The Coach's Legal And Ethical Duties

◆ Identify the Elements of Negligence

◆ Determine the Coach's Responsibility for:

- ◆ Specific and General Supervision
- ◆ Selecting and Conducting Activities
- ◆ Inspecting the Environment

A Child Is Injured



Will You Be Sued?

WHAT IS YOUR DUTY?



- Select And Conduct Activities That Are Appropriate
- Insure Supervision At All Times
- Make Sure The Environment Is As Risk Free As Possible?

What Is Proper Supervision?



Risk Free Facility?

What Should the Coach Look For In the Environment Before Play Begins?



Exercise 4

Sample Checklist

Checklist Date:	Comments
<input type="checkbox"/> Facility has been walked to determine if there are any hazards	
<input type="checkbox"/> First aid kit fully stocked	
<input type="checkbox"/> All equipment checked for defects and replaced if necessary	
<input type="checkbox"/> Emergency action plans are available	
<input type="checkbox"/> Incident report forms and pen are available	
<input type="checkbox"/> Phone #s for all parents available in first aid kit or cell phone	
<input type="checkbox"/> Water is available for athletes	
<input type="checkbox"/> Phone is fully charged for emergencies	

Exercise 5: Two Coaches. Same Situation. Who Is Negligent?

The first day of practice and your two assistant coaches fail to appear. All 20 children report. You note that Billy is aggressive, Joey appears to be shy and frightened and is clearly the smallest of the group. Sue is at least a head taller than everyone else. At least 6 children brought their own balls and they've formed a few games.



Scenario 1

Scenario 2

Who Is Negligent?

There Was A Duty.
There Were Damages.
Was the Duty Breached?
Was There Proximate Cause?



LET'S TAKE A BREAK



General Coaching Concepts



- ◆ Define "inclusion" and "disability"
- ◆ Describe general guidelines for including athletes with disabilities.
- ◆ Describe several positive teaching and coaching methods
- ◆ List the effects of positive coaching on young athletes
- ◆ List the elements of effective practices.
- ◆ Explain basic techniques for coaching fundamental sport skills.

What is a “Disability”?

- A physical or mental impairment that substantially limits one or more “major life activities”
- It is not always obvious to the eye



What is “Inclusion”?



Giving children with disabilities the same choices and opportunities in sports as every other child.

What Are the Benefits?



Coaches: Learn a developmentally appropriate teaching style

All Athletes: Experience an authentic learning environment

Athletes with Special Needs: Benefit from enhanced peer relationships

How Do You Determine the Proper Placement



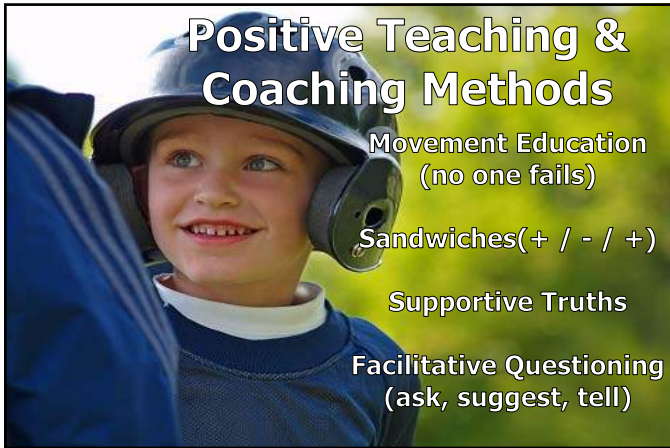
Ask Your Administrator about the “Inclusion Model for Placing Individuals w/Disabilities”

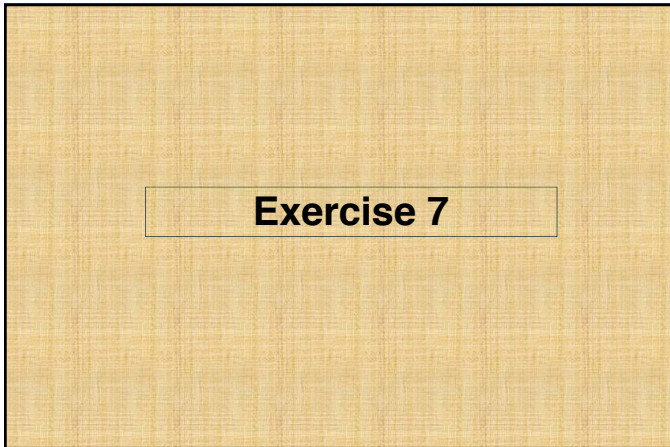
General Guidelines for Inclusion

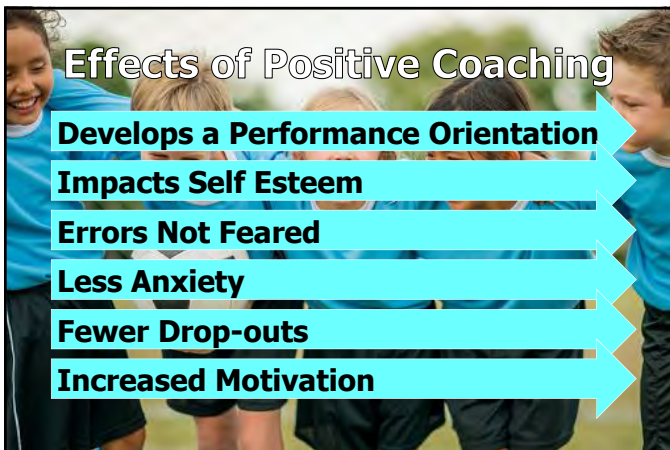


- ◆ Seek pertinent information from the parents
- ◆ Assess the athlete
- ◆ Modify only those aspects of the activities that need to be modified
- ◆ Be creative about making them feel like part of the team.
- ◆ Avoid stigmatizing

Exercise 6









Checklist for Coaching Fundamental Sports Skills

- ✓ Prepare ahead of time
- ✓ Teach one thing at a time – “KISS”
- ✓ Create effective levels of demonstrations
 - ✓ Combine verbal, visual, physical
- ✓ Identify “critical elements”
- ✓ Check for understanding BEFORE starting
- ✓ Maximize participation

Training and Conditioning Athletes

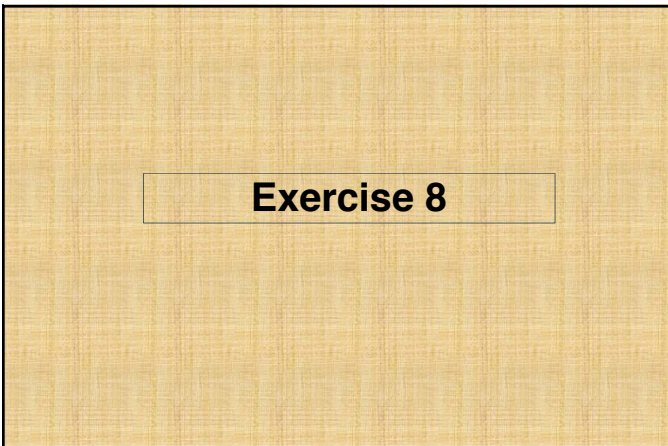
- Identify the benefits of developmentally appropriate training and conditioning for young athletes
- List the 3 fitness and conditioning components over which coaches have the greatest impact and know the factors which help improve each
- Identify important safety issues specific to youth sport



Benefits of Training and Conditioning in Young Athletes

- Reduces the likelihood of injury
- Permits better skill execution, higher levels of play and more enjoyment due to increased:
 - Muscular strength and endurance
 - Cardiovascular fitness
- Opportunity develop attitudes that promote life-long fitness





Strength Training Guidelines

- Age Related Factors
 - Younger than 7: no weights, focus on technique
 - 8-10 yrs: begin progressive resistance
 - 11-13 yrs: more advanced exercises but no weights
 - 14-15 yrs: advanced programs with light weights
 - 16 & older: Entry level adult programs

Source: Kraemer & Fleck, 1993



Are These Widely Held Beliefs True or False?

- Strength Training is Unsafe for Young Athletes
- Strength Training Stunts a Child's Growth
- Strength Training Is Ineffective for Pre-Teen Children
- Strength Training Causes Children's Muscles to Bulk Up, Decreasing Flexibility



The Basics of Strength Training



- Using Body Weight: An Excellent Approach to Strength Training for Young Children!
- Consists of exercises such as:
- pull-ups, knee bends leg raises sit-ups, toe raises and push ups

The Basics of Strength Training



- **Technique and Safety**
 - Use proper warm-up
 - Avoid loose-fitting clothing and improper footwear such as flip-flop or sandals
 - Allow proper rest between sets (2-3 minutes)
 - Allow proper rest between workouts to avoid overtraining (at least 1 day between each)

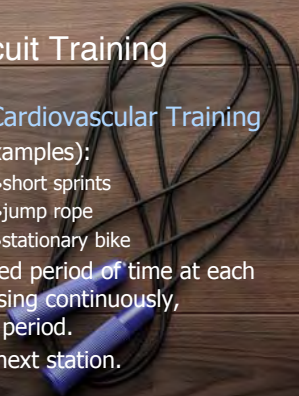
Cardiovascular Conditioning Guidelines




- **Condition** 3x per week for at least 30 minutes is optimal
- **Focus** on activity, not distance
- **Use heart rate** to determine if intensity level is adequate. For maximum effect, a heart rate of at least 160 beats for at least 30 minutes should be maintained in children.

Example of Circuit Training

- **Combining Strength and Cardiovascular Training**
 - Set up multiple stations (examples):
 - sit-ups
 - pull-ups
 - squats
 - chin-ups
 - leg raises
 - step ups
 - short sprints
 - jump rope
 - stationary bike
 - Each athlete spends specified period of time at each station (say 30 sec.) exercising continuously, followed by 60 second rest period.
 - Athletes then move to the next station.






Flexibility Guidelines

- Teach proper stretching
- Slow jog to Warm-up
- Use dynamic stretches
- Cool-down

Exercise 9

What are the strengths and weakness of each of these stretches?

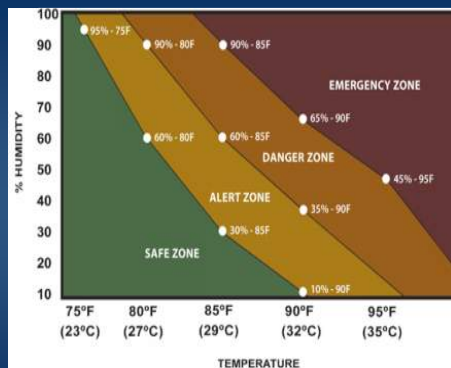


Exercise 10

Important Safety Considerations



When Does Humidity Make Temperature Dangerous?



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When Does Humidity Make Temperature Dangerous?

Safety zone	What to do
Safe Zone	<ul style="list-style-type: none"> Exercise as usual. Safe to exercise outdoors.
Alert Zone	<ul style="list-style-type: none"> Decrease your exercise intensity (slow your walking pace). Watch for signs (such as shortness of breath, increased tiredness).
Danger Zone	<ul style="list-style-type: none"> No outdoor exercise. Exercise in an air conditioned environment only.
Emergency Zone	<ul style="list-style-type: none"> Avoid going outdoors.

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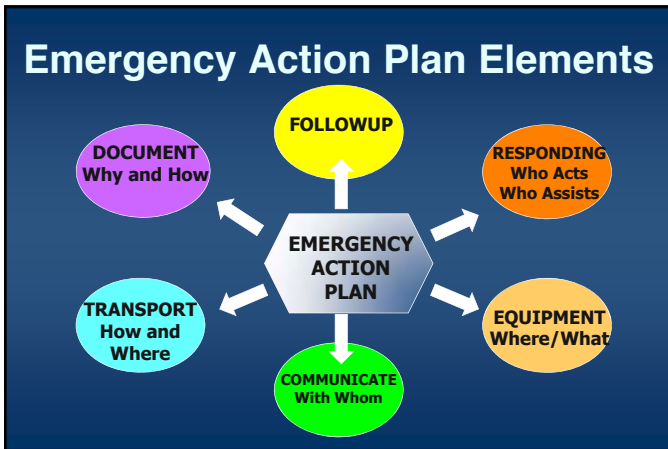
First Aid/Medical Aspects of Coaching



- Identify the coach's role in recognizing, preventing and managing sport injuries common to young athletes, including concussions.
- Describe the critical elements and timeline of an EAP.
- Explain the importance of taking a first aid/CPR course.
- Differentiate between "Serious" & "Simple" Injuries and Illnesses
- Describe basic procedures for lightning safety.
- Recognize that the Rutgers SAFETY Clinic is only the 1st step in a volunteer coach's education.

This section of the Clinic is designed to familiarize you with First Aid/Medical Aspects of Coaching. The content was obtained from reputable sources and covers basic safety principles and emergency procedures, however, it is not intended to substitute for comprehensive first-aid training. Contact your local chapter of the American Red Cross, your local hospital or your local rescue squad to obtain first-aid or CPR/AED certification.





**Emergency Action Plan
Timeline**

Prior to the Incident

- Properly equipped first aid kit
- Ice and water
- Injury report forms
- Completed medical history/treatment forms
- Functioning telephone

Emergency Action Plan Timeline

Responding to Injury

- ◆ Assess the situation and note the time
- ◆ Identify the injury/illness
- ◆ Ensure supervision of non-injured athletes
- ◆ Call 911. Hang up LAST
- ◆ Avoid rendering care beyond one's level of training
- ◆ Monitor the injured athlete until EMS arrives
- ◆ Notify parents/guardians



Emergency Action Plan Timeline

When Help Arrives

- ◆ Assign someone to meet and direct EMS
- ◆ Explain incident and care rendered
- ◆ Provide information from medical history form
- ◆ Request hospital destination from EMS
- ◆ Modify practice plan




Emergency Action Plan Timeline

Following the Incident

- ◆ Complete the Injury Report Form
- ◆ Notify league officials/insurance company
- ◆ File with league; keep copy for your records
- ◆ Follow-up with parent/guardian
- ◆ Obtain written medical clearance for athlete's return





Concussion Facts

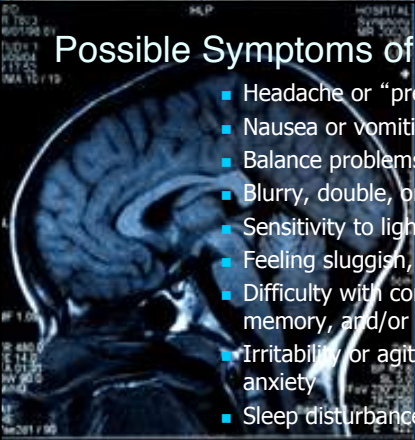
(Centers for Disease Control, 2010)

- A concussion is a **brain injury**.
- All concussions are **serious**.
- Concussions can occur **without** loss of consciousness.
- Concussions can occur **in any sport**.
- Recognition and proper management of concussions **when they first occur** can help prevent further injury or even death.



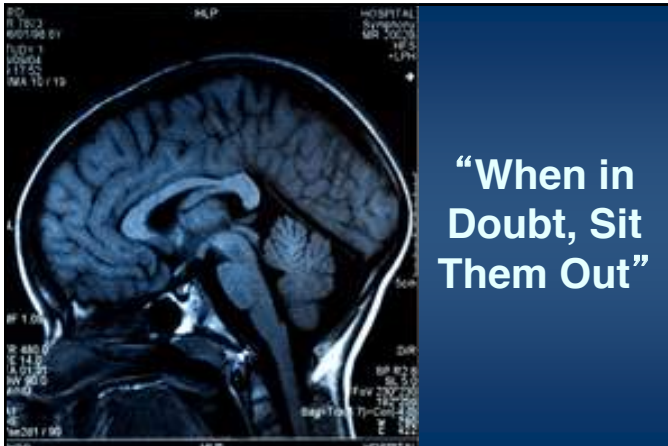
Possible Signs of Concussion

- Appears dazed, stunned, disoriented
- Confused about assignment forgets plays
- Unsure of game, score, or opponent
- Exhibits difficulties with balance, coordination
- Answers questions slowly or inaccurately
- Unable to recall events prior to/after hit/fall
- Demonstrates behavior or personality changes
- Loses consciousness – less than 10% of cases



Possible Symptoms of Concussion

- Headache or “pressure” in head
- Nausea or vomiting
- Balance problems or dizziness
- Blurry, double, or changes in vision
- Sensitivity to light or sound/noise
- Feeling sluggish, hazy, or groggy
- Difficulty with concentration, short-term memory, and/or confusion
- Irritability or agitation; depression or anxiety
- Sleep disturbances



Additional Resources



Concussion: What Youth Sports Coaches Need to Know
 A FREE Online Course based on New Jersey legislation and developed jointly by the Rutgers Youth Sports Research Council & the Brain Injury Alliance of New Jersey. Register at:
<https://youthsports.rutgers.edu/concussions> or
<http://bianj.org/youth-coaches-course>

FREE BOOK: Coaching the Child Behind the Athlete
 Ch 13, Sports Injuries, Concussions: pp.293-302
 pdf download




Youth Sport Injuries

<u>Life Threatening/Altering</u>	<u>Other</u>
■ Concussion	■ Sprains and strains
■ Severe Bleeding	■ Simple Fractures
■ Inability to Breathe	■ "Wind knocked-out"
■ Shock	■ Wounds
■ Eye injuries	■ Bruises
■ Spinal injuries	■ Nosebleed
■ Internal injuries	■ Teeth Knocked Out
■ Commotio Cordis	
■ Fracture with exposed bone	

Youth Sport Illnesses

Life Threatening/Altering

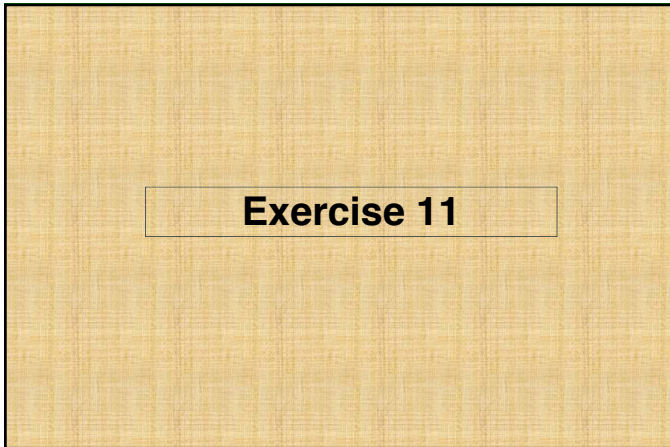
- Hyperthermia
- Hypothermia
- Reactive Airway Disease
 - Asthma
 - Exercise Induced Asthma
- Allergic reactions
 - insect bites/stings
 - foods

Other

- Muscle cramps
- Respiratory infections
- Skin disorders



Exercise 11



After an Athlete Is Hurt Consider




- Youngsters may fear loss of playing-time
- Athletes may have learned to “play in pain”
- Peer pressure may cause kids to return prematurely
- Parents may attempt to influence coach’s decision
- Some injuries are difficult to diagnose in children



Lightning Kills. . . Play It Safe!
True or False?

- Crouching down outside during thunderstorms reduces the risk of being struck by lightning.
- If it's not raining or clouds are not directly overhead, you're safe from lightning.
- Rubber tires on a car protect you from lightning by insulating you from the ground.
- A lightning victim is electrified. If you touch them, you'll be electrocuted.

• National Oceanic and Atmospheric Administration (2018)



True or False?

- Wait at least 30 min. after the last clap of thunder before continuing play.
- If outside in a thunderstorm, seek shelter under a tree to stay dry.
- Metal on a building or on your body attracts lightning.
- If trapped outside and lightning is about to strike, lie flat on the ground.

See www.lightningsafety.noaa.gov for more information



Today Was Just the "Tip of the Iceberg"



Thank you, and have a great season!

Answers to Volunteer Coaches' Frequently Asked Questions

Gregg S. Heinzmann, Ed.M.
Director, Youth Sports Research Council

1. *Why do I have to attend a "safety clinic", I'm just a volunteer coach - I mean, how hard can it be?*

One of the common myths about volunteer coaching is that it requires no training to be effective. Regardless of your experience level or background, there are two reasons for attending the Rutgers SAFETY Clinic. First, to increase your effectiveness as a volunteer youth sport coach by enhancing your knowledge of fundamental coaching concepts such as: training and conditioning, prevention of injuries, communication, philosophy, legal liability, etc. Second, to protect you from civil lawsuits, "for injuries to a player or participant," as stipulated in the *Little League Law* (2A:62A-6 et. seq.). For a copy of the law, turn to pages 29-30 in your *Coaches Reference Manual*.

2. *Do I have to attend a course in order to coach?*

Yes and no. By law, you are not required to attend the Rutgers SAFETY Clinic (or any other coaching course) in order to be a volunteer coach in New Jersey. However, if you are ever sued for an injury to one of your athletes, you can present a much better legal defense as a result of having attended the clinic. In New Jersey, there is clear legal precedent for statutory immunity to apply only to those individuals who have been safety trained. Moreover, several volunteer coaches who have attended the Rutgers SAFETY Clinic have been protected by the law.

Similarly, your league or municipal recreation department may require that you attend the Rutgers SAFETY Clinic in order to protect themselves. Under the legal concept of vicarious liability, the

"hiring authority" is legally responsible for your actions as a volunteer coach and, therefore, is certainly justified in mandating your attendance.

3. *Do I become "certified"?*

With respect to volunteer coaches, your attendance at the **Rutgers SAFETY Clinic** is what is being certified. Moreover, since the law only requires attendance at an *orientation* program, versus one which is *competency-based* (i.e., where you are asked to demonstrate some level of proficiency or knowledge), you are not "certified" in the true sense of the word. Acknowledging this distinction, we will continue to use the word as it is commonly used - somewhat incorrectly. Take note of the certification card you will receive at the conclusion of the program - because you will not be tested, it makes no claim to your proficiency as a volunteer coach.

4. *How often do I have to attend?*

If you examine the Little League Law closely, it does not require volunteer coaches to be "recertified", that is, attend future safety clinics. Alternately, the Rutgers Youth Sports Research Council strongly recommends, that your organization develop a formal policy which requires volunteer coaches to take continuing education (i.e., first-aid, AED/CPR training) within a reasonable time-period. Ultimately, you should review the concepts discussed during the Rutgers SAFETY Clinic prior to each sports season that you coach.

5. *Previously I was told that my certification was good for life. Was that not correct?*

It depends upon your definition of certification. Remember, the *Little League Law* states that a volunteer coach must have "participated in a safety orientation and training skills program." It does not discuss the concept of taking the program more than once. The Youth Sports Research Council has interpreted this phrasing as a one-time requirement. Other safety training providers (not Rutgers) have had policies which require that you attend their clinics more than once, and for every different sport, to maintain your "certification". This attendance requirement was tied to their personal liability insurance protection rather than being stated or implied by the requirements of the state law. Under such an arrangement, therefore, "certification" implies eligibility to purchase liability insurance, and is in no way related to the civil immunity protection provided by the *Little League Law*.

Conversely, the Youth Sports Research Council defines the term, "certification" as one-time attendance at the Rutgers SAFETY Clinic. This interpretation follows directly from the state legislature's original intent when the *Little League Law* was initially passed in 1986, (i.e., civil immunity protection will apply to only those individuals who have participated in a safety orientation program). While the Sports Council goes further to strongly recommend continuing education on a regular basis, our policy is based upon principles of lifelong learning and universal risk management guidelines.

6. *Do you mean to tell me that volunteer coaches are actually sued?*

Unfortunately, yes. The incidence, however, is rare despite what the newspaper headlines lead you to believe. In fact, the impact of the *Little League Law* has been to motivate many individuals, who

otherwise would not, to be safety trained, thereby, decreasing the already small number of lawsuits against volunteer youth sports coaches. Perhaps more important, not one successful lawsuit has been brought against any volunteer coach who has been trained by a Rutgers' Clinician since the Sports Council began training coaches in 1986.

7. *Do I need personal liability insurance?*

Yes, but you may already have it under your homeowners/renter's policy. Check your policy, or call your insurance agent to determine if you are covered while coaching, and what the limits are (variable). In addition, check with your league administrator or recreation director to see if the municipality or league policy offers liability protection for volunteer coaches (many do).

In addition, be wary of organizations which promote liability insurance as the primary benefit of their safety training program. Find out the answers to these questions:

a.) Are there ***exclusions*** or ***limitations*** to the protection?

Many liability policies, for example, apply only as excess benefits over other insurance (i.e., homeowners, league, etc.), and only after such insurance has exhausted its limits. Thus, if you own a home and/or if your league provides liability insurance, it is likely that you already have substantial coverage - perhaps \$1,000,000 or more. While there have been instances of juries awarding injured plaintiffs amounts exceeding this figure, the number of such cases is extremely small. However, the cost of excess insurance is usually quite small and each individual should analyze the cost of additional insurance relative to its benefits should a large award be granted by a jury following a lawsuit.

- b) Is it a "*claims made*" vs. "*occurrence based*" policy?

Don't be put-off by the insurance industry's terminology - this is a very important concept to understand. With a "claims made" policy, there are additional restrictions. Namely, that the insured must report the claim during the effective period of coverage. In New Jersey, however, a youngster may file a lawsuit until "two years past the age of maturity" (20). Thus, if one of your eight-year-old soccer players is seriously injured, and waits until age 17 to file a lawsuit, then the protection offered under the "claims made" policy might not be available. Check with your insurance provider.

8. *As a health care provider, who also volunteers to coach, is my liability greater than others who have not received this training?*

The courts have made it clear that all coaches are obligated to provide proper and immediate first aid when necessary. That means that you will be required to provide first aid in the event of an injury, and to do it right. It is also very possible that individuals with advanced training in first-aid will be held to a higher standard of care. The same logic would apply to police officers and other emergency medical personnel who have received additional training. Should these individuals render assistance beyond basic first aid, their professional insurance policies would probably cover them. However, health care providers should check with their professional insurers to determine the limits, if any, of actual coverage in such situations. Just as importantly, the liability protection still applies to other areas of volunteer coaching that medical personnel would not necessarily be more expert in than any other type of volunteer - such areas as adequate supervision and instruction, safe conduct of the activity, or coaching judgments about skill levels or risks.

9. *How should I handle parents who occasionally offer to assist with coaching?*

Remember that the state law protects only those volunteers who have attended a program comparable to the Rutgers SAFETY Clinic. Should one of your young athletes become seriously injured, the first question asked will be, "Were the coaches safety trained?" Any parent who has not received proper training has greater exposure to lawsuit than you, or other assistant coaches who have been safety trained.

On this point, however, there is one additional consideration. Having attended the Rutgers SAFETY Clinic, you were informed of the requirements for civil immunity under the state law - that is, attendance at a course which meets the *Minimum Standards for Volunteer Coaches' Safety Orientation and Training Skills Programs* (N.J.A.C. 5:52). See page 33 in the *Coaches Reference Manual*. Knowing that the standard of care was such, the following question might be posed to you in a legal deposition, "Mr. Volunteer Coach, why did you allow an inexperienced, unqualified parent to supervise an activity which could lead to such tragic consequences for my client." One could also argue that a competent plaintiff's attorney would assert that you are also liable, notwithstanding your partial immunity under the law, for the injuries sustained by his/her client.

The bottom line, therefore, for your protection and the safety of the young athletes - *do not allow untrained parents to coach.*

10. *Why should I pay \$30.00 out of my pocket to attend this course when a local agency offers the same training for nothing?*

Because it's probably not the same training. While it's easy for other providers to claim that their program is as good - if not better, than the

Rutgers SAFETY Clinic, the only way to determine if a particular course "measures up," is to compare its curriculum with the *Minimum Standards for Volunteer Coaches' Safety Orientation and Training Skills Programs* (see page 31). If there are significant discrepancies between their curriculum and the standards, then it is likely that their course will not survive the scrutiny of a lawsuit. The Rutgers SAFETY Clinic was specifically designed around the *Minimum Standards* for this very reason. In fact, the Youth Sports Research Council had a major role in drafting the original standards in 1988, and continuously monitors state legislation affecting volunteer coaches.

Beyond the technical aspect of whether a course curriculum adheres to the standards, there is a practical consideration. What are the credentials or background of the individual(s) who designed the course? For example, learning from a former coach or self-proclaimed expert does not necessarily mean that all areas required by state regulation are addressed.

The Rutgers SAFETY Clinic was designed to cover all areas mandated by New Jersey State law and regulation. It was written by experts - sport law specialists, psychologists, and exercise physiologists. In addition, their work was carefully reviewed to ensure that the information was accurate, appropriate, and up-to-date. For this reason, the New Jersey Recreation and Park Association (NJRPA), along with several hundred municipalities and youth sports agencies throughout New Jersey, endorse the Rutgers SAFETY Clinic. The Rutgers Youth Sports Research Council is widely recognized as the leading authority on volunteer coaches' safety training.

Finally, the decision to invest resources in a particular safety course should be based upon its relative value. In other words, what is the return on your investment? Most safety training providers and independent contractors who offer training

provide no materials to augment the course content. At best, one receives a handout, or pamphlets, which are usually public relations or marketing devices for the sponsoring agency.

Conversely, each coach who attends the Rutgers SAFETY Clinic receives:

- *The Coaches Reference Manual* (5th edition)
- The Rutgers SAFETY Clinic certification card
- Permanent registration with Rutgers Sports Council

Should you ever lose your card or need proof of your attendance at the Rutgers SAFETY Clinic, contact the Youth Sports Research Council at Rutgers University by visiting www.youthsports.rutgers.edu.

New Jersey's "Little League Law"

2A:62A-6. Volunteer athletic coaches, managers, or officials for non-profit sports teams or teams in league affiliated with county or municipal recreation department; immunity from liability; exceptions

a. Notwithstanding any provisions of law to the contrary, no person who provides services or assistance free of charge, except for reimbursement of expenses, as an athletic coach, manager, or official, other than a sports official accredited by a voluntary association as provided by P.L.1979, c.172 (C.18A:11-3) and exempted from liability pursuant to P.L.1987, c.239 (C.2A:62A-6.1), for a sports team which is organized or performing pursuant to a nonprofit or similar charter or which is a member team in a league organized by or affiliated with a county or municipal recreation department, shall be liable in any civil action for damages to a player, participant or spectator as a result of his acts of commission or omission arising out of and in the course of his rendering that service or assistance.

b. The provisions of subsection a. of this section shall apply not only to organized sports competitions, but shall also apply to practice and instruction in that sport.

c. (1) Nothing in this section shall be deemed to grant immunity to any person causing damage by his willful, wanton, or grossly negligent act of commission or omission, nor to any coach, manager, or official who has not participated in a safety orientation and training skills program which program shall include but not be limited to injury prevention and first aid procedures and general coaching concepts.

(2) A coach, manager, or official shall be deemed to have satisfied the requirements of this subsection if the safety orientation and skills training program attended by the person has met the minimum standards established by the Governor's Council on Physical Fitness and Sports in consultation with the Bureau of Recreation within the Department of Community Affairs, in accordance with rules and regulations adopted pursuant to the "Administrative Procedure Act," P.L.1968, c.410 (C.52:14B-1 et seq.).

d. Nothing in this section shall be deemed to grant immunity to any person causing damage as the result of his negligent operation of a motor vehicle.

e. Nothing in this section shall be deemed to grant immunity to any person for any damage caused by that person permitting a sports competition or practice to be conducted without supervision.

f. Nothing in this act shall apply to an athletic coach, manager, or official who provides services or assistance as part of a public or private educational institution's athletic program.

L.1986,c.13,s.1; 1988,c.87,s.1.

New Jersey's "Little League Law" (continued)

2A:62A-6.1. Compensated sports officials; immunity from liability; conditions

Notwithstanding any provisions of law to the contrary, a person who is accredited as a sports official by a voluntary association as provided by P.L. 1979, c. 172 (C. 18A:11-3) and who serves that association, a conference under the jurisdiction of the association, or a public entity as defined in Title 59 of the New Jersey Statutes in the capacity of a sports official, whether or not compensated for his services, shall not be liable in any action for damages as a result of his acts of commission or omission arising out of and in the course of his rendering the services. Nothing in this act shall be deemed to grant immunity to any person causing damage by his willful, wanton, or grossly negligent act of commission or omission, nor to any person causing damage as the result of his negligent operation of a motor vehicle.

L. 1987, c. 239, s. 1.

2A:62A-6.2. Sponsors of non-profit sports teams or teams in league organized by or affiliated with county or municipal recreation department; immunity from liability; exceptions

Notwithstanding any provisions of law to the contrary, no person who provides goods, services, or other assistance as the sponsor of a sports team which is organized or performing pursuant to a nonprofit or similar charter, or which is a member team in a league organized by or affiliated with a county or municipal recreation department, shall be liable in any civil action for damages to a player or participant as a result of his acts of commission or omission arising out of and in the course of his rendering those goods or services or that assistance.

The provisions of this section shall apply not only to organized sports competitions, but shall also apply to practice and instruction in that sport.

Nothing in this section shall be deemed to grant immunity to any person causing damage by his willful, wanton, or grossly negligent act of commission or omission, nor to any person causing damage as the result of his negligent operation of a motor vehicle.

L. 1988, c. 87, s. 3.

GOVERNOR'S COUNCIL ON PHYSICAL FITNESS AND SPORTS ¹

CHAPTER 52

**Volunteer Coaches' Safety Orientation and Training Skills Programs
Minimum Standards**

SUBCHAPTER 1. MINIMUM STANDARDS FOR
VOLUNTEER COACHES' SAFETY ORIENTATION AND
TRAINING SKILLS PROGRAMS

5:52-1.1 Introduction

(a) The minimum standards set forth in this subchapter identify the major topics which must be addressed in volunteer coaching/managing/officiating programs for safety orientation and training skills programs required for civil immunity according to N.J.S.A. 2A:62-6 et seq. The topics must be presented within the context of an educational program that addresses the perspective of the specific population(s) of athletes served (for example, young, senior, disabled, novice and skilled athletes).

(b) In order to be covered by the provisions for civil immunity as prescribed by New Jersey P.L. 1988, c. 87 (N.J.S.A. 2A:62A-6 et seq.), the volunteer athletic coach, manager or official must attend a safety orientation and skills training programs of at least a three-hour duration which meets the minimum standards set forth in this subchapter. The programs may be provided by local recreation departments, non-profit organizations and national/state sports training organizations. The standards apply to all volunteer athletic programs in New Jersey regardless of population served.

(c) Any organization providing a safety orientation and skills training program pursuant to these rules, shall issue a certificate of participation to each participant who successfully completes the program.

5:52-1.2 Medical, legal and first aid aspects of coaching

(a) Every volunteer coach/manager educational program shall include basic knowledge and skills in the recognition and prevention of athletic injuries and knowledge of first aid. To ensure the standards are achieved, the following topics shall be included:

1. Legal and ethical responsibilities of the coach;
2. Recognizing common sports injuries specific to the populations served by the sports programs;
3. Safety plans and procedures for injury prevention;
4. Safety issues specific to the population serviced;
5. Plans and procedures for emergencies; and
6. Care and treatment of injuries generally associated with athletic activities.

5:52-1.3 Training and conditioning of athletes

(a) Every volunteer athletic coach/manager educational program shall include instruction in procedures for training and physical conditioning for participation in athletic activities appropriate for the population served. To ensure the standards are achieved, the following topics shall be included:

1. General principles of fitness and conditioning; and
2. Safety issues specific to environmental conditions in sport (for example, age skill level, overtraining and staleness).

5:52-1.4 Psychological Aspects of Coaching

(a) Every volunteer athletic coach/manager educational program shall stress the importance of fostering positive social and emotional environments for all sports' participants. To ensure the standards are achieved, the following topics shall be included:

1. Philosophy of coaching;
2. Psychological understanding of the individual athlete; and
3. Sportsmanship.

5:52-1.5 General coaching concepts

(a) Every volunteer athletic coach/manager educational program shall include general concepts of teaching and coaching athletic activities. To ensure the standards are achieved, the following topics shall be included:

1. Goals and objectives appropriate for the population served;
2. Teaching and coaching methods;
3. Planning and managing practices and competitions;
4. Coaching fundamental sports skills; and
5. The importance of playing rules.

5:52-1.6 General officiating concepts

(a) Every volunteer athletic officials educational program shall be designed to prepare the official to conduct a safely officiated, competitive experience based upon the rules of the game and the maturity level and proficiency of the athletes involved. To ensure the standards are achieved, the following topics shall be included:

1. Legal and ethical responsibilities of the official;
2. Safety issues under the control of the official;
3. Mechanics of officiating, and
4. Plans and procedures for medical emergencies.

¹ Under Reorganization Plan No. 002-1994, filed by Governor Whitman on November 21, 1994, the rulemaking authority of the Governor's Council on Physical Fitness and Sports has been transferred to the Commissioner of Community Affairs.

Accident/Injury Report Form

Date of Injury: _____ Place of Event _____

Injured Person's Name: _____ Date of Birth: _____ Sex: _____

Address: _____ Phone: () _____ - _____

City: _____ State: _____ Zip: _____

Association with Program: _____
(e.g., spectator, coach, athlete)

Description of Injury/Illness: _____

Description of Circumstances: _____

Action Taken: (Check all that apply)

a. None required b. Injured refused treatment

c. Parent(s) called at _____ AM/PM Caller: _____

d. First aid given by: _____

Describe: _____

e. Rescue Squad/Ambulance called at: _____ AM/PM Caller: _____

f. Injured taken to: _____ By whom: _____
(hospital)

Witnesses: (1) _____ Phone: () _____ - _____

(2) _____ Phone: () _____ - _____

Date of Report: _____ Prepared by: _____

(Print name)

Signature of Preparer: _____

Retain one copy of this report for your records and submit one copy to league official/insurance company.

Medical History/Treatment-Authorization Form*

As a parent and/or a lawful guardian of _____, a minor, I
(Full name of youth sport athlete)

hereby authorize the treatment by a qualified and licensed medical doctor in the event of a medical emergency which, in the opinion of the attending physician, may endanger my child's life, cause disfigurement, physical impairment or undue discomfort if delayed. Medical providers are authorized to disclose on a "need to know" basis protected health information to the adult coach in charge, coaching staff and/or youth sport administrators of the program and/or any physician or health-care provider, such as but not limited to EMTs, who are involved in providing medical care to the individual minor named above for the purposes of medical evaluation of the participant, follow-up and communication with the participant's parents or guardians and/or the determination of the youth athlete's ability to continue in the program's activities. This authority is granted only after a reasonable effort has been made to reach me.

Name _____
(Parent/Guardian with legal custody to be contacted in case of illness or injury)

Address _____

City _____ State _____ Zip _____

Primary Phone # (____) _____ - _____; e-mail _____

Secondary Phone # (____) _____ - _____

Family Physician: _____ Phone # (____) _____ - _____

Dates during which this release is granted: From _____ to _____

Indicate medications currently being taken, specific allergies, chronic illnesses, or other medical conditions that coaches and medical personnel should be aware of:

(If additional space is needed, please indicate that information on a separate sheet of paper and attach.)

Other person to contact in case of emergency: _____

Relationship to Child: _____

Primary Phone # (____) _____ - _____; e-mail _____

Secondary Phone # (____) _____ - _____

This release form is completed and signed by my own free will for the sole purpose of authorizing medical treatment under emergency circumstances in my absence.

Signature: _____ Date: _____

Signature: _____ Date: _____
(Second signature if required; for example, the state of California)

Notarized below

Notary Information will differ according to the state in which you reside

*This form is provided as a sample only. Usage of such a form should first be reviewed by the administrators of your youth sport program and their legal advisors.

A Fact Sheet for YOUTH SPORTS COACHES



One of the main jobs of a youth sports coach is keeping athletes safe. This sheet has information to help you protect athletes from concussion or other serious brain injury, learn how to spot a concussion, and know what to do if a concussion occurs.

What Is a Concussion?

A concussion is a type of traumatic brain injury—or TBI—caused by a bump, blow, or jolt to the head or by a hit to the body that causes the head and brain to move quickly back and forth. This fast movement can cause the brain to bounce around or twist in the skull, creating chemical changes in the brain and sometimes stretching and damaging the brain cells.

How Can I Help Keep Athletes Safe?

Sports are a great way for children and teens to stay healthy and can help them do well in school. As a youth sports coach, your actions create the culture for safety and can help lower an athlete's chance of getting a concussion or other serious injury. Aggressive and/or unsportsmanlike behavior among athletes can increase their chances of getting a concussion or other serious injury. Here are some ways you can help keep your athletes safe:

Talk with athletes about the importance of reporting a concussion:

- Talk with athletes about any concerns they might have about reporting their concussion symptoms. Make sure to tell them that safety comes first and you expect them to tell you and their parent(s) if they think they have a concussion.

Create a culture of safety at games and practices:

- Teach athletes ways to lower the chances of getting a concussion.
- Enforce the rules of the sport for fair play, safety, and sportsmanship.
- Ensure athletes avoid unsafe actions such as:
 - › Striking another athlete in the head;
 - › Using their head or helmet to contact another athlete;



Plan ahead. How can you help encourage concussion reporting among your athletes?

› Athletes May Try to Hide Concussion Symptoms

Among a group of almost 800 high school athletes:

69% reported playing with concussion symptoms.

40% of these athletes said that their coach was not aware that they had a possible concussion.¹

Athletes may be less likely to tell their coach or athletic trainer about a possible concussion during a championship game or other important event.²

- › Making illegal contacts or checking, tackling, or colliding with an unprotected opponent; and/or
- › Trying to injure or put another athlete at risk for injury.
- Tell athletes that you expect good sportsmanship at all times, both on and off the playing field.

Keep up-to-date on concussion information:

- Review your state, league, and/or organization's concussion guidelines and protocols.
- Take a training course on concussion. CDC offers concussion training at no cost at www.cdc.gov/HEADSUP.
- Download CDC's *HEADS UP* app or a list of concussion signs and symptoms that you can keep on hand.

To learn more, go to www.cdc.gov/HEADSUP



Centers for Disease Control and Prevention
National Center for Injury Prevention and Control

The Way You Talk and Think About Concussion Affects Athletes.

Make sure to tell athletes that safety comes first and you expect them to tell you and their parent(s) if they think they have a concussion.



Check out the equipment and sports facilities:

- Make sure all athletes wear a helmet that fits well and is in good condition when appropriate for the sport or activity. There is no “concussion-proof” helmet, so it is important to enforce safety rules that protect athletes from hits to the head and when a helmet falls off during a play.
- Work with the game or event administrator to remove tripping hazards and ensure that equipment, such as goalposts, have padding that is in good condition.

Keep emergency contact information handy:

- Bring emergency contact information for parents and health care providers to each game and practice in case an athlete needs to be taken to an emergency department right away for a concussion or other serious injury.
- If first responders are called to care for an injured athlete, provide them with details about how the injury happened and how the athlete was acting after the injury.

How Can I Spot a Possible Concussion?

Athletes who show or report one or more of the signs and symptoms listed below—or simply say they just “don’t feel right” after a bump, blow, or jolt to the head or body—may have a concussion or other serious brain injury.

Signs Observed by Coaches or Parents

- Appears dazed or stunned.
- Forgets an instruction, is confused about an assignment or position, or is unsure of the game, score, or opponent.
- Moves clumsily.
- Answers questions slowly.
- Loses consciousness (even briefly).
- Shows mood, behavior, or personality changes.
- Can’t recall events prior to or after a hit or fall.



Plan ahead. How can you help athletes lower their chance of getting a concussion?

➤ **Some athletes may not report a concussion because they don’t think a concussion is serious.**



They may also worry about:

- ▶ **Losing their position on the team or during the game.**
- ▶ **Jeopardizing their future sports career.**
- ▶ **Looking weak.**
- ▶ **Letting their teammates or the team down.**
- ▶ **What their coach or teammates might think of them.^{3,4,5}**

Symptoms Reported by Athletes

- Headache or “pressure” in head.
- Nausea or vomiting.
- Balance problems or dizziness, or double or blurry vision.
- Bothered by light or noise.
- Feeling sluggish, hazy, foggy, or groggy.
- Confusion, or concentration or memory problems.
- Just not “feeling right,” or “feeling down”.

NOTE: Concussion signs and symptoms often show up soon after the injury, but it can be hard to tell how serious the concussion is at first. Some symptoms may not be noticed or may not show up for hours or days.

Enforce Safe Play. You Set the Tone for Safety.

As many as 25 percent of the concussions reported among high school athletes result from aggressive or illegal play.⁶



What Are Some More Serious Danger Signs to Look Out For?

In rare cases, a dangerous collection of blood (hematoma) may form on the brain after a bump, blow, or jolt to the head or body and can squeeze the brain against the skull. Call 9-1-1 or ensure an athlete is taken to the emergency department right away if, after a bump, blow, or jolt to the head or body, he or she has one or more of these danger signs:

- One pupil larger than the other.
- Drowsiness or inability to wake up.
- A headache that gets worse and does not go away.
- Slurred speech, weakness, numbness, or decreased coordination.
- Repeated vomiting or nausea, convulsions or seizures (shaking or twitching).
- Unusual behavior, increased confusion, restlessness, or agitation.
- Loss of consciousness (passed out/knocked out). Even a brief loss of consciousness should be taken seriously.

What Should I Do If I Think an Athlete Has a Possible Concussion?

As a coach, if you think an athlete may have a concussion, you should:

Remove the athlete from play.

When in doubt, sit them out!

Keep an athlete with a possible concussion out of play on the same day of the injury and until cleared by a health care provider.

Do not try to judge the severity of the injury yourself. Only a health care provider should assess an athlete for a possible concussion. After you remove an athlete with a possible concussion from practice or play, the decision about return to practice or play is a medical decision that should be made by a health care provider. As a coach, recording the following



Plan ahead. What should you do if you think an athlete has a concussion?

Concussions Affect Each Athlete Differently.

While most athletes with a concussion feel better within a couple of weeks, some will have symptoms for months or longer. Talk with an athlete's parents if you notice their concussion symptoms come back after they return to play.

information can help a health care provider in assessing the athlete after the injury:

- Cause of the injury and force of the hit or blow to the head or body.
- Any loss of consciousness (passed out/knocked out) and if so, for how long.
- Any memory loss right after the injury.
- Any seizures right after the injury.
- Number of previous concussions (if any).

Inform the athlete's parent(s) about the possible concussion.

Let them know about the possible concussion and give them the *HEADS UP* fact sheet for parents. This fact sheet can help parents watch the athlete for concussion signs or symptoms that may show up or get worse once the athlete is at home or returns to school.

Ask for written instructions from the athlete's health care provider on return to play.

These instructions should include information about when they can return to play and what steps you should take to help them safely return to play.

Work with the athlete's health care provider and follow the five gradual steps for return to play. An athlete's return to school and sports should be a gradual process that is carefully managed and monitored by a health care provider.



Plan ahead. How can you help an athlete safely return to play after a concussion?

Why Should I Remove an Athlete With a Possible Concussion from Play?

The brain needs time to heal after a concussion. An athlete who continues to play with concussion has a greater chance of getting another concussion. A repeat concussion that occurs while the brain is still healing from the first injury can be very serious and can affect an athlete for a lifetime. It can even be fatal.

What Steps Can I Take to Help an Athlete Return to Play?

An athlete's return to school and sports should be a gradual process that is approved and carefully managed and monitored by a health care provider. When available, be sure to also work closely with your team's certified athletic trainer.

Below are five gradual steps that you, along with a health care provider, should follow to help safely return an athlete to play. Remember, this is a gradual process. These steps should not be completed in one day, but instead over days, weeks, or months.



To learn more, go to www.cdc.gov/HEADSUP

You can also download the CDC **HEADS UP** app to get concussion information at your fingertips. Just scan the QR code pictured at left with your smartphone.

BASELINE: Athlete is back to their regular school activities, is no longer experiencing symptoms from the injury when doing normal activities, and has a green light from their health care provider to begin the return to play process.

An athlete should only move to the next step if they do not have any new symptoms at the current step.

STEP 1: Begin with light aerobic exercise only to increase an athlete's heart rate. This means about 5 to 10 minutes on an exercise bike, walking, or light jogging. No weightlifting at this point.

STEP 2: Continue with activities to increase an athlete's heart rate with body or head movement. This includes moderate jogging, brief running, moderate-intensity stationary biking, moderate-intensity weightlifting (less time and/or less weight than a typical routine).

STEP 3: Add heavy non-contact physical activity, such as sprinting/running, high-intensity stationary biking, regular weightlifting routine, non-contact sport-specific drills (in 3 planes of movement).

STEP 4: An athlete may return to practice and full contact (if appropriate for the sport) in controlled practice.

STEP 5: An athlete may return to competition.

REMEMBER: It is important for you and the athlete's parent(s) to watch for concussion symptoms after each day's return to play progression activity. If an athlete's concussion symptoms come back, or he or she gets new symptoms when becoming more active at any step, this is a sign that the athlete is pushing him- or herself too hard. The athlete should stop these activities, and the athlete's health care provider should be contacted. After the okay from the athlete's health care provider, the athlete can begin at the previous step.

¹ Rivara FP, Schiff MA, Chrisman SP, Chung SK, Ellenbogen RG, Herring SA. (2014). The effect of coach education on reporting of concussions among high school athletes after passage of a concussion law. *Amer J Sports Med*, May, 2014, 42(5):1197-1203.

² Bramley H, Patrick K, Lehman E, Silvis M. (2012). High school soccer players with concussion education are more likely to notify their coach of a suspected concussion. (2012). *Clin Pediatr (Phila)*, 2012 April, 51(4):332-336.

³ Kerr ZY, Register-Mihalik JK, Marshall SW, Evenson KR, Mihalik JP, Guskiewicz KM (2014). Disclosure and non-disclosure of concussion and concussion symptoms in athletes: Review and application of the socio-ecological framework. *Brain Inj*. 2014;28(8):1009-21.

⁴ Register-Mihalik JK, Guskiewicz KM, McLeod TC, Linnan LA, Mueller FO, Marshall SW. (2013a). Knowledge, attitude, and concussion-reporting behaviors among high school athletes: A preliminary study. *J Athl Train*, July 12, 2013.

⁵ Chrisman, S. P., Quitiquit, C., Rivara, F. P. (2013). Qualitative Study of Barriers to Concussive Symptom Reporting in High School Athletics. *J Adolesc Health*. March, 2013, 52(3): 330-335.

⁶ Collins CL, Fields SK, Comstock RD. (2008). When the rules of the game are broken: What proportion of high school sports-related injuries are related to illegal activity? *Inj Prev*, 14(1):34-38.

The information provided in this fact sheet or through linkages to other sites is not a substitute for medical or professional care. Questions about diagnosis and treatment for concussion should be directed to your physician or other healthcare provider.



Parents' and Coaches' Guide to Dehydration and Other Heat Illnesses in Children

These guidelines were developed to help parents and coaches increase the safety and performance of children who play sports in hot weather. Children who play sports or are physically active in hot weather can be at risk for heat illnesses. The good news is heat illnesses can be prevented and successfully treated.

Children sweat less than adults. This makes it harder for children to cool off. Parents and coaches must make sure that children take it slow to be sure they can get used to the heat and humidity gradually.

There are other reasons why a child may become ill from a heat illness. Those who have a low level of fitness, who are sick, or who have suffered from dehydration or heat illness in the past should be closely watched. A medical professional such as a certified athletic trainer (ATC) should be on site to monitor the health and safety of all participants during games and practice, especially when it is very hot and humid.

Dehydration

Children get dehydrated if they do not replace body fluids lost by sweating. Being even a little dehydrated can make a child feel bad and play less effectively. Dehydration also puts children at risk for more dangerous heat illnesses.

Signs and Symptoms

- ◆ Dry mouth
- ◆ Thirst
- ◆ Being irritable or cranky
- ◆ Headache
- ◆ Seeming bored or disinterested
- ◆ Dizziness
- ◆ Cramps
- ◆ Excessive fatigue
- ◆ Child not able to run as fast or play as well as usual

Treatment

- ◆ Move child to a shaded or air-conditioned area.
- ◆ Give him or her fluids to drink.

"When can I play again?"

A child may be active again as soon as he or she is symptom-free. However, it's important to continue to watch the child.

National
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KIDS**

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 **National
Athletic Trainers'
Association**[®]
Health Care for Life & Sport

Heat Cramps

Heat cramps are a mild heat illness that can be easily treated. These intense muscle spasms usually develop after a child has been exercising for a while and has lost large amounts of fluid and salt from sweating. While heat cramps are more common in children who perform in the heat, they can also occur when it's not hot (for example, during ice hockey or swimming).

Children who sweat a lot or have a high concentration of salt in their sweat may be more likely to get heat cramps. Heat cramps can largely be avoided by being adequately conditioned, getting used to the heat and humidity slowly, and being sure a child eats and drinks properly.

Signs and Symptoms

- ◆ Intense pain (not associated with pulling or straining a muscle)
- ◆ Persistent muscle contractions that continue during and after exercise

Treatment

- ◆ The child should be given a sports drink to help replace fluid and sodium losses.
- ◆ Light stretching, relaxation and massage of the cramped muscles may help.

"When can I play again?"

A child may be active again when the cramp has gone away and he or she feels and acts ready to participate. You can help decrease the risk of recurring heat cramps by checking whether the child needs to change eating and drinking habits, become more fit, or get better adjusted to the heat.

Heat Exhaustion

Heat exhaustion is a moderate heat illness that occurs when a child continues to be physically active even after he or she starts suffering from ill effects of the heat, like dehydration. The child's body struggles to keep up with the demands, leading to heat exhaustion.

Signs and Symptoms

- ◆ Child finds it hard or impossible to keep playing
- ◆ Loss of coordination, dizziness or fainting
- ◆ Dehydration
- ◆ Profuse sweating or pale skin
- ◆ Headache, nausea, vomiting or diarrhea
- ◆ Stomach/intestinal cramps or persistent muscle cramps

Treatment

- ◆ Move child to a shaded or air-conditioned area.
- ◆ Remove any extra clothing and equipment.
- ◆ Cool the child with cold water, fans or cold towels (replace towels frequently).
- ◆ Have child lie comfortably with legs raised above heart level.
- ◆ If the child is not nauseated or vomiting, have him or her drink chilled water or sports drink.
- ◆ The child's condition should improve rapidly, but if there is little or no improvement, take the child for emergency medical treatment.

"When can I play again?"

A child should not be allowed to return to play until all symptoms of heat exhaustion and dehydration are gone. Avoid intense practice in heat until at least the next day, and if heat exhaustion was severe, wait longer. If the child received emergency medical treatment, he or she should not be allowed to return until his or her doctor approves and gives specific return-to-play instructions.

Parents and coaches should rule out any other conditions or illnesses that may predispose the child for continued problems with heat exhaustion. Correct these problems before the child returns to full participation in the heat, especially for sports with equipment.

Exertional Heat Stroke

Heat stroke is a severe heat illness that occurs when a child's body creates more heat than it can release, due to the strain of exercising in the heat. This results in a rapid increase in core body temperature, which can lead to permanent disability or even death if left untreated.

Signs and Symptoms

- ◆ Increase in core body temperature, usually above 104°F/40°C (rectal temperature) when the child falls ill
- ◆ Central nervous system dysfunction, such as altered consciousness, seizures, confusion, emotional instability, irrational behavior or decreased mental acuity

Other possible indicators include:

- ◆ Nausea, vomiting or diarrhea
- ◆ Headache, dizziness or weakness
- ◆ Hot and wet or dry skin
- ◆ Increased heart rate, decreased blood pressure or fast breathing
- ◆ Dehydration
- ◆ Combativeness

Treatment

If there are no on-site medical personnel:

- ◆ Call emergency medical services for immediate transport to the nearest emergency medical facility. Begin cooling the child while waiting for and during transport to the emergency facility.

If there are on-site medical personnel:

- ◆ Locate medical personnel immediately. Remove extra clothing or equipment. Begin aggressive whole-body cooling by immersing the child in a tub of cold water. If a tub is not available, use alternative cooling methods such as cold water, fans, ice or cold towels (replaced frequently), placed over as much of the body as possible.
- ◆ Call emergency medical services for transport to the nearest emergency medical facility.

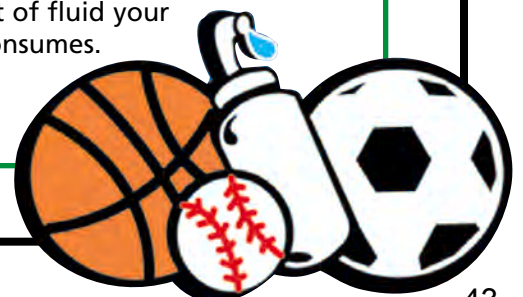
"When can I play again?"

No child who has suffered heat stroke should be allowed to return until his or her doctor approves and gives specific return-to-play instructions. Parents should work with the child's doctor to rule out or treat any other conditions or illnesses that may cause continued problems with heat stroke. The child should return to physical activity slowly, under the supervision of an ATC or other qualified health care professional, especially for sports with equipment.

Parents: How Much Should Your Child Drink When Active?

- ◆ Before activity in the heat, record your child's body weight. (Remember if your child has already been exercising in the heat, he or she may already be dehydrated.)
- ◆ Weigh your child again, after the activity is over.
- ◆ Compare your child's pre-activity body weight to his or her post-activity body weight.

If post-activity weight is less than pre-activity weight, your child is not drinking enough fluids while active. A loss of as little as 1 percent of body weight can cause a decrease in performance. Because scientists have proven that children replace less of their fluid losses when drinking water, you may want to offer a flavored sports drink to increase the amount of fluid your child consumes.



Tips for Parents

- ◆ Before your child starts playing a sport, he or she should have a physical examination that includes specific questions about any history of heat illness.
- ◆ Tell your child's coach about any history of heat illness.
- ◆ Make sure your child is properly hydrated before he or she heads out the door to practice or a game. Give your children their own water bottles.
- ◆ Make sure your child's coach has your emergency contact numbers.
- ◆ Check that your child's league/team has an emergency action plan.

Tips for Coaches

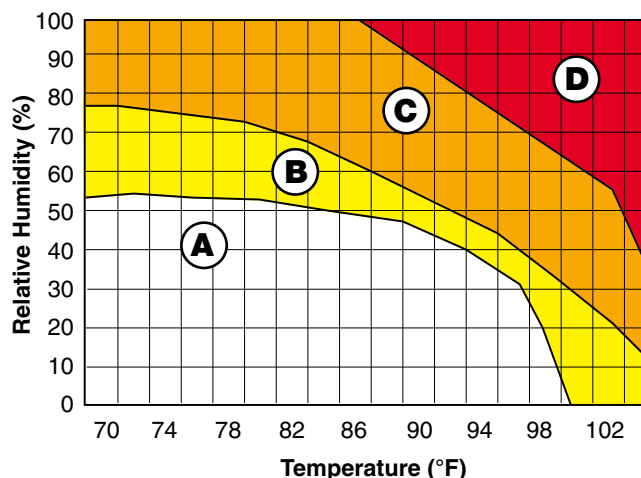
- ◆ Be aware of temperature and humidity levels. Change practice length, intensity and equipment use as the levels rise.
- ◆ It should be easy for children to drink fluids during practice, and you should remind them to drink regularly. Fluid breaks should be scheduled for all practices and become more frequent as the heat and humidity levels rise.
- ◆ Every athletic organization should have an emergency action plan for obtaining emergency medical services if needed.
- ◆ Always have contact information for parents available.

Activity Guidelines

Fluid breaks should be scheduled for all practices and become more frequent as the heat and humidity levels rise.

Add 5°F to the temperature between 10:00 a.m. and 4:00 p.m. from mid-May to mid-September on bright, sunny days.

- A. Children should receive a 5-10 minute rest and fluid break after every 25 to 30 minutes of activity.
- B. Children should receive a 5-10 minute rest and fluid break after every 20 to 25 minutes of activity. Children should be in shorts and t-shirts (with helmet and shoulder pads only, not full equipment, if worn for activity).



- C. Children should receive a 5-10 minute rest and fluid break after every 15 to 20 minutes of activity. Children should be in shorts and t-shirts only (with all protective equipment removed, if worn for activity).
- D. Cancel or postpone all outdoor practices/games. Practice may be held in an air-conditioned space.



ACSM Sports Medicine Basics

YOUTH STRENGTH TRAINING



www.acsm.org

Current recommendations suggest that school-age youth should participate in at least 60 minutes of moderate to vigorous physical activity daily. In addition to aerobic activities such as running and cycling, research increasingly indicates that regular participation in a youth strength-training program can offer observable health, fitness and performance benefits for children and adolescents. Presently, a growing number of boys and girls are experiencing the benefits of strength training in schools, fitness centers and sports training facilities. Contrary to the traditional belief that strength training is dangerous for children or that it could lead to growth plate disturbances, the American College of Sports Medicine (ACSM) contends that strength training can be a safe and effective activity for this age group, provided that the programs are properly designed and competently supervised. It must be emphasized, however, that strength training is a specialized form of physical conditioning that involves the progressive use of a wide range of resistive loads and a variety of training modalities. As such, instruction and supervision should be provided by qualified professionals to ensure that strength-training programs are consistent with the needs, goals and abilities of each participant.

Children and adolescents can participate in strength training programs provided that they have the emotional maturity to accept and follow directions. Many seven- and eight-year-old boys and girls have benefited from

strength training, and there is no reason why younger children could not participate in strength-related activities, such as push-ups and sit-ups, if they can safely perform the exercises and follow instructions. Generally speaking, if children are ready for participation in organized sports or activities—such as Little League baseball, soccer or gymnastics—then they are ready for some type of strength training. The goal of youth strength training should be to improve the musculoskeletal strength and general fitness of children and adolescents while exposing them to a variety of safe, effective and fun training methods. Adult strength training guidelines and training philosophies should not be imposed on youngsters who are anatomically, physiologically or psychologically less mature. Strength training should be one part of a well-rounded fitness program that also includes endurance, flexibility, agility and skill-building exercises.

Properly designed and competently supervised youth strength training programs may not only increase the muscular strength of children and adolescents, but may also enhance motor fitness skills (e.g., sprinting and jumping) and sports performance. Research evidence indicates that participation in a well-rounded fitness program that includes strength training may also decrease the incidence of some sports-related injuries by increasing the strength of tendons, ligaments and bone. During adolescence, training-induced strength gains may be associated

with increases in muscle size, but this is unlikely to happen in prepubescent children who lack adequate levels of muscle-building hormones. Although the issue of childhood obesity is complex, youth strength training programs may also play an important role in effective weight loss strategies. Participation in an exercise program that includes strength training may provide an opportunity for all youth, including those who are sedentary or overweight, to improve their muscle strength, enhance their motor coordination and gain confidence in their perceived abilities to be physically active.

There is the potential for serious injury if safety standards for youth strength training such as competent supervision, qualified instruction, safe equipment and age-related training guidelines are not followed. All youth strength training programs must be closely supervised by knowledgeable professionals who understand the uniqueness of children and have a sound comprehension of youth strength training guidelines. The exercise environment should be safe and free of hazards and all participants should receive instruction regarding proper exercise technique (e.g., controlled movements), safe training procedures (e.g., sensible starting weights), and weight room etiquette (e.g., adherence to safety rules). Although a medical examination is not required for apparently healthy children who want to participate in a strength training program, a medical examination is recommended for children

with known or suspected health problems. A variety of training programs and many types of equipment—from medicine balls to free weights (barbells and dumbbells) or child-size weight machines—have proven to be safe and effective.

Although there is not one optimal combination of sets and repetitions for all children and adolescents, one to three sets of six to fifteen repetitions performed two to three times per week on nonconsecutive days have been found to be reasonable. Beginning with one or two sets of 10 to 15 repetitions on several upper and lower body exercises that focus on the major muscle groups will allow room for progress to be made. As competence and confidence to perform different strength exercises improve, the program can be made more challenging by gradually increasing the weight or the number of sets. Although not all exercises need to be performed for the same

number of sets and repetitions, youth with strength training experience may progress to 2 to 4 sets of 6 to 12 repetitions with a heavier weight provided progression is based on technical competency. This is especially important for youth who perform multi-joint exercises (e.g., squatting) or complex exercises (e.g., weightlifting) due to the complex nature of these movements. As training experience increases, young athletes may be introduced to periodic phases of lower repetition ranges (≤ 6) and heavier weights... It must be underscored that the overriding emphasis of any youth strength-training program should be on proper technique and safety—not on how much weight can be lifted.

Proper training guidelines, program variation and competent supervision will make strength training programs safe, effective and fun for children and adolescents. Instructors should understand the physical and emotional

uniqueness of children, and, in turn, participants should appreciate the benefits and risks associated with strength training. If age-related guidelines are followed, it is the opinion of ACSM that strength training can be enjoyable, beneficial and healthy experience for children and adolescents.

About the Authors

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LIGHTNING KILLS

Play It Safe !

Each year in the United States, more than four hundred people are struck by lightning. On average, about 70 people are killed and many others suffer permanent neurological disabilities. Most of these tragedies can be avoided if proper precautions are taken. When thunderstorms threaten, coaches and sports officials must not let the desire to start or complete an athletic activity hinder their judgment when the safety of participants and spectators is in jeopardy.

It is important for coaches and officials to know some basic facts about lightning and its dangers

- **All thunderstorms produce lightning and are dangerous.** In an average year, lightning kills more people in the U.S. than either tornadoes or hurricanes.
- **Lightning often strikes outside the area of heavy rain and may strike as far as 10 miles from any rainfall.** Many deaths from lightning occur ahead of storms because people wait too long before seeking shelter, or after storms because people return outside too soon.
- **If you hear thunder, you are in danger.** Anytime thunder is heard, the thunderstorm is close enough to pose an immediate lightning threat to your location.
- **Lightning leaves many victims with permanent disabilities.** While only a small percentage of lightning strike victims die, many survivors must learn to live with very serious, life-long disabilities.

To avoid exposing athletes and spectators to the risk of lightning take the following precautions

- **Postpone activities if thunderstorms are imminent.** Prior to an event, check the latest forecast and, when necessary, postpone activities early to avoid being caught in a dangerous situation. Stormy weather can endanger the lives of participants, staff, and spectators.
- **Plan ahead.** Have a lightning safety plan. Know where people will go for safety, and know how much time it will take for them to get there. Have specific guidelines for suspending the event or activity so that everyone has time to reach safety before the threat becomes significant. Follow the plan without exception.

- **Keep an eye on the sky.** Pay attention to weather clues that may warn of imminent danger. Look for darkening skies, flashes of lightning, or increasing wind, which may be signs of an approaching thunderstorm.

- **Listen for thunder.** If you hear thunder, immediately suspend your event and instruct everyone to get to a safe place. Substantial buildings provide the best protection. Once inside, stay off corded phones, and stay away from any wiring or plumbing. Avoid sheds, small or open shelters, dugouts, bleachers, or grandstands. If a sturdy building is not nearby, a hard-topped metal vehicle with the windows closed will offer good protection, but avoid touching any metal.

- **Avoid open areas.** Stay away from trees, towers, and utility poles. Lightning tends to strike the taller objects.
- **Stay away from metal bleachers, backstops and fences.** Lightning can travel long distances through metal.
- **Do not resume activities until 30 minutes after the last thunder was heard.**
- **As a further safety measure, officials at outdoor events may want to have a tone-alert NOAA Weather Radio.** The radio will allow you to monitor any short-term forecasts for changing weather conditions, and the tone-alert feature can automatically alert you in case a severe thunderstorm watch or warning is issued. To find your nearest NOAA weather radio transmitter, go to <http://www.nws.noaa.gov/nwr/> and click on “Station Listing and Coverage.”

If you feel your hair stand on end (indicating lightning is about to strike)

- **Crouch down on the balls of your feet, put your hands over your ears, and bend your head down.** Make yourself as small a target as possible and minimize your contact with the ground.
- **Do not lie flat on the ground.**



NOAA

What to do if someone is struck by lightning

- **Lightning victims do not carry an electrical charge, are safe to handle, and need immediate medical attention.**
- **Call for help.** Have someone call 9-1-1 or your local ambulance service. Medical attention is needed as quickly as possible.
- **Give first aid.** Cardiac arrest is the immediate cause of death in lightning fatalities. However, some deaths can be prevented if the victim receives the proper first aid immediately. Check the victim to see that they are breathing and have a pulse and continue to monitor the victim until help arrives. Begin CPR if necessary.
- **If possible, move the victim to a safer place.** An active thunderstorm is still dangerous. Don't let the rescuers become victims. Lightning CAN strike the same place twice.



NOAA

STAY INFORMED

Listen to NOAA Weather Radio for the latest forecast and for any severe thunderstorm WATCHES or WARNINGS. Severe thunderstorms produce winds of 58 mph or greater, or hail 3/4 of an inch or larger in diameter.

A severe thunderstorm WATCH is issued when conditions are favorable for severe weather to develop.

A severe thunderstorm WARNING is issued when severe weather is imminent. National Weather Service personnel use information from weather radar, satellite, lightning detection, spotters, and other sources to issue these warnings.



NOAA WEATHER RADIO IS THE BEST WAY TO RECEIVE FORECASTS AND WARNINGS FROM THE NATIONAL WEATHER SERVICE.

Remember that all thunderstorms produce lightning and all lightning can be deadly to those outside.

Lightning Safety Awareness Week is the last full week of June. For additional information on lightning or lightning safety, visit NOAA's lightning safety web site:

<http://www.lightningsafety.noaa.gov>

or contact us at:

**National Weather Service
4899 South Complex Drive SE
Grand Rapids, MI 49512-4034**

This brochure originally authored by WFO Gray ME

Coach's and Sports Official's Guide to Lightning Safety...



NOAA

LIGHTNING...
the underrated killer!

A SAFETY GUIDE

**U.S. DEPARTMENT OF COMMERCE
NATIONAL OCEANIC AND
ATMOSPHERIC ADMINISTRATION**



**NATIONAL WEATHER
SERVICE**

This safety guide has been prepared to help coaches and sports officials recognize the dangers of lightning and take appropriate safety precautions.

Guidelines for Supportive Parents

David A. Feigley, Ph.D.
Youth Sports Research Council
Rutgers, The State University of New Jersey

Few youth sports programs are successful without the support of parents. Below are a few guidelines which coaches can share with concerned parents who are striving to support their young athletes.

Supportive parents emphasize improved performance rather than competitive ranking.

The distinction between performance and outcome centers on what can be controlled. Mastering sport skills (a performance goal) can be totally controlled by the athlete, whereas, the number of wins and losses (an outcome measure) is frequently outside the athlete's control. An overemphasis on competitive rank and an under emphasis on sport mastery is a primary cause of the dramatic dropout rate by 12- to 18-year-olds.

Supportive parents decrease the pressure to win.

Competitive sports create the pressure to win. Additional pressure from the parent(s) is likely to be counterproductive, particularly in the long run.

Supportive parents believe that sport's primary value is the opportunity for self-development.

The probability of achieving lasting fame and glory via sport is low. Approximately one out of a thousand high school athletes become professionals. Although many young athletes never achieve professional status, their sports experiences enabled them to develop life-long values and self-respect.

Supportive parents understand the risks.

Competition places the athlete on center stage. Anytime you attempt to succeed publicly, where others can judge you, you risk failing. Over time, competing is a willingness to chance failure. Giving your best is what athletics is all about.

Supportive parents communicate their true concerns directly with the coach.

A positive working relationship is based upon clearly communicated, mutual goals among parents, coaches and athletes. While a parent cannot control the behavior of a coach, they can communicate with the coach on a regular basis about the child's overall development.

Supportive parents understand and respect the differences between parental roles and coaching roles.

Both parents and coaches need to understand their different roles. While parents are ultimately responsible for their child's development, once they have selected a coach, they must leave the coaching to that person. Although many parents often recreate with their child, they must resist coaching "over the shoulder" of the coach and/or publicly questioning the coaches decisions.

(continued on next page)

Supportive parents control negative emotions and think positively.

Few athletes wish to perform poorly. Negative reactions to poor performance only add to an athlete's pressures. Supportive parents realize that even the athlete who "chokes" is trying to succeed. In fact, part of the problem with many athletes is that they are trying too hard to succeed. Criticizing such athletes does little to enhance their performance.

Supportive parents avoid using fear.

Punishment and withdrawal of love can pressure kids to perform better. Unfortunately, such strategies tend to trade short-term performance gains for long-term emotional risks to the youngster's health and well-being. Supportive parents recognize that a love for sport is rarely fostered by fear of the consequences of failure.

Supportive parents avoid criticizing.

Nagging parents often confuse support with constantly reminding the children that they need to practice more, condition more, concentrate more, etc. Overly involved parents frequently lose their objectivity. They are unable to provide critical emotional support which children often need before and during highly competitive contests.

Supportive parents recognize and understand expressions of insecurity.

Youngsters who express high anxiety, more often than not, have parents who are insensitive to their symptoms. When children are nervous, uncertain, or feeling pressure, insensitive parents may trivialize the child's fears or see such concerns as signs of weakness.

Supportive parents realize that such expressions are normal and are a call for emotional support.

Supportive parents avoid the use of guilt.

Statements such as, "We've done so much for you," or "The family has sacrificed so much, the least you could do . . ." are typical remarks of unsupportive parents. They often use guilt to manipulate the child to behave the way the parent(s) desire.

Supportive parents show empathy for their child.

Empathy is an understanding of what the child is feeling and an awareness of the pressures and demands that the sport places on the athlete. Empathy is not sympathy or agreement necessarily, but, rather, a true understanding that the task is difficult. A sympathetic response to an expression of doubt by a young athlete might be, "Perhaps, you're right; it's too difficult. Maybe you shouldn't compete today." Conversely, empathy by a supportive parent might be expressed as "Yes, it will probably be a tough match today. C'mon, let me help you get ready."

The Role of Winning in Youth Sports

David A. Feigley, Ph.D.
Youth Sports Research Council
Rutgers, The State University of New Jersey

Introduction

A primary responsibility of every volunteer youth sport coach is to develop a philosophy which reflects the role of winning. Unfortunately, this important topic has been filled with clichés. At one extreme is the belief that winning is not important in youth sport. At the other extreme is the belief that winning is the only thing. A healthy perspective is probably somewhere between these two beliefs. Clearly, there can be too much emphasis on winning. However, those who suggest that winning is not important fail to recognize that the essence of sport is striving to win. Without that element, the nature of the activity changes. For example, if two athletes of dramatically different skill levels are playing tennis, often the better player will begin to “coach” the less-skilled player. While admirable, teaching is not sport. Two individuals playing golf who are more interested in being together as friends changes the situation from competitive sport to a social interaction. Volunteer coaches should realize that while winning is an essential part of sport, youth sports has many other, complementary goals. A key point is to acknowledge that while winning is important it must be kept in perspective with the other valuable aspects of youth sports (e.g. social development, fun, fitness, etc.).

Consider the following statements when developing your own coaching philosophy:

Winning Builds Confidence

The old cliché that “Show me a loser and I’ll show you a loser” is often cited here. Winning does build confidence, especially when that winning represents a true accomplishment – defeating a worthy opponent. However, winning against others of much lower skill levels usually does little to bolster self-confidence.

Winning Brings Rewards and Special Privileges

Winners and highly skilled athletes often receive more recognition, media attention and adulation from fans. Denying this does little to keep winning in a healthy perspective. However, youth sports coaches and administrators must notice when younger, less skilled athletes are denied the opportunity to participate and learn because of the natural attention given to outstanding athletes.

Winning Increases in Importance as Kids Get Older

Surveys of children younger than 12 years of age have shown that 75% would prefer to play for a losing team than sit on the bench of a winning team. Part of the explanation is that older children understand the abstract concept of winning, whereas, younger children think in “concrete” terms.

Winning Builds Team Spirit and Unity

Research has not yet established if winning fosters team spirit or if team spirit fosters winning. Intra-squad competition often produces better performance with lowered levels of team spirit. That is, “winning” a place on the starting line-up at the expense of a teammate may create more turmoil within the team if fairness and equal opportunity are not perceived by the majority of team members.

Winning Increases Motivation

While this may seem self-evident, research has shown that winning can be quite demotivating. For example, when the probability of winning a contest is very high, the game often lacks excitement and intensity. When the perceived probability of success drops to .50, higher levels of sustained involvement and motivation result. This may suggest why lopsided “pick-up” games among children often cause abrupt team changes - because kids seek the excitement of a

close contest, rather than what adults often perceive as the primary goal - winning.

Winning is Defined Too Narrowly

In our society, winning is often defined as defeating your opponent. However, winning can also be defined as self-improvement and/or goal attainment. If sport is to be viewed as beneficial for our children, it must benefit the majority of participants in a meaningful way rather than be limited to the few who are crowned champions.

Winners Handle Failure Better

Many people believe that successful athletes were always at the top of their sport. Actually, successful athletes are often those who coped with their difficulties, set-backs, or losses better than their opponents. A baseball player who bats .300 is out 7-out-of-10 times. The difference between a good .300 hitter and a mediocre .250 hitter is 1 more hit in every twenty times at bat.

Winning Does Not Ensure the Quality of the Performance

An athlete can perform well and still finish second; conversely, one can perform poorly and yet still win because the opponent made mental errors, was ill, etc. Mastery programs where the athletes are asked to meet a minimum level of performance often produce higher levels of performance than do competitive programs.

Winning in Youth Sports Depends on Who You Play

That is, winning often depends more upon who does the scheduling than the performance level of the athletes. If a team is scheduled only against inferior opponents, the team's won-loss record will be good, but the accomplishment is clearly devalued. Relative skill level is a crucial factor - especially in youth sport.

Winning "Ugly" is Really Losing

An important ingredient in youth sports is how you win as opposed to whether you win. Winning within the boundaries of the rules and ethics of sportsmanship can place a great premium on winning without distorting the basic sporting values which many would like to see our children learn. In fact, true sportsmanship cannot exist unless there is an honest

desire to win. Playing fairly when one has no concern about the outcome of the game is less noteworthy than playing fairly when the game is "on the line".

Winning is Most Influenced by the Physiological Maturity of the Athletes

Physiological maturity is more important than coaching, individual effort, equipment or any other normally valued aspect of sport. For example "Clean-up batters" in the Major League Division of the Little League World Series (i.e., 11- and 12-year-olds) have consistently found to be post-pubescent in terms of physical maturity. Coaches are often given credit for an outstanding season when, in fact, they simply have had the more physically gifted or physically mature young athletes.

Winning is Evidenced in Achievement

Successful youth sports coaches reinforce participation, effort, and achievement in that order. As a young athlete's age, maturity and experience develop, successful coaches shift their emphasis from simply encouraging participation to praising putting forth one's best effort. As age, maturity and experience continue to develop, the coach's emphasis shifts again toward praising mastering skills, performing well and winning contests.

Summary

These statements about winning are not meant to be all inclusive and they are discussed very briefly. Hopefully, these concepts stimulate discussions about the importance of winning in youth sports that avoid clichés and stereotypes. Clichés such as, "It's all for the kids," while well-meaning, fail to address many of the actual issues in youth sports, and, thus, prevent us from designing effective programs. Effective youth sports programs establish the young athletes' needs as priority without ignoring the many motivations of parents, coaches, and officials who make these programs work.

The Rutgers SAFETY Clinic Evaluation Form

Instructions: Please take a few moments to provide us with feedback regarding your clinic by circling the number which best reflects your opinion.

Clinic Date _____ Host Organization _____

A. Clinician's Presentation	Very poor	Average	Excellent		
1. Knowledge of subject matter	1	2	3	4	5
2. Enthusiasm.....	1	2	3	4	5
3. Time management/organization.....	1	2	3	4	5
4. Explanations	1	2	3	4	5
B. Quality/Usefulness of Instructional Materials					
1. Powerpoint Presentation	1	2	3	4	5
2. Coaches Reference Manual.....	1	2	3	4	5
C. Quality/Usefulness of Course Content					
1. Psychological Aspects/Coaching	1	2	3	4	5
2. Legal Aspects of Coaching.....	1	2	3	4	5
3. General Coaching Concepts.....	1	2	3	4	5
4. Training/Conditioning Athletes	1	2	3	4	5
5. Medical/First Aid Aspects	1	2	3	4	5

D. General Impressions	Very poor	Average	Excellent		
1. Physical Setting.....	1	2	3	4	5
2. Allotted time	1	2	3	4	5
3. Overall personal value to you	1	2	3	4	5

E. General Comments

1. What did you like **MOST** about this program? _____

2. What did you like **LEAST** about this program? _____

3. What suggestions do you have for **IMPROVING** this program? _____

Thank you for taking the time to complete this evaluation form!

Please return to: Rutgers SAFETY Clinic Evaluation
Youth Sports Research Council
Loree Gymnasium
70 Lipman Drive
New Brunswick, N.J. 08901

Rutgers SAFETY Clinic

Sports Awareness for Educating Today's Youth™

On May 12, 1986, New Jersey became the first state in the nation to enact legislation protecting volunteer coaches from lawsuits. This law, commonly referred to as the *Little League Law* (2A:62A-6 et seq.), links civil immunity protection to attendance at a "safety orientation and training skills program."

The Youth Sports Research Council, in cooperation with the New Jersey Recreation and Park Association (NJRPA) has been offering safety training to tens of thousands of youth sports volunteers. The **Rutgers SAFETY Clinic**—*Sports Awareness for Educating Today's Youth™*—is a three-hour program conducted by hundreds of recreation departments and youth sports agencies throughout New Jersey and is specifically designed to meet the stipulations of the law.

Those who believe that youth sports can have a profound effect upon the youth of our nation must also realize that such influence is heavily dependent upon the quality of the coaches to whom our youth are entrusted. Coaches need not only the skills to teach their sports safely, but also the value systems that allow them to realize that development of their athletes, not the outcome of the competition, is the most important part of their sports programs.

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