

KIDSPORTS

Multi-Skill
Summer Camp
APPLICATION



KIDSPORTS

Program Staff, Volunteers and Interns

Welcome to Kidsports! We are excited for you to be a part of our organization. There are a few items we need you to complete before getting started.

- Fill out the Application and Background check.
- Read and sign The Concussion Management Policy.
- Attach or send a copy or photo of your ID to **AbbeyW@kidsports.org**:
(State or Driver's License, School ID or Passport)

Complete two short online courses and email certificates to **AbbeyW@kidsports.org**:

- 1.NFHS “ Protecting Students From Abuse” online course.
<https://nfhslearn.com/courses/protecting-students-from-abuse>
- 2. U of Utah School of Pediatric Medicine "A SHOT TO LIVE"
course:
https://resources.presentations.utah.edu/ashottolive/story_html15.html

Note: The “shot to live” training does not give a certificate of completion- a screenshot of the completion message will do.

Thank you!

Return this packet in person at the Kidsports Facility or via email to AbbeyW@Kidsports.org as soon as possible.

Please let us know if you have any questions.



Application and Background Check Form

(PRINT NAME) First: _____ Middle: _____ Last: _____

Preferred Name: _____ Previous Last Names Used: _____

Address: _____ City: _____

State: _____ Zip: _____ Email Address: _____

Cell Phone: _____ - _____ - _____ Photo ID Provided: Yes On File

Alternate Phone: _____ - _____ - _____ Male Female Non-binary

Length of time living in Oregon: _____ D.O.B. _____ / _____ / _____

Other States or Countries lived in: _____

Have you worked for Kidsports before in any capacity? If so, tell us when & how!

Tell us about your previous experience working with Kids:

I am interested in working as a Lead Counselor (1-2+ years experience) Support Counselor (0-1yrs experience) Counselor in Training (CIT) (Little to no experience, ready to learn)

General Disclosure:

KIDSPORTS reserves the right to deny any candidate the opportunity to coach. Any person serving as a KIDSPORTS volunteer will be subject to a background check. KIDSPORTS will search the Oregon criminal records and, where possible, other states in which you have resided, to discover any of the following convictions including **but not limited to:** violent crimes against people, crimes involving the threat of violence against people, crimes involving child or spousal abuse, crimes involving improper sexual behavior, and crimes involving the manufacture, sale, or distribution of illegal substances, including attempts and conspiracies to commit the above crimes. Candidates with applicable convictions will be determined ineligible to coach. Any coach denied the right to coach because of a conviction may appeal to KIDSPORTS according to procedures described in Policy 12.01 B.

<input type="checkbox"/> Yes, I have been convicted of any of the criminal felonies described above. <input type="checkbox"/> No, I have not been convicted of any of the criminal felonies described above. The KIDSPORTS administrative staff has my permission to access my criminal records. Signature _____ Date _____ <i>By signing above, I attest that all information provided is accurate and complete.</i>	
ID Verified: _____ (Int.) Date: _____	BG Approved: _____ (Int.) Date: _____
PSFA Received: _____ (Int.) Date: _____	CONC Received: _____ (Int.) Date: _____
STL/Epi Received _____ (Int. date) _____	Application Processed: _____ (Int.) Date: _____

PARTICIPANT CONCUSSION MANAGEMENT POLICY

Sports-related concussions in youth sports can be serious or even life-threatening situations if not managed correctly. Medical research into sports-related concussions and the management of the athlete with a possible concussion have recently gained a lot of momentum. The Oregon School Activities Association (OSAA) and the Oregon State Legislature have passed initiatives to ensure the safe and appropriate management of all youth sport participants who exhibit signs of a possible concussion. KIDSPORTS believes in providing a safe environment for its youth sport participants, coaches, and families to enjoy, while participating in our KIDSPORT programs. KIDSPORTS will utilize this protocol to appropriately recognize and manage all suspected and diagnosed concussions and allow an injured participant's safe return to activity when medical clearance has been given.

Coaches:

KIDSPORTS will require annual training on concussion safety. This can include a website video training tool, or completion of concussion training at a coaches meeting, or upon registering as a coach. Proof of concussion training must be submitted to KIDSPORTS prior to the official start of team practices. Football coaches will be asked to read additional material regarding illegal helmet contact and proper helmet fitting.

ACTive: Athletic Concussion Training for Coaches.

Signs and Symptoms of Concussions:

Observed by Parents, Friends, Teachers, Coaches

- Appears dazed and stunned
- Is confused about what to do
- Forgets plays
- Is unsure of game, score, or opponent
- Moves clumsily
- Answers questions slowly
- Loses consciousness
- Shows behavior or personality changes
- Can't recall events prior to hit
- Can't recall events after hit

Symptoms Reported By Athlete

- Headache
- Nausea
- Balance problems or dizziness
- Double or fuzzy vision
- Sensitivity to light or noise
- Feeling sluggish
- Feeling foggy or groggy
- Concentration or memory problems
- Confusion



CDC HEADS UP
SAFE BRAIN. STRONGER FUTURE.

When a Possible Concussion is Suspected:

If you suspect a participant has a concussion, please implement the follow KIDSPORTS concussion management protocol:

1. **Immediately remove the participant from play.** Athletes who experience signs and symptoms of a possible concussion should not be allowed to return to play. "When in doubt, keep them out."
2. **Inform the participant's parents or guardians about the known or possible concussion.** Make sure the parents understand the child needs to be seen by a health care professional.
3. **Ensure that the participant is evaluated by an appropriate heath care professional.** It is important that the health care professional (can be child's Primary Care Provider) is trained in proper concussion management.
4. **KIDSPORTS coaches will report any head injury/concussion to their high school area's Sports Manager.** Sport Manager's can be reached at: 541 683 2374
5. **Allow the participant to return to play only with written permission from a health care professional.** KIDSPORTS Coaches require a "return to participation OK" note from the health care professional be given to the participant's coach prior to the participant's return to play.

Post Concussion Symptoms:

When an athlete returns to play, sometimes the effects from a concussion can linger or reappear and participation should be immediately stopped.

Post – Concussion symptoms include:

- headache lack of energy
- fogginess dizziness, poor balance, lightheaded
- difficulty concentrating blurred vision
- easily confused sensitive to light and sounds
- slowed thought process poor sleep
- difficulty with memory mood changes – irritable, anxious, or tearful

I have read and understand the concussion participant management policy:

Name (Printed)

Date:

Signature _____

References:

1. Dr. Michael C. Koester, MD, ATC, Director Slocum Sports Concussion program.
2. OSAA Sideline Concussion Guide
3. Oregon Center for Applied Science (ORCAS): Concussion Training for coaches