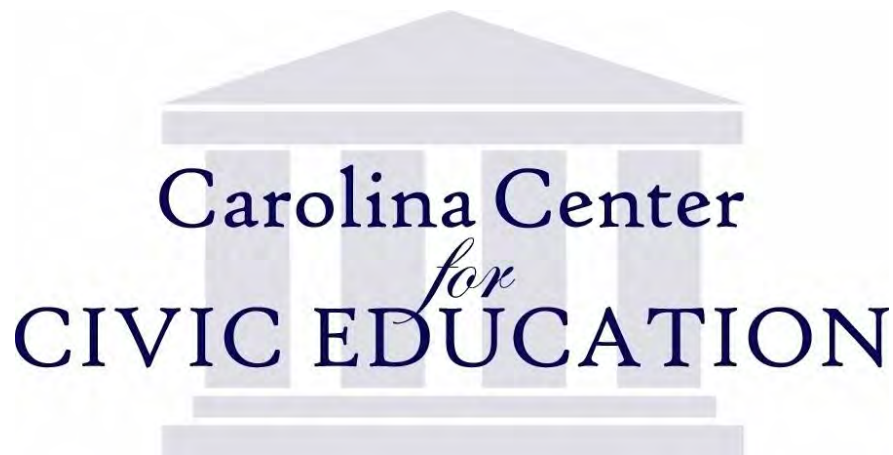
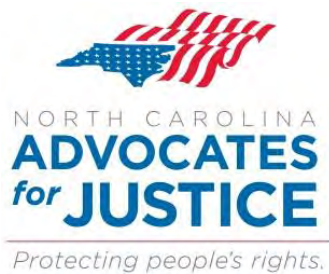


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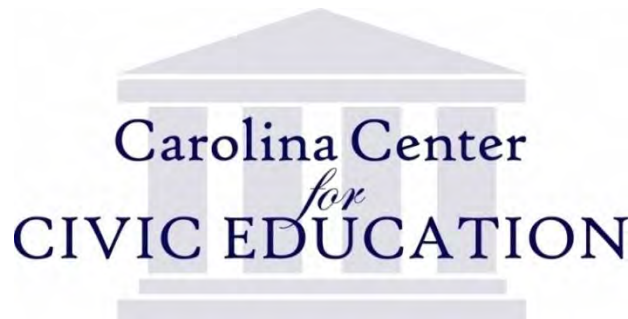
North Carolina Advocates for Justice High School Mock Trial Competition



2012 – 2013
North Carolina Advocates for Justice
High School Mock Trial Program



Mia Donovan
v.
Shannon Dempsey,
Jordan Reddick, and
Rubicon Soccer Club, Inc.



The Carolina Center for Civic Education and the North Carolina Advocates for Justice sincerely thank the CCCE Mock Trial Case Committee for developing this mock trial case. The case was created by Susan H. Johnson, CCCE Program Coordinator and former coach of the 2011 N.C. state champion mock trial team. Ms. Johnson has a particular interest in the case topic, having coached competitive soccer for 12+ years; she earned her USSF National “D” level coaching license and is a FIFA-certified soccer referee. Many thanks to Dr. Dawn Comstock, Dr. Sarah Fields, J.D., and Jill Corlette at Ohio State University for their willingness to share their concussion research and review the case for accuracy. Thanks, also, to Dr. Frederick Mueller, Prof. Barbara Osborne, J.D., and Ashley Littleton at UNC-Chapel Hill for their assistance. Finally, we are grateful to those who edited the case, especially Case Committee Chair Gordon Widenhouse, Carlos Mahoney, Katy Parker, Burton Craige, and Elon mock trial coach Michael Koeltzow for sharing their leadership and insights in improving and refining this mock trial case.

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Many thanks also to our Site Coordinators for the 2012/2013 season!

Asheville: Cindy Bryson, Charlotte: Beverly King, Durham: Patti Clapper, Fayetteville: Elizabeth Owens, Greenville: Kristen Miller; High Point: Karen Parrish, Raleigh: Lakisha Chichester and Fran LaFrankie, Wilmington: Brandy Jo Lea.

Special thanks to our many volunteers!

We appreciate the many volunteers who have truly caught the mock trial spirit and devote their time and energy to make this program so successful; and the students, parents, teachers and legal professionals statewide whose support has enabled us to continue a program that provides a practical, hands-on learning experience with a healthy dose of fun competition.

Mia Donovan
v.
Shannon Dempsey, Jordan Reddick, and Rubicon Soccer Club, Inc.

BRIEF CASE SUMMARY:

Mia Donovan, a minor child and the only daughter of Casey Donovan, sustained a serious concussion during a college showcase soccer tournament on Friday, December 2, 2011 while playing for the Rubicon Soccer Club Under-17 Premier soccer team. Mia continues to suffer from significant mental and physical impairment as a result of that concussion. Mia has filed a lawsuit against Rubicon soccer coach Shannon Dempsey, Rubicon Soccer Club Director Jordan Reddick, and Rubicon Soccer Club, Inc., arguing that they were negligent in returning her to play too soon after an earlier concussion and are therefore liable for the damages which she sustained.

STIPULATIONS:

1. All exhibits included in case materials are authentic and accurate in all respects. No objections to the authenticity of exhibits will be honored.
2. All exhibits, if offered, shall be admitted.
3. All signatures on Witness Affidavits and other documents are authentic. If asked, a witness must acknowledge signing the document(s) and must attest to the content of the documents(s) and the date(s) indicated thereon. The Witness Affidavits are deemed to be given under oath or affirmation.
4. The trial is bifurcated and the only issue to be determined is liability. The amount of damages to be awarded, if any, will not be at issue in this trial.
5. The Acute Concussion Evaluation (ACE) report is admissible without further foundation. No hearsay objection to this document will be allowed.
6. Before trial, the Court denied the Defendants' motion to dismiss the lawsuit on the grounds that Plaintiff waived and released her claims through her parent's execution of the Medical Consent/Waiver of Liability and Release, dated June 2, 2011. In its ruling, the Court determined, as a matter of law, that the waiver and release of liability was not enforceable against the Plaintiff.

WITNESSES:

Plaintiff witnesses:

Casey Donovan (parent of injured player Mia Donovan)

Dr. Bevin Register (concussion expert)

Tobin O'Reilly (Rome High School soccer coach)

Defense witnesses:

Shannon Dempsey (Rubicon Soccer Club coach/co-Defendant)

Jordan Reddick (Director of Rubicon Soccer Club/co-Defendant)

Chris Durant (Classmate of Mia Donovan)

EXHIBITS:

1. Acute Concussion Evaluation (ACE) Physician form for Mia Donovan
2. Acute Concussion Evaluation (ACE) Care Plan for Mia Donovan
3. CDC Fact Sheet: “Facts About Concussion and Brain Injury”
4. Dr. Robert Cantu’s Return to Play Guidelines
5. Rubicon Soccer Club Medical Consent/Waiver of Liability and Release
6. CDC High School Athlete Fact Sheet
7. CDC High School Coaches’ “Heads Up” Clipboard Sticker
8. CDC High School Athletes’ Signs and Symptoms Poster
9. NFHS Fact Sheet: Concussion Physiology
10. Geller-Walton Concussion Awareness Act
11. Geller-Walton Concussion Awareness Act Compliance Forms
12. USYS Concussion Procedure and Protocol
13. USYS Possible Concussion Notification
14. Curriculum Vitae of Dr. Bevin Register
15. Soccer Field Diagram

THE APPLICABLE LAW

NEW CAESAREA CIVIL CODE

42 N.C. Gen. Stat. § 7101. Negligence; elements of tort.

(a) GENERAL RULE: To prove negligence, the party making the claim must prove four elements: duty, breach of duty, causation, and damages.

(1) DUTY: Negligence refers to a person's failure to follow a duty of care owed as a result of a relationship that exists between the parties. Every person is under a duty to use ordinary care to protect himself/herself and others from injury. "Ordinary care" means that degree of care which a reasonable and prudent person would use under the same or similar circumstances to protect himself/herself and others from injury. It includes both the failure to do what a reasonably prudent person would have done under the same or similar circumstances, or the doing of something which a reasonably prudent person would *not* have done under the same or similar circumstances. To prove negligence, the plaintiff must first demonstrate that the defendant owed a duty of care to the plaintiff.

(2) BREACH OF DUTY: A person's failure to use ordinary care is a breach of duty. On this issue the burden of proof is on the plaintiff. The plaintiff must prove, by the greater weight of the evidence, that the defendant did not uphold his/her duty to exercise reasonable and prudent care in the given circumstances. Reasonable care is an objective standard, having regard for the particular circumstances of the case, including the age and knowledge of the participants and the conditions at the scene of the injury.

(3) CAUSATION: Proximate cause is a cause which in a natural and continuous sequence produces a person's injury, and is a cause which a reasonable and prudent person could have foreseen would probably produce such injury or some similar injurious result. There may be more than one proximate cause of an injury. Therefore, the plaintiff need not prove that the defendant's negligence was the sole proximate cause of the injury. The plaintiff must prove, by the greater weight of the evidence, only that the defendant's negligence was a proximate cause of the injury.

(4) DAMAGES: Actual damages are the fair compensation to be awarded to a person for any past, present, and/or future injury proximately caused by the negligence of another. In determining the amount, if any, to be awarded to the plaintiff, evidence is considered as to each of the following types of damages: past, present, and future pain and suffering; past, present, and future medical expenses; and past, present, and future diminution of earning capacity. The total of all damages are to be awarded in one lump sum.

*****For purposes of the mock trial exercise, student competitors need only prove the fact of injury and the elements of duty, breach, and causation. The amount of damages need not be proven or argued by participants and will not be determined by our mock trial juries. The element of damages is included here for educational purposes only.***

42 N.C. Gen. Stat. § 7102. Contributory negligence.

(a) **GENERAL RULE:** Contributory negligence refers to the Plaintiff's failure to use ordinary care which joins with the negligence of the defendant to proximately cause injury to the plaintiff. The test of what constitutes negligence is as defined in § 7101 above.

(b) **BURDEN:** The burden to prove contributory negligence lies upon the defendant. The defendant must prove, by a greater weight ("preponderance") of the evidence, that the plaintiff was negligent and that such negligence was a proximate cause of the plaintiff's own injury or damages.

42 N.C. Gen. Stat. § 7103. Comparative negligence.

(a) **GENERAL RULE:** In all actions brought to recover damages for negligence resulting in death or injury to person or property, the fact that the plaintiff may have been guilty of contributory negligence shall not bar a recovery by the plaintiff or his legal representative where such negligence was not greater than the causal negligence of the defendant or defendants against whom recovery is sought, but any damages sustained by the plaintiff shall be diminished in proportion to the amount of negligence attributed to the plaintiff. Thus, even if plaintiff is also negligent, plaintiff can recover some percentage from liable defendants as long as the plaintiff is 50% *or less* at fault than the defendant.

(b) **MINORS; CHILDREN AGE 14 AND OLDER:** Minors under the age of 7 are conclusively presumed by law not to possess sufficient maturity of discretion to be held liable for negligence; minors between the ages of 7 and 14 are considered on a case-by-case basis. All normal children 14 years of age and above are conclusively presumed by law to possess that maturity of discretion which belongs to adults of ordinary prudence; and the general rules of law applicable to adults, including the law of comparative negligence, also apply to them.

AVAILABLE CASE LAW

Vendrell v. School District No. 26C (1962)

Plaintiff suffered a broken neck when tackled during a high school football game. The Oregon Supreme Court ruled that a “coach . . . is required to exercise reasonable care for the protection of students under his supervision,” but determined that the coaches were not liable for plaintiff’s injury because they provided “adequate, standard instruction and practice” to their football team.

Mogabgab v. Orleans Parish School Board (1970)

Two high school football coaches were found negligent for failing to obtain medical care for a student showing signs of heat stroke until two hours later, causing the student’s death. The court found that while coaches are not required to have the same degree of knowledge as medical experts, they must recognize a medical emergency and act reasonably under the circumstances by seeking prompt medical treatment for an ill or injured student.

Condon v Basi (1985)

Plaintiff brought suit against defendant when plaintiff’s leg was broken by the defendant’s “foul” sliding tackle in a soccer match. Defendant was found liable and damages of \$10,000 were awarded against him. The judge ruled that “While the standard [of care] is objective, [it varies based on the] circumstances. Thus there will of course be a higher degree of care required of a player in a First Division [soccer] match than of a player in a local [recreation] league match.”

Rogers v. Budgen (1990)

Defendant Budgen was held liable for assault of plaintiff Rogers in a rugby match, where Budgen intentionally struck Rogers’ head with a forearm contrary to the rules of the game. The Rugby team that employed Budgen was also held liable. The judge explained, “If the employer, by his [emphasis on] winning and his motivation of or instructions to the employee, create a real risk that the employee will act [negligently], that may assist in finding the employer liable for what happened.”

Pinson v. State College (1995)

Plaintiff Pinson suffered a concussion during a collegiate football practice, collapsing and remaining unconscious for 10 minutes. Pinson continued to complain of headaches for several days after leaving the ER, but the athletic trainer did not report those symptoms to the team physician. Based on the athletic trainer’s report of no symptoms, Pinson was cleared to play by the physician. One month later, Pinson collapsed on the sideline; he underwent brain surgery, remained in a coma for several weeks, and suffered severe and permanent neurological damage. The court determined that the athletic trainer’s failure to report Pinson’s symptoms to the ER, team, or attending physicians was a substantial factor in bringing about the permanent damage; “but for” the trainer’s failure, Pinson likely would have had little or no permanent damage. Pinson was awarded \$1.5 million dollars in damages, including \$450,000 from the trainer.

Koeltzow v. Utopia High School (2012)

Plaintiff Koeltzow suffered heat stroke after his high school football coach refused to let players stop running drills in full pads in 94 degree temperatures with high humidity. The court ruled that the lawsuit could proceed; consistent with the legal duty of reasonable care established by the negligence standard, “a coach has an ethical obligation not to create an unsafe environment by enhancing a sport’s inherent risks of injury and to take affirmative steps to protect their athletes from suffering serious injuries or death.”

STATE OF NEW CAESAREA
COUNTY OF TIBER

IN THE GENERAL COURT OF JUSTICE
SUPERIOR COURT DIVISION
13-CVS-9876

MIA DONOVAN, a minor,)
by and through her parent,)
CASEY DONOVAN,)
Plaintiff,)
v.)
SHANNON DEMPSEY, JORDAN)
REDDICK, and RUBICON)
SOCCER CLUB, INC.,)
Defendants.)

COMPLAINT
DEMAND FOR JURY TRIAL

COMPLAINT FOR NEGLIGENCE

COMES NOW the Plaintiff, MIA DONOVAN, by and through her parent and next friend, CASEY DONOVAN, and respectfully states to the Court and alleges as follows:

JURISDICTION AND VENUE

1. That at all times mentioned, Plaintiff Mia Donovan, a minor, was and is a resident of Tiber County, State of New Caesarea. Casey Donovan, parent and lawful guardian of Mia Donovan, was and is a resident of Tiber County, State of New Caesarea.
2. That at all times mentioned, Defendant Shannon Dempsey was and is a resident of Tiber County, State of New Caesarea.
3. That at all times mentioned, Defendant Jordan Reddick was and is a resident of Tiber County, State of New Caesarea.
4. That Defendant Rubicon Soccer Club, Inc. is incorporated in the State of New Caesarea with its principal place of business being in Tiber County, State of New Caesarea.
5. All of the acts complained of in this complaint occurred in Tiber County, State of New Caesarea. Therefore, venue is proper in this court.
6. In the aggregate, Plaintiff's claims exceed \$10,000 exclusive of interest and costs, and therefore this Court has original jurisdiction.

FACTS

7. Prior to and on the date of Friday, December 2, 2011, Plaintiff Donovan was a member of the Under-17 Rubicon Soccer Club Premier Girls' soccer team, coached by Defendant Dempsey.

8. On Monday, November 28, 2011, Plaintiff Donovan struck her head on the ground during soccer practice. She seemed shaken up enough for Defendant Dempsey to require the Plaintiff to sit out for the remainder of practice.

9. Defendant Dempsey did not inform Casey Donovan, Plaintiff's parent, of the incident in Monday's practice, nor did the Defendant suggest that Plaintiff Donovan be checked out by medical personnel for a possible concussion.

10. On Friday, December 2, 2011, Plaintiff Mia Donovan suffered a blow to the head during the first half of the College Showcase tournament soccer game in Tivoli, New Caesarea. Defendant Dempsey did not remove Plaintiff Donovan from the game at that time to check on her, but instead, kept Plaintiff Donovan in the game until halftime.

11. Defendant Dempsey did not ask Plaintiff Donovan about any possible concussion symptoms during halftime.

12. Defendant Dempsey put Plaintiff Donovan into the game at the beginning of the second half. About 15 to 20 minutes later, Plaintiff Donovan was tripped while dribbling the ball toward the goal. Plaintiff Donovan fell to the ground, striking her head hard when she landed.

13. Plaintiff Donovan was knocked unconscious by the force of the blow to her head. She was transported to the emergency room at Tiber County Hospital, where she regained consciousness more than an hour later.

14. Plaintiff Donovan suffered a serious concussion from the blow to her head. She continues to suffer from post-concussion syndrome months after this incident.

COUNT ONE

15. The Plaintiff hereby adopts and incorporates by reference paragraphs 1 through 14 as if fully set forth herein.

16. At all relevant times, Defendant Shannon Dempsey had a duty of care toward the Plaintiff to supervise, monitor, regulate, and take all reasonable and appropriate steps to minimize the risk of injury to the Plaintiff from her participation in soccer practices and games.

17. Beginning on Monday, November 28, 2011 and proceeding through Friday, December 2, 2011, Defendant Dempsey breached her duty to Plaintiff by carelessly and negligently ignoring clear symptoms of concussions which the Plaintiff exhibited throughout that period.

18. By neglecting to remove Plaintiff Donovan from practices and the College Showcase game until the Plaintiff had been cleared to play by a physician knowledgeable in the diagnosis and treatment of concussions, Defendant Dempsey put Plaintiff Donovan in harm's way, directly and proximately causing the harm which Plaintiff Donovan suffered from repeated concussive events during the time in question.

19. The Plaintiff has sustained past medical expenses and will incur future medical expenses and costs associated with the harm suffered and disability referenced above.

20. The Plaintiff has in the past experienced, continues to experience, and may in the future suffer from an assortment of problems associated with the harm described above, including but not limited to, headaches, dizziness, loss of memory, depression, cognitive dysfunction, diminished educational achievement, employment impairment, limitations in physical activities, and loss of the pleasures of life.

21. As a result of the foregoing, the Plaintiff has suffered damages and will in the future suffer damages caused by the negligence of Defendant Dempsey.

COUNT TWO

22. The Plaintiff hereby adopts and incorporates by reference all prior paragraphs of this Complaint as if fully set forth herein.

23. At all relevant times, Defendant Jordan Reddick, as the Director of the Rubicon Soccer Club, had a duty of care to Plaintiff Donovan to supervise, educate, monitor, and provide reasonable information and rules to club players, parents, and coaches, to minimize the risk of injury to the players.

24. Defendant Jordan Reddick was careless and negligent by breaching the duty of care to players and coaches both generally and in the following particular respects:

a. Failing to educate players, parents, and coaches concerning symptoms of a possible concussion;

b. Failing to warn of the risk of unreasonable harm or possible long-term complications resulting from repeated concussions;

c. Failing to implement rules and protocols to adequately address the dangers of repeated concussions and to implement a medically-sound return-to-play policy to minimize long-term chronic cognitive problems;

d. Other acts of negligence or carelessness which may materialize during this civil action.

25. Because of the negligence and breach of duty of Defendant Reddick, Plaintiff Donovan has suffered damages and will in the future suffer damages as described in the foregoing paragraphs incorporated herein.

COUNT THREE

26. The Plaintiff hereby adopts and incorporates by reference all prior paragraphs of this Complaint as if fully set forth herein.

27. Defendant Rubicon Soccer Club, as the organization under which Plaintiff Donovan engaged in the sport of soccer, had a duty of care to establish reasonable rules and regulations and return-to-play protocols to minimize the risk of injuries to players in the club.

28. By failing to gather and disseminate specific information regarding prior player concussions on club medical waiver forms; failing to establish reasonable rules and regulations to educate players, parents, and coaches about the symptoms and risks of repeated concussions; and failing to establish clear and medically sound policies for safe return-to-play, Rubicon Soccer Club breached its duty of care to Plaintiff Donovan.

29. Because of the negligence and breach of duty of Rubicon Soccer Club, Plaintiff Donovan has suffered damages and will in the future suffer damages as described in the foregoing paragraphs incorporated herein.

WHEREFORE, Plaintiff requests judgment for the following:

1. Judgment against Defendants for compensatory damages in an amount to be determined by a jury;
2. Payment of the costs resulting from this action to be taxed against the Defendants;
3. Injunctive relief against the Rubicon Soccer Club, requiring the club, among other things, to adopt corrective measures including the institution of an annual educational program for players, coaches, and parents regarding the symptoms and treatment of concussions; and the implementation of medically sound return-to-play guidelines for players who have sustained concussions; and

4. Such other and further relief as this Court may deem just and proper.

Plaintiff requests a jury trial on all issues.

Respectfully submitted, this the 1st day of August, 2012.

*Katy Craige, Esq.*_____

Katy Craige, Esq.

Attorney at Law

333 Vineyard Avenue

Palatine Hill, New Caesarea 13468

Telephone: 789-707-4498

STATE OF NEW CAESAREA
COUNTY OF TIBER

IN THE GENERAL COURT OF JUSTICE
SUPERIOR COURT DIVISION
13-CVS-9876

MIA DONOVAN, a minor,)
by and through her parent,)
CASEY DONOVAN,)
Plaintiff,)
v.)
SHANNON DEMPSEY, JORDAN)
REDDICK, and RUBICON)
SOCCER CLUB, INC.,)
Defendants.)

ANSWER
DEMAND FOR JURY TRIAL

ANSWER

COME NOW the Defendants, SHANNON DEMPSEY, JORDAN REDDICK, and RUBICON SOCCER CLUB, INC., and respond to the Plaintiff's Complaint as follows:

JURISDICTION AND VENUE

- 1. Admitted.
- 2. Admitted.
- 3. Admitted.
- 4. Admitted.
- 5. Admitted.
- 6. Defendants admit that the aggregate damages claimed by the Plaintiff exceed \$10,000 but deny that the damages are due to negligence on the part of the Defendants.

Nonetheless, Defendants do not contest the venue or jurisdiction of Tiber County Superior Court.

FACTS

- 7. Admitted.
- 8. Defendants Jordan Reddick and Rubicon Soccer Club lack sufficient knowledge to form a belief as to the truth of the allegations in paragraph 8, and thus it is denied.

9. Defendants Jordan Reddick and Rubicon Soccer Club lack sufficient knowledge to form a belief as to the truth of the allegations in paragraph 9, and thus it is denied.

10. Defendants lack sufficient knowledge to form a belief as to the truth of the first allegation in paragraph 10, and thus it is denied. The second allegation is admitted.

11. Defendants Jordan Reddick and Rubicon Soccer Club lack sufficient knowledge to form a belief as to the truth of the allegations in paragraph 11, and thus it is denied.

12. Admitted.

13. Admitted. Defendants lack sufficient knowledge to form a belief as to the truth of the second allegation in paragraph 13, and thus it is denied.

14. Defendants lack sufficient knowledge to form a belief as to the truth of the allegations in paragraph 13, and thus it is denied.

COUNT ONE

15. Defendants' responses to Paragraphs 1 – 14 are incorporated hereby by reference.

16. Admitted.

17. Denied.

18. Denied.

19. Defendants lack sufficient knowledge to form a belief as to the truth of the allegations in paragraph 19, and thus it is denied.

20. Denied.

21. Denied.

COUNT TWO

22. Defendants' responses to all prior paragraphs of the Complaint are incorporated herein by reference.

23. Admitted.

24. Denied in general and in all statements a. – d.

25. Denied.

COUNT THREE

26. Defendants' responses to all prior paragraphs of the Complaint are incorporated herein by reference.

27. Denied.

28. Denied.

29. Denied.

FIRST AFFIRMATIVE DEFENSE

Plaintiff's Complaint fails to state a claim upon which relief can be granted.

SECOND AFFIRMATIVE DEFENSE

Defendants assert the defense of comparative negligence. Plaintiff failed to exercise reasonable care for her own safety and thereby contributed to her own injury in one of more of the following ways: (1) by re-entering the soccer game after injuring her head, (2) by failing to notify her coach of her concussive symptoms, and (3) in such further ways as may be shown by evidence in this case.

WHEREFORE, Defendants pray the following from the Court:

1. That Plaintiff Mia Donovan recover nothing from Defendants Shannon Dempsey, Jordan Reddick, and Rubicon Soccer Club, Inc.;
 2. That no injunctive relief be imposed upon Defendant Rubicon Soccer Club, Inc.;
- and
3. Such other and further relief which the Court may deem just and proper.

Defendants request a jury trial on all issues.

Respectfully submitted this the 31st day of August, 2012.

Gordon Mahoney, Esq. _____

Gordon Mahoney, Esq.
Attorney at Law
512 Brewer's Hill
Rome, New Caesarea 12346
Telephone: 789-507-4328

Affidavit of Casey Donovan

1 My name is Casey Donovan; I am a 42 year old single parent living in Rome, New Caesarea.
2 I attended Appalachian University 20 years ago, and after I graduated, I married my college sweetheart
3 and began working as a graphic design artist at a small marketing company in Rome. It doesn't pay a lot,
4 but I love what I do. We were living the American dream. That is, we were until my spouse died eight
5 years ago in a terrible car accident, leaving me to raise our daughter, Mia, alone. It was such a shock, I
6 could hardly function, but I had to pull myself together for Mia's sake. I tried to find things we could do
7 as a family, so I started volunteering with her Brownie scout troop and signed her up for sports camps at
8 the Y. Mia was amazingly fast and very coordinated, and soon she was the star of her basketball, track,
9 and soccer teams. It was great to see her moving past her grief and doing something she loved.

10 At the time of Mia's injury on Friday, December 2, 2011, Mia was 16 and a junior at Rome High
11 School. Mia has always been crazy about soccer; she dreamed of playing in the pros like her idols Cindy
12 Parlow and Mia Hamm. She watched soccer every chance she could get, and she begged me to take her to
13 college games at Julian College here in Rome. So when she made it onto the top competitive soccer team
14 with the Rubicon Soccer Club at age 13, Mia was thrilled. She knew that many Rubicon players have
15 earned soccer scholarships to college, so it seemed like the first step to reaching her dreams. I had to fill
16 out a pile of paperwork to sign her up, although it surprised me that she wasn't required to get a physical
17 or give any real information about past medical history or injuries; they just wanted to know if she'd had
18 a tetanus shot or suffered from allergies.

19 The club fees are expensive, and then you have all the costs of traveling to tournaments and
20 getting expensive cleats and uniforms. I couldn't afford it all on my salary, so I had to start working a
21 second job in the evenings. It meant I had to find carpools to get Mia to practices, and I couldn't watch all
22 of her games like I used to do. But when I saw her joy as she made the Rome High School varsity team as
23 a freshman, I felt like the sacrifice was worth it. She even got to wear jersey # 9, just like Mia Hamm.
24 Soon she was starting every game as a forward – a “striker” – and she quickly became the leading scorer.

25 When Mia got her license on her 16th birthday, it was a relief to know she could drive herself to
26 practices and games, and I didn't have to keep asking favors of other parents. But I did arrange my
27 schedule so I could come to really important games, like when we played our school's biggest rival,
28 Carthage High School, in the first playoff game in early May of 2011. Mia was really excited about the
29 game; she thought Rome might defeat Carthage for the first time ever, and if they could get past Carthage,
30 maybe they could go all the way to state finals. At halftime we were leading 2 – 0, and Mia had scored
31 one goal and assisted on the other. But about midway through the second half, Mia collided with a
32 defender when they both went up for a header, and Mia went down hard. She looked woozy when she got
33 up, so her coach, Tobin O'Reilly, pulled her out right away. Coach O'Reilly is great; s/he wants to win,

34 but not at any cost. When Carthage scored, I saw Mia asking to go back in the game, but Coach O'Reilly
35 wouldn't let her. The team managed to hold off Carthage and won, 2-1! The whole team was jumping up
36 and down with excitement, although Mia mostly stayed still and just hugged her teammates.

37 After the game, Coach O'Reilly told me that I should take Mia to the doctor the next day, since
38 she was still a bit woozy and complaining of a headache. Mia appeared to feel completely fine the next
39 morning, but we went to our physician, Dr. Rick Mueller, first thing anyway. After examining her, he said
40 that Mia had a mild concussion. He told her she needed to rest and avoid strenuous mental and physical
41 activities, including soccer, for a week, when we should come back for a follow-up visit. I still have the
42 instruction sheet he gave us after her visit.

43 Mia rested just as Dr. Mueller ordered. But without her, the school team lost the next playoff
44 game. Mia felt really sad about that, but Coach O'Reilly and all her teammates told her not to worry,
45 they'd have another chance the next year. Since soccer was finished for the season and Mia said she felt
46 fine, we never did go back for the follow-up visit with Dr. Mueller. It just didn't seem necessary since the
47 Rubicon club soccer tryouts were a month away.

48 Mia did well in tryouts and stayed on the top Under-17 Rubicon team with Coach Michelle
49 Foudy, although some of her good friends got dropped down to the second team. When I turned in all of
50 Mia's paperwork, I made sure to write down on the Medical Waiver form that Mia had suffered a
51 concussion in her school game on the line marked "List any unusual health information" since the form
52 does not ask for such information specifically.

53 Mia was really happy when her Rubicon club soccer practices started back up in mid-summer of
54 2011. Surprisingly, Mia's team had a new coach, Shannon Dempsey. At the first team meeting, Coach
55 Dempsey told the girls that Coach Foudy left to care for her dad, who had been diagnosed with cancer.
56 Mia and her teammates were sad for Coach Foudy, but they were impressed to hear that Coach Dempsey
57 had played in college on a full soccer scholarship and had turned down an offer to play in the pros.

58 As the top team in their Premier division, Mia's Rubicon club team was getting lots of attention
59 from college coaches. In fact, the girls were so confident of winning their division that they made team
60 shirts with the slogan "Rubicon soccer: We came, We saw, We conquered." Mia was still the leading
61 scorer, and she was playing her best soccer ever. Coach Dempsey stressed hard work and instituted strict
62 rules, and it all seemed to pay off when the team finished the season undefeated. When the team signed
63 up for a college showcase tournament in early December, Mia knew it was her chance to be seen by top
64 college coaches from all across the country: Duke, UNC, Wake Forest, and even Stanford and UCLA. I
65 made sure to work extra evening shifts early in the week of the tournament, so I could watch her play that
66 weekend. I knew how important this opportunity was for Mia; she had to get a scholarship to have any
67 hope of attending a top-tier university.

68 The tournament started on Friday afternoon, December 2, 2011, and ran through Sunday,
69 December 4. I didn't get to talk with Mia very much that week because of my work. When I saw her for a
70 few moments on Tuesday evening, she did seem kind of quiet and stressed, but I knew she was feeling
71 pressure to do well in the tournament. She was already in bed when I got home from work on Wednesday,
72 and I didn't get to talk with her much on Thursday morning. On Thursday evening when I got home she
73 still seemed stressed, so I tried to tell her to relax and play her game, and everything would be fine. She
74 kind of paused and looked at me like she wanted to say something, but then she just said she was going to
75 bed. On Friday morning she slept through her alarm and I had to wake her up for school, which surprised
76 me because Mia was always up before her alarm. I asked if she was getting sick, but she said she was
77 okay, she was just tired from all of the tests she'd had that week. I told her again to relax and said I would
78 meet her at the game that afternoon.

79 I got an important call right when I was leaving work, so I got to the game after it had already
80 started. I noticed lots of coaches on the sidelines, taking notes on clipboards; I even saw some of them
81 pointing out Mia. Mia was out on the field in her usual position of striker, but I noticed she didn't seem to
82 be running as hard as usual. I figured that maybe she was getting sick after all, and I hoped she'd be able
83 to shake it off and play well. With about 10 minutes to go in the first half, Mia tried to head the ball to
84 score on a corner kick, and it looked like she took an elbow to the head. She seemed a bit shaken, and co-
85 captain Megan Cheney even came over to check on her. But Coach Dempsey didn't seem to care and in
86 any case, s/he didn't pull Mia out. Soon it was halftime, with the score tied 0-0.

87 Mia started the second half, and she seemed to be a bit better after the short break for halftime. In
88 fact, she almost scored a goal about 5 minutes in, but the goalkeeper made a great save. About 10 minutes
89 later a teammate passed the ball to Mia right outside the penalty box, and Mia started dribbling toward the
90 goal. All of a sudden a defender made a hard tackle on the ball, and Mia lost her balance and crashed on
91 the ground, hitting her head. I waited for her to get up, but she just lay there. The referee stopped play
92 immediately, and Coach Dempsey ran out on the field. Mia still wasn't moving, and next thing I knew, I
93 saw the field marshal and athletic trainer run out on the field. I was in shock; and then I ran out on the
94 field. Coach Dempsey said to me, "I'm so sorry, I'm so sorry; I knew Mia wasn't feeling well. I can't
95 believe she got hurt." I saw that Mia was unconscious, and I heard them call for the ambulance which was
96 at the tournament to come get Mia and take her to the ER. Of course, I rode with them, although I don't
97 remember much of what went on. All I kept thinking was "please, let her be okay; I can't lose her, too."

98 At the hospital, the doctors ran tests, and they said Mia had a concussion. She finally woke up
99 about an hour after we got there, but she seemed really "out of it." They kept her overnight for
100 observation, and they talked with both of us about what to watch for and how it might be days or even
101 weeks before Mia fully recovered. They said that in a small percentage of cases, the person can have

102 serious, long-lasting problems. Of course, we never thought that would happen to Mia, but our worst fears
103 have come true.

104 Mia started having serious migraines a few days after she was discharged. She was incredibly
105 sensitive to light and noise, and she was moody and depressed. She couldn't concentrate and had trouble
106 remembering things. I kept her out of school since it was almost the winter break, and I hoped she would
107 get better before the new semester started. But she didn't. In fact, she hasn't been able to return to school
108 since the injury. She still has intense headaches, dizziness, and even nausea, even though it's over a year
109 later. Because light still bothers her, we have to keep our house dark, with dim blue lights or candlelight.
110 It's so bad that she can't come to testify in court, because the stress is just too much for her.

111 Mia's taking one class online now, but that's all she can handle. She won't be able to graduate
112 with her class this spring, and she certainly won't be going to college on a soccer scholarship or playing
113 in the pros. Her life has been completely changed, and the doctors don't know if she'll ever fully recover.
114 And I worry about her future; I mean, you read now about these NFL football players who are getting
115 early dementia, and I wonder, is that going to be Mia? Will she ever go to college or be the person she
116 could have been?

117 I don't fault the game of soccer. Mia loves soccer, and obviously millions of people play it
118 without these types of problems. But I do fault Coach Dempsey and the Rubicon Soccer Club Director,
119 Jordan Reddick. After Mia woke up in the hospital, she told me that she took a hard hit to the head in
120 practice on Monday before the tournament, but Coach Dempsey never did anything about it and certainly
121 didn't inform me about it. High schools have all these protocols in place to train coaches about
122 concussions and make sure students aren't put in danger, but the Rubicon Soccer Club doesn't do
123 anything to train coaches about concussions. Sure, the club talks about good nutrition and all, but playing
124 with a concussion can ruin a player's life.

125 I know I signed a waiver saying I can't hold the club accountable for injuries, but thankfully the
126 judge ruled that the waiver doesn't keep Mia from suing them. And I wrote right on the waiver form that
127 Mia had suffered a concussion at school so that the Rubicon coach would know to keep an eye on her.
128 The Rubicon coach and club have a duty to take care of their players, but I think they've forgotten that in
129 their zeal to brag about their winning teams and scholarship-earning players. They should pay for the
130 harm that Mia suffered, harm that was preventable if they'd only had their priorities right. Money can
131 never make things right, but at least it can help us afford all of the therapy and educational support
132 services that Mia will need in the future. Without that, I just don't know what will become of Mia.

133 Of the exhibits in this case, I am familiar with the following: CDC High School Athlete Fact
134 Sheet; ACE Evaluation Form and ACE Care Plan for Mia Donovan; Soccer Field Diagram; and the

135 Rubicon Soccer Club Medical Consent/Waiver of Liability and Release. I am not familiar with any other
136 exhibits or affidavits other than my own.

137 I hereby attest to having read the above statement and swear or affirm it to be my own. I also
138 swear or affirm to the truthfulness of its content. Before giving this statement, I was told it should contain
139 all relevant testimony, and I followed those instructions. I also understand that I can and must update this
140 affidavit if anything new occurs to me until the moment before I testify in this case.

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Casey Donovan

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Casey Donovan

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Subscribed and sworn before me on this, the 24th of August, 2012

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Beth Eckhardt

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Beth Eckhardt, Notary Public

Affidavit of Bevin Register, PhD, AT

1 My name is Dr. Bevin Register; I am 45 years old and the Director of the Geller Sport-Related
2 Concussion Research Center in Palatine Hill, New Caesarea. The Geller Research Center is part of the
3 Department of Exercise and Sport Science at the University of New Caesarea, where I am also
4 Department Chair and Mihalik-Marshall Distinguished Professor. For nearly twenty years, my research
5 has focused on the diagnosis and long-term neurological impact of sport-related concussions. More
6 recently, our center has also begun focusing on injury awareness and prevention among youth athletes. As
7 part of our work at the Geller Center, we offer pre-concussion baseline and post-injury follow-up testing
8 to youth athletes. I saw Mia Donovan in February of 2012 after her concussion in December of 2011.

9 I became interested in studying concussions about 20 years ago, when I worked as an athletic
10 trainer for the Caesarea Eagles pro football team. It seemed as though we did not have a good process to
11 determine when players with concussions could safely return to play. So I earned my Master's degree and
12 my PhD in sports medicine, focusing on balance testing as an objective measure to confirm concussions
13 and recovery from concussions. We can never make athletes 100% safe, though; all sports carry some
14 degree of risk. We can only do our best to reduce the risks as much as possible, realizing that some
15 percentage of athletes will continue to get hurt.

16 I suffered a concussion as a high school soccer player myself, and as an adult, I have had two
17 more concussions, one from a ski boarding accident and another from riding a roller coaster. I know from
18 personal experience that the first concussion puts you at increased risk for more, and how it takes less
19 force to cause subsequent concussions. Because of all I've seen, you might say I'm on a personal crusade
20 to raise awareness about the devastating impact of multiple concussions.

21 A concussion is a type of mild traumatic brain injury, or mTBI, caused by a blow or jolt to the
22 head. Contrary to what many people believe, only 5 - 10% of concussions involve a loss of
23 consciousness. The injury occurs from acceleration and deceleration forces shaking the brain inside the
24 skull. We've recently discovered that this movement sets off a cascade of neurophysiologic changes
25 which are more akin to "software" problems than "hardware" problems such as cell death or structural
26 changes. We see alterations in the metabolism of glucose (the major fuel for the brain), temporary
27 disruptions in neural membranes that cause impaired connectivity or changes in neurotransmitters, and
28 reduced blood flow in the brain. As the brain attempts to return to normal, any additional physical or
29 cognitive activity can cause symptoms to worsen and even lead to long-term problems.

30 In the last ten to fifteen years we've begun to realize how serious the long-term effects of
31 repeated concussions can be. Coaches used to encourage players to "tough it out" and get back in the
32 game; continuing to play after getting your "bell rung" was almost a badge of honor. And we used to
33 think that the brains of children and youth were more resilient than adults, so that we were less concerned

34 when a youth suffered a concussion. Now we realize that youthful brains are actually more vulnerable,
35 and it can take youth athletes longer to recover than adults.

36 Every year, U.S. emergency departments treat more than 120,000 youth aged 10-19 for sports and
37 recreation-related TBIs. The numbers are highest in football and girls' soccer. Because more boys
38 participate in contact sports than do girls, the overall numbers are higher among boys; but when you
39 compare them across similar sports (basketball, soccer, or baseball/softball), girls are twice as likely as
40 boys to suffer from concussions. And some research indicates that females may face more brain swelling
41 and take longer to recover from concussions than males do.

42 Immediately after a blow to the head that causes a concussion, certain signs may be observed.
43 The athlete may appear dazed or stunned; he or she may appear confused about events or slow to respond
44 to questions. He or she might seem clumsy, or lose consciousness briefly. The athlete might also exhibit
45 mood swings or personality changes. It is important for coaches to be alert to these symptoms, because
46 the player might try to stay in the game and shake it off, or beg to be put back in if the coach takes him or
47 her out. Sometimes players deliberately try to hide the injury from their coaches; other times the player
48 just isn't aware of what is happening because he or she is not thinking clearly. We can educate athletes
49 about the symptoms of a concussion, but especially when dealing with youth players, I feel strongly that
50 the real responsibility lies with the adults in the situation: the coaches, athletic trainers, and parents. It is
51 crucial that regular training be provided to all athletic trainers and coaches working with youth in contact
52 sports to make sure that they are aware of the symptoms and proper treatment of concussions.

53 Generally, concussion symptoms fall into four categories. The first category involves difficulty in
54 cognitive activities: concussed individuals may have trouble thinking clearly, concentrating, or
55 remembering new information; they may feel mentally sluggish, hazy, or foggy. The second category is
56 physical effects: nausea or vomiting (early on), headaches, blurry or double vision, dizziness or balance
57 problems, and sensitivity to light or noise. Affected individuals will say that they have no energy or just
58 "don't feel right." Next, concussed individuals can experience changes in mood or emotion: they may be
59 irritable, sad, nervous, or more emotional than usual. Finally, affected individuals can have changes in
60 their sleep patterns: either difficulty in falling asleep, or sleeping more or less than usual.

61 Dr. R. Dawn Comstock at the Center for Injury and Research Policy in Ohio has been collecting
62 data on the reported incidence and symptoms of concussions for high school athletes across the U.S. since
63 the 2005-06 season. Dr. Comstock obtains weekly injury and participation data from Certified Athletic
64 Trainers (ATs) at a representative nationwide sample of high schools via the High School RIO™
65 (Reporting Information Online) study. By analyzing the data and tracking trends over time, Dr.
66 Comstock's research helps the National Federation of State High School Associations (NFHS) to develop
67 policies to improve athletes' safety. Data from 2005-06 through 2010-11 revealed that during a six-year

68 period, an estimated 120,000 concussions were sustained by high school boys' soccer players nationwide
69 and 170,000 concussions by high school girls' soccer players. The girls' concussion numbers were higher
70 even though the NFHS reports that 10% more boys than girls play high school soccer each year. And
71 these numbers undoubtedly underestimate the true incidence, as they only reflect the concussions which
72 were known to the athletic trainers.

73 Dr. Comstock found that while headaches are the most commonly reported symptom among all
74 athletes – approximately 90% report headaches – boys and girls differ in their exhibition of other
75 symptoms. For instance, more boys than girls experience amnesia (27% versus 14%), loss of
76 consciousness (5% versus 2%), and tinnitus (11% versus 5%). In contrast, girls more often report
77 difficulty in concentrating (55% versus 41%), sensitivity to noise (19% versus 12%), nausea (33% versus
78 24%), and feelings of drowsiness (34% versus 18%). It is important to be aware of these differences so
79 we don't overlook girls who have sustained a concussion. While many people are aware that amnesia or
80 loss of consciousness are symptoms of concussions, complaints of drowsiness or sensitivity to noise may
81 be attributed to busy teen lifestyles rather than recognized as indications of a possible concussion.

82 When an athlete is suspected of having sustained a concussion, it is very important that he or she
83 be removed from play right away and not be allowed to go back in the game that day. The athlete needs to
84 be evaluated by a health care professional who is knowledgeable about assessing and treating
85 concussions. Diagnosis still largely depends upon observed symptoms and the patient's report, as CT
86 scans and MRIs appear normal unless the injury is severe enough for intracranial bleeding.

87 Physicians frequently use an "Acute Concussion Evaluation," or ACE, questionnaire when
88 interviewing a person thought to have sustained a concussion. The ACE notes the characteristics of the
89 injury, patient symptoms, and risk factors such as previous concussions or a history of headaches that
90 may indicate a full recovery could take longer than normal. After evaluating the patient, the physician
91 should give the individual an ACE Care Plan sheet detailing what the patient should and shouldn't do,
92 and what types of follow-up are recommended. Mia was evaluated using an ACE in May of 2011 after
93 she sustained a concussion while playing on her school soccer team. It would have been important for
94 Mia to tell her future coaches about that concussion; I do not know whether Coach Dempsey was ever
95 informed or not.

96 After sustaining her first concussion in the spring of 2011, Mia was at greater risk for a
97 subsequent concussion even with a lesser application of force. A study conducted by McGill University in
98 Montreal found that college soccer players who sustained one concussion were 4 to 6 times more likely
99 than uninjured players to sustain a second concussion. It is critically important for organizations involved
100 in youth athletics, whether schools or club sports, to ask incoming players about any past incidents of
101 concussions so they will know to monitor affected players more closely. Any failure to specifically ask

102 for such information is unthinkable; no responsible club could possibly fail to recognize the importance of
103 such information.

104 Most players who have sustained a mild concussion are symptom-free within a week to ten days,
105 but it takes others much longer to recover. According to the RIO™ data, concussion symptoms resolved
106 within 6 days for 83% of high school boys' soccer players and 75% of high school girls' soccer players,
107 leaving a substantial percentage with symptoms lasting a week or longer. Since adolescent brains are still
108 developing, it is better to err on the side of caution when evaluating return-to-play: "When in doubt, sit
109 them out." Individuals vary greatly in the time needed for a full recovery, and sometimes after physical
110 symptoms have resolved, the player may have lingering cognitive impairment or brain metabolism
111 abnormalities.

112 Rest is a key part of recovery, and this includes rest from learning and mental stimulation as well
113 as physical rest. Youth athletes often feel stressed by the need to take time to recover, feeling that they
114 should "work through" their symptoms so they do not fall behind in their schoolwork or lose athletic
115 fitness. It is very important for coaches, parents, athletes, and school personnel to support the athlete's
116 need to take sufficient time to recover. And nationally-recognized researcher Dr. Robert Cantu has found
117 that it is even more critical to allow sufficient time when an athlete has suffered a repeat concussion. For
118 instance, after a second concussion, a player should sit out for a minimum of 2 weeks even if the
119 symptoms all clear up within 30 minutes of the incident.

120 An athlete should be completely free of symptoms at rest and have no symptoms with cognitive
121 stress (such as reading or schoolwork) before starting on a gradual progression to return to play. If
122 symptoms return at any point, the athlete must stop and rest; when they are symptom-free, they must
123 return to the previous stage that they completed without symptoms. It is important that the athlete not
124 progress too quickly and that he or she pay careful attention to any recurring symptoms and honestly
125 report those to their parent, coach, or athletic trainer. While a coach or athletic trainer can observe
126 symptoms such as poor balance, the athlete must be willing to report other symptoms like difficulty
127 concentrating which the coach cannot see as readily.

128 In my evaluation of Mia Donovan at the Geller Center in February of 2012, I conducted a number
129 of assessments, including computerized cognitive testing, computerized balance testing, clinical cognitive
130 and balance testing, symptom assessment, and an assessment of her history of concussion. All of her test
131 results showed that she was suffering from post-concussive syndrome. During my evaluation she
132 displayed difficulties with visual and recall memory, slowed information processing, and inattentiveness.
133 She was experiencing ongoing and severe headaches, including migraines; other physical symptoms
134 included poor balance, sensitivity to light and noise, and unusual sleepiness. Mia also reported mood
135 swings, intolerance to stress, and feelings of depression. All of these symptoms made it impossible for her

136 to attend school or take classes online. I evaluated her again in early August, and although her symptoms
137 were marginally improved, she was still unable to tolerate more than one online class for school. Her low
138 tolerance for stress, continuing headaches, and sensitivity to light and noise will certainly decrease the
139 likelihood of her ability to be present in the courtroom.

140 From my assessments and interviews with Mia and Casey Donovan, it appears that Mia may have
141 suffered one concussive event on Monday, November 28 and very likely suffered two concussive events
142 on December 2, 2011. The die was cast when Coach Dempsey left Mia in the game after the first event on
143 December 2, for the occurrence of a second blow in the same game is almost certainly a key factor in her
144 ongoing and debilitating problems. As pediatric neurosurgeon Dr. Todd Maugans at Cincinnati Children's
145 Hospital has noted, "In the recovery phase, rest and avoidance of a second head injury is imperative . . .
146 when [cerebral] blood flow is low [as occurs after a concussion], another injury could be catastrophic." If
147 the coach had recognized Mia's symptoms and removed her from the game after the first incident, Mia
148 almost certainly would have received more appropriate and timely care, greatly increasing her chances for
149 a full recovery. Given the seriousness of her condition more than a year after her injury, it is strongly
150 likely that Mia will continue to suffer significant physical and cognitive problems for the rest of her life.
151 It is heartbreaking to know that a young woman with a bright future ahead of her has almost certainly had
152 that future snatched away, all because a soccer club and soccer coach were too blind to see what was right
153 in front of their faces. We have to do whatever it takes to put a stop to this type of tragedy.

154 Of the exhibits in this case, I am familiar with the following: ACE Evaluation Form and Care
155 Plan for Mia Donovan; CDC Fact Sheet: "Facts About Concussion and Brain Injury"; Dr. Robert Cantu's
156 Return to Play Guidelines; NFHS Fact Sheet: Concussion Physiology; Soccer Field Diagram; and my
157 own Curriculum Vitae. I am not familiar with any other exhibits or affidavits other than my own.

158 I hereby attest to having read the above statement and swear or affirm it to be my own. I also
159 swear or affirm to the truthfulness of its content. Before giving this statement, I was told it should contain
160 all relevant testimony, and I followed those instructions. I also understand that I can and must update this
161 affidavit if anything new occurs to me until the moment before I testify in this case.

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Bevin Register, PhD, AT

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Bevin Register, PhD, AT

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Subscribed and sworn before me on this, the 24th of August, 2012

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Beth Eckhardt

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Beth Eckhardt, Notary Public

Affidavit of Tobin O'Reilly

1 My name is Tobin O'Reilly; I am 34 years old. I teach Sports Medicine, Health, and PE at Rome
2 High School in Rome, New Caesarea. I also coach the boys' and girls' varsity and JV soccer teams. I've
3 always wanted to coach and teach at the high school level because I love seeing the excitement in the
4 students' eyes when they learn a new concept or skill for the first time. And Rome High is a great place to
5 work! As the only high school in town, we have fantastic community support for all of our programs.
6 When we play our arch-rivals from Carthage High School in soccer on a Friday night, the bleachers are
7 packed with students and townspeople cheering our team on!

8 I've always loved soccer; I played in high school myself and became a FIFA-certified soccer
9 referee to help pay for college. I even earned a scholarship to play soccer at the University of New
10 Caesarea, where I majored in Exercise and Sports Science with a minor in Coaching Education. Before I
11 graduated in 2000, I began coaching youth soccer part-time at Triad Soccer Club and started attending
12 soccer coaching courses. I eventually earned my NSCAA (National Soccer Coaches Association of
13 America) Advanced National Coaching Diploma, their second highest certification, in 2005. It's an
14 intense course, equivalent to a USSF "B" level license.

15 After I earned my Advanced National Diploma, I heard that Rubicon Soccer Club was looking to
16 hire a club Director. Rubicon was still very new at that time, and the position sounded like a great
17 opportunity, maybe the only thing that could have lured me away from teaching at Rome High. I applied
18 for the position and thought my interview went well, but Rubicon hired Jordan Reddick. I couldn't
19 believe it. Sure, Jordan had played pro ball and I hadn't, but other coaches at Triad Soccer Club said that
20 Jordan was too focused on winning without regard to player safety. In fact, they were relieved when
21 Jordan left. I had to agree; I had seen Jordan's angry behavior on the sidelines when his/her team wasn't
22 playing well. On more than one occasion, I saw Jordan kick chairs or trash cans when his/her team was
23 losing, and Jordan often yelled insults at players who made mistakes. I hate to admit it, but I kind of lost
24 my head and posted some nasty comments about Jordan on the statewide soccer coaches' forum
25 "CaesareaSoccer.net." It wasn't the wisest idea, but I felt pretty strongly that Jordan got the job that
26 should have been mine.

27 I learned a lot about general sport safety and fitness in my college classes and my coaching
28 certification courses. I know that sports injuries can hurt the whole team, so I do everything I can to help
29 our players stay healthy. I make sure they keep hydrated and eat the right kinds of foods before and after
30 games and practices. I talk with them about getting enough rest, and of course about keeping their
31 schoolwork as their top priority. A few of them will be able to play ball in college, but most of them
32 won't, so I emphasize that they need to have good grades to stay on the team.

33 When I first started coaching, we didn't learn much about concussions in my training classes; we
34 mostly learned about sprains, strains, hydration, and that sort of thing. But several years ago, back in
35 2008, I heard in the news about several high school football players who died after suffering a second
36 concussion in a game or practice. I knew soccer players sometimes got repeat concussions – I had a
37 teammate in college who had short-term memory problems and recurring headaches after several
38 concussions – so I started reading all that I could about concussions. We didn't have enough money to
39 hire athletic trainers at Rome HS, which made it my job to stay on top of current research in the field.

40 In the summer of 2010, I learned about the “Heads Up” concussion awareness initiative of the
41 Centers for Disease Control and Prevention (CDC). The CDC provides a free online training video for
42 coaches, as well as Fact Sheets to give to student-athletes and parents. The information is incredibly
43 helpful; it tells the signs and symptoms of concussions, how to prevent them, and what to do if you
44 suspect an athlete has a concussion. The website even has a guidebook for high school coaches, and
45 clipboard stickers and wallet cards that make it easy to keep the information with you. That fall I began
46 implementing the CDC recommendations at the beginning of the season. I sent home the CDC high
47 school athlete and parent fact sheets with all my students because I wanted to make sure that my players
48 knew not to hide their symptoms or try to “play through” the pain. I even put up several CDC posters in
49 my office and in the gym, to remind students to take concussions seriously. As those posters say, “When
50 in doubt, get checked out; it's better to miss one game than the whole season.” Soccer is a great game, but
51 it is just a game; I would never risk a player's health for a win.

52 Our boys' soccer team advanced far into the playoffs in the fall of 2010, and when the girls'
53 season began in the spring of 2011, I knew they had the potential to make the playoffs, too. Mia Donovan,
54 a “striker” and our leading scorer, already had a year of experience on the varsity team since she made the
55 team as a freshman. I had never had a player like Mia; she was fast, had wonderful ball control, could
56 place her shot exactly where she wanted it, and had an intuitive feel for the game. She had an incredible
57 work ethic, and her example inspired the other players. She was well-liked and respected by all of her
58 teammates, even the seniors, and they voted her as a co-captain at the beginning of the spring. I knew that
59 if any of my players had the potential to play in college or the pros, it was Mia.

60 And the team, and Mia in particular, certainly lived up to my expectations. We were undefeated
61 going into the playoffs, and our first playoff game was against our arch-rival, Carthage High School. We
62 hadn't played them in the regular season; the game was rained out and we were never able to reschedule
63 it. So I think the whole town was in the bleachers when we faced Carthage at home on Wednesday, May
64 4, 2011. We really dominated in the first half; Mia scored a goal and sent a beautiful cross in to get an
65 assist on another goal. I'd never seen the girls play better. With a 2-0 lead at halftime, we were focused
66 and confident going into the second half.

67 But about 20 minutes into the half, Mia collided with a Carthage player when trying to score on a
68 header. Mia went down and seemed to hit her head on the ground. She took a minute to get up and looked
69 kind of dazed, so I pulled her out right away. I asked Mia some questions based on my CDC clipboard
70 sticker. She answered my questions slowly, and she said she was feeling “foggy.” It was clear to me that
71 she might have sustained a concussion, so I told her she would need to sit out for the rest of the game.
72 Ten minutes later Carthage scored and Mia begged to go back in, but there was no way I was going to do
73 that. I’d rather lose the game than risk my player’s health.

74 Carthage came close to scoring, but our defenders were great, and we won 2-1. The crowd and all
75 the players went wild, except for Mia. She had a huge grin on her face, but she didn’t try to dance around
76 like the other girls. After things calmed down, I spoke with Mia and Casey Donovan and told them she
77 needed to go to a doctor the next day because I suspected she might have a concussion. They both assured
78 me they would do that first thing. When she left that night, Mia said “Don’t worry, Coach, I’ll be ready to
79 play the next game on Saturday.” I didn’t say anything, but I knew that was unlikely.

80 At the time, New Caesarea did not have any laws requiring schools to follow a particular
81 procedure before allowing athletes to return to play, although I knew several other states had passed bills
82 on the subject that spring. In fact, the Colorado bill required all middle school, high school, and youth
83 club coaches to attend seminars on concussions every year, as well as requiring medical clearance before
84 athletes could return to play. And I knew that the legislature in New Caesarea was debating a similar bill
85 which would likely pass the next month. So I wanted to err on the side of caution and would not have let
86 Mia play again without medical clearance, even though it was not yet required of me by law. Mia did go
87 to see a doctor on Thursday, and he reportedly told her she needed to rest for a week and then return to
88 see him. Without Mia in the game on Saturday, we lost a close match to the Gallic High School team. Of
89 course Mia and her teammates were disappointed, but I told them we would be even better the next year,
90 and the important thing was that everyone played their best.

91 At the end of May, I learned that Dr. Gerard Gioia and Dr. Jason Mihalik had developed an “app”
92 for cell phones which helps coaches determine right on the sidelines whether a player may have suffered a
93 concussion. The app uses CDC information to give coaches the right questions to ask the athlete, and it
94 even allows the coach to email the information immediately to the player’s parents and physician. Of
95 course I got the app for my phone right away; it was well worth the \$4 cost.

96 In June, the New Caesarea legislature passed the Geller-Walton Concussion Awareness Act, in
97 honor of two high school students in New Caesarea who had died after sustaining brain injuries in high
98 school football games. All the major newspapers and TV stations had big stories about the passage of the
99 bill; anyone who cared at all about sports had to hear about it. The Act set up the Geller Sport-Related
100 Concussion Research Center to develop educational materials on concussions for students, parents, and

101 school personnel. In addition, it requires public schools in NC to provide a concussion information sheet
102 every year to all students participating in interscholastic sports and to their parents. Both the students and
103 their parents must sign the sheets and return them to the school coach before the student can participate in
104 any tryouts, practices, or competitions. It also requires school coaches to remove any student from play
105 who is suspected to have sustained a concussion, and the student must obtain written clearance from a
106 qualified medical professional before the student can return to play. Obviously at Rome High School we
107 are very supportive of this Act, and we developed our emergency plans and gave instruction sheets to our
108 students and parents right away in the fall of 2011.

109 As a junior that year, Mia didn't have to take PE as a required course. Yet she signed up for my
110 Tuesday-Thursday "Advanced Personal Fitness" class where students increase their fitness through high-
111 intensity aerobics, circuit training, Tae-Bo, Zumba, and weight training. Mia seemed to enjoy the class
112 and said it gave her a nice break from all of her AP and Honors courses. She always went all-out in class
113 and often encouraged other students who were not as athletic as she was. That's why I remember thinking
114 that she must be getting sick the week after Thanksgiving when she asked to sit out halfway through our
115 Zumba session on Tuesday. When I asked if she was okay, she said she had a bit of a headache from all of
116 her studying for tests that week. On Thursday she didn't seem any better, so I gave her a pass to go to the
117 library to study instead of sitting around in the gym. She had talked about having a big club soccer
118 tournament that weekend, so I hoped she would recover in time to play.

119 The next Monday I heard that Mia had sustained a serious concussion at the soccer tournament.
120 She has not come back to classes on campus at all since that weekend because of her lasting injuries. I am
121 devastated to hear that Mia, such a promising athlete and student, has suffered such serious long-term
122 problems because of that concussion. I don't know the specifics of her injury, but I do know that if a
123 coach doesn't recognize the symptoms of a concussion and keeps a player in the game who has taken a
124 hard hit, it can lead to problems like this. And unfortunately the Geller-Walton Act only applies to public
125 schools, not to club soccer organizations. Even so, all coaches are still responsible for the safety of their
126 players. The dangerous effects of concussions had been in the news long before Mia was injured in
127 December of 2011, and the CDC materials were readily available online in 2010. Any reasonable coach
128 or club who cares about their players would have taken steps to educate themselves and their team
129 families about concussions, even without being required to do so by law. I did it before the Geller-Walton
130 Act, because it's just the right thing to do. Tragically, it takes a lawsuit to make some people realize that
131 concussions are no joke, so they need to take their responsibilities seriously.

132 Of the exhibits in this case, I am familiar with the following: CDC High School Athlete Fact
133 Sheet; CDC High School Coaches' "Heads Up" Clipboard Sticker; CDC High School Athletes' Signs and
134 Symptoms Poster; Soccer Field Diagram; Geller-Walton Concussion Awareness Act; and Geller-Waller

135 Concussion Awareness Act Compliance Forms. I am not familiar with any other exhibits or affidavits
136 other than my own.

137 I hereby attest to having read the above statement and swear or affirm it to be my own. I also
138 swear or affirm to the truthfulness of its content. Before giving this statement, I was told it should contain
139 all relevant testimony, and I followed those instructions. I also understand that I can and must update this
140 affidavit if anything new occurs to me until the moment before I testify in this case.

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Tobin O'Reilly

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Tobin O'Reilly

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Subscribed and sworn before me on this, the 24th of August, 2012.

145

Beth Eckhardt

146

Beth Eckhardt, Notary Public

Affidavit of Shannon Dempsey

1 My name is Shannon Dempsey; I am 27 years old. In 2008 I began coaching soccer full-time for
2 the Rubicon Soccer Club after graduating from Julian College in Rome, New Caesarea, with a degree in
3 communications. I played soccer at Julian on a full scholarship, and I was the second leading scorer on
4 my team in my senior year even though I played midfield. I also coached part-time at Rubicon during my
5 last two years in college. When I graduated, the Caesarea Falcons pro team made me an offer, but I turned
6 it down because the money for pro players in the US isn't all that great unless you're a superstar. Rubicon
7 Soccer Club Director Jordan Reddick told me I could coach three teams and go full-time if I wanted, and I
8 could use my communications training to help market the club and update the website. It sounded good to
9 me, and I've been really happy with the decision to work for Rubicon. They are the best club in this part
10 of New Caesarea, and they have trained lots of players who have gone on to play in college.

11 Right now I'm coaching the Under-14 boys' premier team, the U-15 second division classic boys'
12 team, and the U-16 first division boys' team. Club soccer is divided into different competitive levels, with
13 premier level soccer being the highest statewide division, followed by first division classic teams, second
14 division classic teams, and challenge level teams. Below the challenge level teams are recreation level
15 teams, which usually have volunteer coaches and players who are just playing for fun. Although I've
16 coached both genders, I enjoy coaching the boys' teams more than the girls' because the guys are more
17 focused on the competition and less into the social drama. I have a harder time telling what the girls are
18 thinking, but the guys just blurt it all out.

19 Before I could start working for Rubicon full-time, I had to obtain my National "D" level soccer
20 coaching license from the U.S. Soccer Federation. USSF is the only organization allowed by the
21 international soccer federation ("FIFA") to issue coaching licenses in the U.S. The licensing course was
22 pretty intense; it lasted 6 days and included classroom instruction, homework, and sessions where we had
23 to plan and lead practices. The course covered learning styles of players, soccer techniques, and soccer
24 tactics. We also had a short session on the care and prevention of injuries, which mostly focused on
25 strains and sprains, broken bones, and heat exhaustion. We barely touched on concussions. To pass the
26 course, I had to pass oral, written, and practical field evaluations. I think that out of the 30 people taking
27 the course with me, only 20 of us earned our National "D" license without having to repeat the course.

28 After I got my "D" license, the club moved me up from coaching challenge teams to coaching
29 three classic level teams. I was glad for the promotion because it meant I got to coach players who were
30 more talented and motivated. Don't get me wrong, I enjoyed the enthusiasm of the challenge level
31 players, but I felt that my skills were put to better use with the more skilled players. I asked to coach
32 mainly boys' teams, so that's all that I did for the first few years.

33 In early July of 2011, Michelle Foudy, the coach of the Rubicon U17 girls' Premier team, found

34 out that her dad had been diagnosed with cancer and wouldn't live past Christmas. She was devastated
35 and left to be with him right away. Rubicon doesn't have assistant coaches for the teams, so the club
36 needed someone to step in and take Michelle's place. Most of the other full-time coaches already had four
37 teams, so when Jordan Reddick asked if I was up to the job, I jumped at the chance. It would be my first
38 time coaching girls, but I couldn't turn down an opportunity to coach one of the top teams in the club.
39 I've always gotten along great with my players, so I figured I could handle it.

40 Michelle had evaluated the players at tryouts and picked the maximum of 18 players. They had
41 already turned in all of their paperwork to the club administrator, who had given the team medical forms
42 to the team manager. I didn't ask to look at the forms; I figured I'd get them if a player ever got injured
43 and we needed to know her insurance information. The team hadn't started practicing yet, so I called a
44 meeting to get to know everyone, and I brought watermelon to help put everyone at ease. The girls
45 seemed impressed by my background. And although they were certainly concerned for Coach Foudy, they
46 seemed to accept the coaching change without complaining. When we began holding our regular practices
47 on Mondays, Wednesdays, and Thursdays, I was very impressed by their skills and teamwork. I knew that
48 with a bit of luck, we were going to have a great season. And if the team did well, that would help solidify
49 my reputation in the club, too, so I wanted to make sure I helped the girls to win.

50 The club website has links to great information on sports nutrition and hydration, so I made sure
51 the girls knew what to eat and drink to help them perform their best at practices and games. Rubicon is
52 also involved in an ACL Injury Prevention study in partnership with Julian College. It's a pretty cool
53 program, and it seemed to be working, because none of my players have ever torn their ACL.

54 Coaching girls was different than coaching guys; girls seemed to need more time to socialize. It
55 took some getting used to, and I think I might have come across as a bit stern at first. I always try to treat
56 my players equally and make sure that I maintain a professional relationship as a coach, not as a "friend,"
57 and I got the feeling that I was different from Coach Foudy in that respect. Since I saw my primary
58 purpose as making them the best soccer players that they could be, I didn't really take time for a lot of
59 small talk about school or their boyfriends. I figured that I was better off staying out of all of the drama.

60 The girls were highly motivated to finish the season undefeated so they could advance from
61 statewide Premier level play to the multi-state Regional Premier division in the next season. At least six
62 of the girls were hoping to earn college scholarships, and they knew that advancing to Regional Premier
63 would get them a lot more exposure to college coaches. So the players worked incredibly hard in practice
64 and really stayed focused. Team co-captain Mia Donovan was a big part of that; she had an incredible
65 work ethic and really set a high standard for the rest of the girls to follow. She also organized "team
66 bonding" times outside of practice because she said it would help the team be cohesive on and off the
67 field. I wasn't part of those gatherings, but it did seem to make the team closer.

68 All of their hard work paid off, and the team won every game in the regular season. Incredibly, all
69 of my players had made it through the season without injury. Mia Donovan was amazing playing as a
70 striker; she scored at least one goal in every game, two goals in two games, and a “hat trick” (three goals)
71 in one game! She clearly had the potential to play in college and maybe even in the Olympics or the pros.
72 We went on to win the State Cup championship two weeks before Thanksgiving. I knew that the team’s
73 success had caught the eye of Jordan Reddick, and I figured I would have my pick of teams for the next
74 year. All we had left now was the College Showcase tournament in Tivoli, 20 miles from Rome, on
75 December 2-4, 2011, one week after Thanksgiving.

76 Mia was especially excited about the College Showcase because she knew a lot of the top college
77 coaches were planning to be there. I think several coaches were attending specifically to see Mia, so I
78 wanted to give her as much playing time as I could. College Showcase tournaments are a bit unusual;
79 winning the game isn’t the most important thing: being seen is. So players usually don’t play quite as
80 roughly as in a typical tournament because they can’t play if they get hurt. I figured that since all of my
81 players made it through the season without injury, we were probably home free now.

82 We didn’t practice the week of Thanksgiving but resumed practice the next Monday. During the
83 scrimmage at the end of practice, Mia was tripped, fell, and hit her head on the ground pretty hard. She
84 was slow to get up, and she seemed confused for a moment about where she was. She was also holding on
85 to her head and saying that she felt a little dizzy, so I made her sit out the last 10 minutes while I finished
86 leading practice. As soon as practice ended, Mia headed to her car before I could talk with her. I meant to
87 call and check on her, but it was too late when I got home, and it slipped my mind the next day.

88 Mia emailed me on Wednesday to say she had had a big test and couldn’t make practice. That
89 was unusual; I think it was the first practice she had missed all season. On Thursday we just had a light
90 practice since we would be playing the next day; I mainly spent the time reviewing the scouting reports
91 on our opponents. Mia seemed tired and quieter than usual. When I asked her how her test had gone, she
92 acted confused for a moment and then said it went okay. She said she had a bit of a headache from stress
93 and staying up late studying, but she’d be fine by our game the next day. I didn’t think much else about it;
94 I could remember pulling all-nighters before important tests and knew it could really wipe you out. I
95 figured she’d rest up that night because I knew how much it meant to her to impress the college coaches.

96 On Friday afternoon everyone, including Mia, was excited to get going. We were playing a team
97 from Triad Soccer Club that was good but not great; I figured we should be able to put lots of goals on the
98 board. And that would make Jordan Reddick happy because Jordan always liked it if we could beat
99 his/her old club. Lots of college coaches were at our field, and I heard several of them mention Mia’s
100 name specifically. I wanted to give Mia as much playing time as I could so they could get a good look.

101 Mia and the other co-captain, Megan Cheney, led the warm-ups, and I started them in their usual

102 positions at striker and center midfielder. But about 10 minutes into the game, I noticed that Mia wasn't
103 playing as well as usual, so I subbed her out to check on her. She said she was just a little tired still, and
104 she begged to go back in so she could show the college coaches what she could do. After she drank some
105 water, I subbed her in and she did play better. She was in a perfect position to score on a header when we
106 got a corner kick near the end of the half, but she sent the ball over the goal. I think she might have gotten
107 jostled by a defender, but the referee didn't call a foul. Mia sort of stood around for a minute looking
108 disgusted that she didn't score, and Megan went over to encourage her. Then Mia jogged back into
109 position, although not with her usual energy and enthusiasm. I didn't think anything of it at the time.

110 The first half ended with the score tied 0-0. The team was playing okay but not up to its potential,
111 so I got after them at halftime. Sure, winning isn't the most important thing in a College Showcase, but
112 goals are always impressive to college coaches, and we should have been beating that team easily. After I
113 finished, Mia told me, "Don't worry, coach, I'll get a goal for us," and she ran onto the field. Immediately
114 Megan came over to me and said, "Coach, I'm concerned about Mia. I know she wants to play, but she
115 just doesn't seem like herself. When I asked her if she was okay after she took an elbow on that header,
116 she looked at me blankly and didn't say anything. Maybe you should pull her and talk to her." Before I
117 could reply, the referee blew his whistle to start the second half and Megan had to run onto the field.

118 I thought about yelling for a sub to pull Mia out, but she had seemed so eager to get back on the
119 field that I decided to just watch her. Five minutes later Mia sent a rocket toward the goal, but the
120 goalkeeper made an amazing save. Unlucky! Mia seemed back to her usual self, and I knew it was just a
121 matter of time until she would score. Maybe 10 minutes later a teammate sent a beautiful pass to Mia just
122 outside the penalty box, and Mia took a touch on the ball to get ready to shoot. From out of nowhere, a
123 defender rushed at her and tackled the ball hard, and Mia lost her balance. She didn't even have time to
124 put out her arms to stop her fall, and she hit her head on the ground really hard. The referee was sprinting
125 over blowing his whistle; I figured he would call for a penalty kick and Mia would get her goal after all.
126 But Mia didn't get up, and she wasn't moving. The referee motioned for me to come out on the field, and
127 when I got there, I saw that Mia's eyes were closed and it looked like she was unconscious. The field
128 marshal and athletic trainer ran out, too, and they radioed for the ambulance to come and get Mia. Casey
129 Donovan had run out on the field, too, and I said how sorry I was that Mia had gotten hurt and how I was
130 sure she would be okay.

131 After the game ended, I called Casey's cell phone to get an update on Mia. It must have been
132 three hours later before s/he called me back. Casey said that Mia had a serious concussion and that she
133 was going to stay in the hospital overnight for observation. Casey said Mia had mentioned something
134 about hitting her head in practice on Monday, and why didn't I make sure Casey knew about it!?! Casey
135 also told me that Mia had suffered a concussion in the spring on her school team, and I should have

136 known to keep a closer eye on her. That was the first thing I had ever heard about a previous concussion!
137 Neither Casey nor Mia had ever mentioned it to me before.

138 After Casey told me that, I looked at Mia's Medical Waiver form in the team manager's
139 notebook. I saw that the form mentioned Mia's concussion from the spring. Even though the team
140 manager brought those forms to all of our games as she was required to do, I had never read through them
141 before. I guess I should have read them all, but it just didn't occur to me in the busyness of the transition
142 back in the summer.

143 If I had known about Mia's previous concussion, I would have watched her more closely, but I
144 don't know what I could have done differently. I knew she hit her head in practice on that Monday, but
145 players hit their heads in practice all the time. She wasn't knocked out or anything, so I figured she was
146 okay. I mean, when I was playing soccer in college, we just played through the pain; a little dizziness
147 didn't stop me from playing. I've always thought you had to be unconscious to have a concussion.

148 I'm really sorry that Mia is still having so many problems. She was always a leader on the team
149 and had so much potential. I would never do anything on purpose to put her in danger. But I can't be
150 expected to read a player's mind, and especially if the player tells me that she's just tired from studying,
151 what am I supposed to do? Am I really supposed to pull out every player who complains of a headache or
152 a little dizziness after taking a hit in a game? Soccer is a physical sport; top players have to be tough.

153 Of the exhibits in this case, I am familiar with the following: Rubicon Soccer Club Medical
154 Consent/Waiver of Liability and Release; and Soccer Field Diagram. I am not familiar with any other
155 exhibits or affidavits other than my own.

156 I hereby attest to having read the above statement and swear or affirm it to be my own. I also
157 swear or affirm to the truthfulness of its content. Before giving this statement, I was told it should contain
158 all relevant testimony, and I followed those instructions. I also understand that I can and must update this
159 affidavit if anything new occurs to me until the moment before I testify in this case.

160

161 Shannon Dempsey

162 Shannon Dempsey

163 Subscribed and sworn before me on this, the 24th of August, 2012.

164 Beth Eckhardt

165 Beth Eckhardt, Notary Public

Affidavit of Jordan Reddick

1 My name is Jordan Reddick. I am 39 years old and have been the Director of the Rubicon Soccer
2 Club since 2006. I attended Julian College on a soccer scholarship and started at center back (defender)
3 all four years. I earned my bachelor's degree in Sport Administration in 1995, which included coursework
4 in sport marketing, statistics, finance, licensing, facility and event management, and community relations.
5 After I graduated I played professionally for a few years with Utopia United before coming back home to
6 New Caesarea in 1998. I put all my knowledge to use by coaching youth soccer part-time at Triad Soccer
7 Club while working as Director of the Parks and Recreation Department in Tivoli. In 2004 I became the
8 fulltime Director of Player Development for the Under-15 through Under -18 year old teams at Triad, but
9 I soon realized that I disagreed with the Triad Board of Directors over their coaching philosophy. The
10 Triad teams were underperforming, in my opinion; they should have been winning State Cup
11 championships with the talented players in the club. When I was offered a position at Rubicon, I was
12 happy to leave Triad.

13 Rubicon was the "new kid on the block" in 2006; the club had only been in existence since 2005
14 and was still trying to "prove" itself. I knew that Rubicon could gain respect from other clubs by
15 producing players who earned college scholarships, so I set high standards for my coaches. I insisted that
16 all of my classic level coaches must have played in college so they could demonstrate correct soccer
17 techniques and understand how to compete at a high level. I had earned my National "C" level coaching
18 license, and I required my coaches to earn a National "D" license or higher (an "A" license is the highest).
19 The certification courses are rigorous, covering how to teach soccer techniques and tactics and including a
20 short session on first aid. I knew that requiring my coaches to obtain their National "D" license would
21 make sure that they not only knew how to *play* soccer, they would also learn how to *coach* soccer.

22 Under my leadership, Rubicon Soccer Club has excelled. We are now the third largest club in the
23 state, and every year about two dozen of our players earn college soccer scholarships. We have twenty
24 classic boys' and girls' teams in the Under-15 to Under-18 age groups, eight of which are at the highest
25 "Premier" level of play. All of our Premier teams attend at least three tournaments every year in addition
26 to the State Cup championship, and our club office is full of their trophies. Between our recreational,
27 challenge, and classic teams, we have over 2000 athletes playing soccer at Rubicon. I think our club
28 success proves that we are on the right track, and the huge turnout of players at tryouts every year shows
29 that the parents think so, too.

30 In order to get qualified coaches, I have to pay them appropriately, so club fees for the classic
31 players are not cheap. For the high school age players (U15 – U18) who only play club ball in the high
32 school off-season (fall club ball for girls, spring for boys), club fees are \$1200 per year, plus a \$250
33 registration fee, plus \$300 for the uniform, plus the cost of attending tournaments. Altogether it probably

34 costs \$3000 per year for players on the top classic teams. Our fees are in line with the other clubs in the
35 state, and we do have some scholarship money available for players who can demonstrate a need.

36 Each team has one paid coach and a volunteer manager; we do not have money for paid assistant
37 coaches or athletic trainers. We are not unusual in our lack of trainers; only the largest soccer club in New
38 Caesarea has an athletic trainer on staff. However, we do have an association with the sports medicine
39 department at Julian College. The college provides athletic trainers at our club-hosted tournaments, and
40 we refer players who need services to their trainers and physical therapists. It's a great arrangement; the
41 sports medicine students at Julian College get hands-on experience, and we get services for free.

42 Our players' health and safety are very important to us. We emphasize health and injury
43 prevention in our club because I know from personal experience what a difference good health habits can
44 make. Both in college and in the pros, I had coaches who were fanatics about proper nutrition before and
45 after games and practices. So we have links on our website to lots of information about hydration, pre-
46 game and post-game meals, and how to eat right when traveling to tournaments. We also remind the
47 players that proper rest is important, for a tired player is at increased risk of injury. When I checked last
48 summer, I found that fewer than half of the soccer clubs in the state have any kind of nutrition or
49 hydration information posted on their website, much less any additional information on injury prevention.

50 To show our dedication to our players' safety, just look at our ACL Injury Prevention Project in
51 partnership with Julian College. We're the only soccer club in the state that is involved in this type of
52 research project. The ACL, or anterior cruciate ligament, is one of the main ligaments which stabilizes a
53 player's knee. It can get torn if the player tries to turn while her foot is firmly planted, or if a player lands
54 wrong after jumping, or sometimes during a collision with another player. Female players are especially
55 at risk for ACL tears. And it's a big deal; a player who tears her ACL is likely to need surgical repair and
56 then 6 to 9 months of rehab before she can play again. So sports medicine grad students at Julian College
57 work with our boys' and girls' classic teams to help them learn how to move and jump correctly to
58 prevent ACL injuries. The program seems to be working; our players show improvement at the end of the
59 season, and they have lower rates of ACL injuries than many other clubs in the state. So it's crazy to say
60 that our club isn't concerned about injury prevention and player safety.

61 It's true that we don't have any information or links on our website about concussions, although
62 we are planning to add that before the fall season of 2013. I had always thought that serious injuries from
63 concussions happened only to football players or boxers. I think there might have been some articles
64 about concussions in my coaching magazines a few years ago, but I didn't read them very closely because
65 I was setting up our ACL Injury Prevention Study at the time. When I was playing soccer, the big concern
66 for soccer players was always torn ACLs or broken bones. Sure, I suffered one concussion when I played
67 professionally, and several of my teammates had concussions. But we all stayed in the game or went back

68 in the very next game, and none of us had any problems. According to the US Youth Soccer Association
69 (USYS), over 3 million youth soccer players are registered to play across the US, so if concussions were
70 such a big problem, you'd expect to hear about it all the time.

71 The USYS isn't the only resource for soccer information. Every soccer club in New Caesarea is a
72 member of the New Caesarea Youth Soccer Association (NCYSA). NCYSA is a member of both the
73 USYS and the US Soccer Federation (USSF), both of which are under the oversight of FIFA, the
74 international governing body for soccer. The NCYSA, USSF, and USYS are all non-profit organizations
75 designed to provide education and support for soccer players, coaches, and clubs. They run the
76 certification classes for coaches both statewide and nationally, and they help organize and run statewide,
77 regional, and national tournaments. They want to make sure that the sport stays safe and fun for everyone.
78 So these organizations post educational information about health and injury prevention on their websites.

79 But back in 2010 and early 2011, I was not aware of any information about concussions on the
80 USYS or USSF sites. If it was on there, it wasn't immediately obvious. After Mia was injured, I did a
81 specific search on the USYS site and found concussion protocol and notification forms that were posted
82 in August of 2011, evidently for use in USYS Regional and National tournaments. But I did not know
83 about them at that time. I do know that the USSF started posting medical information on a variety of
84 topics on their site in March of 2012. Obviously, that was too late to help Mia Donovan, and you still
85 have to search for it to find it. I was not familiar with the Geller-Walton Act at all until this trial today.

86 I have heard of the CDC, but I thought they mainly tried to track down the causes of disease
87 epidemics. I do remember seeing some free "Heads Up" concussion kits for coaches at a Triad Soccer
88 Club tournament in November of 2010. I couldn't pick one up because my hands were full at the time,
89 and I forgot to go back later to get one. I don't think any of our coaches got them, either; at least, no one
90 told me about getting one.

91 I was at the College Showcase tournament in December of 2011 when Mia was injured; my own
92 U18 classic Premier boys' team had just finished playing right before Shannon Dempsey's team took the
93 field. I always coach at least two teams every year just to keep my skills sharp, and all of my coaching
94 directors are required to do the same. Anyway, I had gone to the snack bar area to grab a quick bite to eat
95 and then had returned to the field at the start of the second half to watch Shannon's team in action. I knew
96 they were playing a team from Triad that they should be able to beat easily, and I was looking forward to
97 watching the slaughter. It's especially satisfying whenever a Rubicon team beats a Triad team.

98 I also knew Shannon had several players who were good enough to play in college, including Mia
99 Donovan. I figured Mia might be able to score a "hat trick" against this Triad team. Lots of college
100 coaches were on the sidelines as I arrived, so I asked the score and was told it was 0-0 at the half. I heard
101 a couple of coaches saying that they weren't impressed by Mia Donovan; she hadn't been working very

102 hard at all in the first half. I was surprised to hear that because Mia was probably Shannon's best player.

103 Mia looked a bit uncoordinated to start the second half, and she wasn't playing with her usual
104 intensity. But then she took a great shot a few minutes later, which was barely saved by the opposing
105 keeper. I figured she'd soon show those college coaches what she could do. Coach Dempsey's halftime
106 talk must have been inspiring because several of Mia's teammates were playing better than I'd ever seen
107 them play before. I was glad to hear the coaches say that maybe it had been worth the trip to come watch
108 the team after all. Keeping those college coaches happy is good for them and good for Rubicon, too.

109 But Mia still wasn't running with her usual speed, and she looked a bit confused at times, like she
110 wasn't sure where to go or what to do. I started wondering if she was sick or something. Then one of her
111 teammates sent her a great pass about 20 yards out from the goal, and Mia started dribbling the ball into
112 the penalty area. The only person between Mia and the goal was the keeper, and with Mia, that was
113 practically a guaranteed goal. Then a defender came out of nowhere from the side and tackled the ball
114 hard, and Mia went flying. She crashed to the ground, landing hard on her head. The referee sprinted in,
115 blasting on his whistle, and I waited for Mia to get up and score the penalty kick. But she didn't move,
116 and next thing I knew, Shannon, the Julian College athletic trainer, and the field marshal were all on the
117 field, huddled around Mia. I was shocked and must admit I stood there, frozen, not sure if I should join
118 them or keep out of the way. I don't have any medical training and figured I couldn't really help, so I
119 stayed on the sidelines. The ambulance at the soccer complex soon arrived and took Mia to the hospital. I
120 called Shannon that night to see if s/he had heard anything, and Shannon told me that Mia had suffered a
121 serious concussion.

122 I'm very sorry that Mia was injured that day, and even more sorry that she continues to have
123 problems so long afterward. Mia is a terrific young woman, and of course I would never want her, or any
124 other player, to be hurt badly from playing soccer. What happened to Mia seems like a freak accident to
125 me. After all this happened, I checked out the statistics on high school sport-related concussions from Dr.
126 Dawn Comstock at Ohio State like I was trained to do in college. Dr. Comstock gathers data on the "rate
127 of concussions per 10,000 athlete-exposures." She found that for every 10,000 high school girls
128 competing in soccer matches on any given day in the US during the 2006 through 2010 seasons, at least 8
129 sustained a concussion, and the vast majority don't involve a loss of consciousness. It's clear that serious
130 concussions like Mia's are certainly not a common occurrence, although I guess when you consider how
131 many high school girls play soccer across the country, it can add up.

132 Looking back at all that has happened, I just don't know what Shannon or I could have done to
133 prevent Mia's injury. Rubicon wasn't educating our coaches about concussions at that time, but as far as I
134 know, Triad Soccer Club was the only club in New Caesarea handing out those "Heads Up" kits to
135 coaches. Of course, coaches from all over New Caesarea and even other states were at that 2010

136 tournament. Looking back at it now, I wish I had gotten one of those kits. Evidently the CDC started
137 publishing their “Heads Up” materials on their website in 2010, but the USYS and USSF didn’t make an
138 effort to publicize it to all the state associations at that time as far as I know. Maybe I should have known
139 more about concussions then – or maybe hindsight is just 20/20.

140 And sure, the Geller-Walton Act was passed in June of 2011 so stories on concussions were
141 probably in the news at that time. But I didn’t see them, and the Geller-Walton Act only applies to public
142 schools anyway. We’re definitely going to start doing more now at Rubicon to educate our coaches and
143 club families about concussions. I certainly hope that Mia continues to get better and has a full recovery,
144 and I understand that Mia and Casey Donovan are upset about what happened. But I don’t think it’s
145 reasonable to sue us for Mia’s injuries when we have always tried to educate our players about health,
146 good nutrition, and injury prevention. If we only cared about winning, would we have gone to all of that
147 trouble?

148 Of the exhibits in this case, I am familiar with the following: Rubicon Soccer Club Medical
149 Consent/Waiver of Liability and Release; USYS Concussion Procedure and Protocol; USYS Possible
150 Concussion Notification; and Soccer Field Diagram. I am not familiar with any other exhibits or affidavits
151 other than my own.

152 I hereby attest to having read the above statement and swear or affirm it to be my own. I also
153 swear or affirm to the truthfulness of its content. Before giving this statement, I was told it should contain
154 all relevant testimony, and I followed those instructions. I also understand that I can and must update this
155 affidavit if anything new occurs to me until the moment before I testify in this case.

156
157 *Jordan Reddick*

158 Jordan Reddick

159 Subscribed and sworn before me on this, the 24th of August, 2012.

160 *Beth Eckhardt*
161 Beth Eckhardt, Notary Public

Affidavit of Chris Durant

1 My name is Chris Durant; I'm a senior at Rome High School and a classmate of Mia Donovan's.
2 At least, we used to be classmates until Mia was injured and couldn't come to class on campus anymore.
3 I've been friends with Mia since middle school when we both ran track. Mia used to say that track made
4 her run fast, which helped her with soccer. She was always crazy about soccer, talking about her heroes
5 Cindy Parlow and Mia Hamm and saying how she wanted to win an Olympic medal and play in the pros
6 like them. I've always been into basketball myself; I think soccer is boring because everyone runs around
7 but hardly anyone ever scores. It's true that Mia was the top scorer on the high school varsity team, even
8 as a freshman, but winning 3-1 or 2-0 isn't exactly exciting, at least not to me. Still, I'd listen to Mia go
9 on and on about soccer, and she'd listen to me rave about basketball. She's a good friend that way, always
10 listening to the other person and caring about what they care about. That's one reason why everyone at
11 Rome High School loved Mia. She didn't care if you were a jock or a geek or a slacker, she could find a
12 way to be your friend. So it's killing me to be testifying for the defense. But I promised to tell the truth
13 when I was called to testify, and that's what I'm gonna do.

14 When we moved from middle school to Rome High School, we both quit running track and
15 focused on our favorite sports. As I said, Mia made the varsity soccer team her freshman year, while I
16 played JV basketball the first two years before I moved up. We had a lot of AP classes together, though.
17 Mia was really smart and in the running for valedictorian before her injury. We used to study AP US
18 History, AP English, and AP Chemistry together. Mia was awesome in the social sciences, and I was
19 pretty good in science and math, so we were good study partners.

20 We were also in the Key Club together, and we had a lot of fun working on service projects in
21 Rome. In early February of 2011, Mia even organized a free soccer clinic for underprivileged kids in the
22 community and got a lot of her school teammates to come. After that, many of them joined the Key Club
23 and I got to know them pretty well. Soon a group of us started going to the movies or hanging out at the
24 mall nearly every weekend if we could. Five or six of her teammates were on both the Rubicon Club and
25 Rome High School teams with Mia, and it was interesting to hear them talk about their different coaches.
26 Rome High School does a great job of hiring coaches who care about their players as people; my
27 basketball coaches are awesome! Mia and her school teammates love Coach O'Reilly; they said Coach
28 O'Reilly has legit credentials and pushes them in practice, but also emphasizes the importance of keeping
29 school first and staying healthy. I took Advanced Personal Fitness class under Coach O'Reilly in the fall
30 of my junior year, and I can see why Mia and the other players are so impressed. Coach O'Reilly taught
31 me a ton of stuff about nutrition, health, and preventing injuries in addition to helping me stay fit in the
32 off-season.

33 Mia and her Rubicon Club soccer teammates really like Coach Dempsey, too. They said Coach

34 Dempsey played in college and had the chance to go pro but turned it down in order to coach at Rubicon.
35 I've never met Coach Dempsey, but all of the players have only positive things to say about the soccer
36 skills they've learned from him/her. They have mentioned that Coach Dempsey is more serious and less
37 of a friend than Coach O'Reilly, but they seem okay with that. They know that winning games is lots
38 more important on a club team because the reputation of the club is at stake; that's the whole purpose of
39 its existence, to win games and get college scholarships for its players. They said that everyone knows
40 that Coach Dempsey expects a lot of the players and will bench them for being late to practice or pull
41 them out if they're having a bad game, but that s/he does it to make them work harder and give them a
42 better chance of getting a scholarship.

43 However, several members of the Key Club who were no longer on the top Rubicon team with
44 Mia would complain that the club was too ruthless and too quick to demote players who were having a
45 bad day. I remember Mia being very upset after tryouts in late May of 2011 because her best friend got
46 dropped down onto the second team. Mia said her friend was sick during tryouts and didn't do as well as
47 normal, so she got demoted even though she had been one of the best players the previous year. Mia said
48 she overheard the club director, Jordan Reddick, saying that s/he didn't care if the player was sick; if she
49 couldn't tough it out and do better than that in tryouts, she'd be useless in tough games, too. I clearly
50 remember Mia saying, "If the club would do that to her, would they do it to me if I had a bad day?" I told
51 Mia she was crazy to worry about it; no way would they demote Mia. But I could see that it really worried
52 her, and it didn't just worry Mia. Three or four of the other Rubicon players nodded their heads and said
53 that it shocked them, too. Some of the joy of the game seemed to drain out of Mia after that, and she often
54 looked a bit worried in the fall if she thought she might be getting sick before a game.

55 Mia and I had several classes together in our junior year: we were both taking AP Chemistry, AP
56 World History, Honors Pre-Calculus – and Advanced Personal Fitness just for fun. With our other
57 classes, it was a killer schedule, so we were all pretty tense when it was time for midterms and finals.
58 Junior year grades are so important for getting into a good college. I knew Mia was looking at several top
59 schools – Stanford, Duke, Wake Forest, UNC – and she was hoping she had the grades to get accepted
60 and would earn soccer scholarships so she could afford to go. It could be pretty stressful to maintain top
61 grades and keep playing sports at a high level, too.

62 The way our classes were structured, we all had a bunch of big tests the week right after
63 Thanksgiving. You'd think the teachers would give us a break over the holiday, but that's not how it
64 works. So in between stuffing myself with turkey and playing with my younger cousins, I tried to study
65 for exams. I was glad when Mia called me on Saturday afternoon to ask if I wanted to go to a movie with
66 the Key Club bunch. Of course I jumped at the chance and even suggested we meet for coffee at
67 Moonbucks beforehand. When I got to the coffeehouse, Mia was already there along with five other Key

68 Club members, all of them Rubicon players. I knew I was in for a lot of soccer gossip, but it beat talking
69 about dinosaurs with my cousins. The others were excited because the big College Showcase tournament
70 was only a week away. Mia said she had heard that coaches from all the schools she cared about were
71 going to be there, so she wanted to do her best. She said she was looking forward to practice that week
72 because she knew it would help her be prepared when the games started on Friday. They all chatted about
73 soccer some more, and we all complained about our big tests, and then we went and enjoyed our movie.

74 On Monday we had our Honors Pre-Calc exam, and both Mia and I felt like we had aced it. One
75 down, three more to go! Mia said she was glad for the chance to run around at practice that night to blow
76 off some steam. But Tuesday when she got to our Advanced Personal Fitness class, she seemed different,
77 quieter than usual and kind of “down.” I asked her what was wrong, and at first she said “Nothing;
78 nothing’s wrong.” But when she looked uncoordinated in Zumba and asked to sit out part-way through, I
79 asked her again. She told me she had a bit of a headache and asked if I had any medicine, so I gave her
80 some Tylenol.

81 When we were walking to AP Chemistry after APF, I asked Mia if she was feeling any better.
82 She said, “No, not really.” When I asked her if the headache came from the stress of all our tests, she said,
83 “Maybe that’s part of it, but mostly I think it’s because I tripped in practice last night and hit my head
84 really hard when I fell. Do you remember the concussion I got last spring in the school game? I’m feeling
85 a bit like I did then, sort of woozy and out of it. I started getting the headache last night.” I asked her if
86 she told her mom/dad or anyone about hitting her head, and she said, “Are you kidding? If I did, they
87 wouldn’t let me play in the Showcase. I have to play in the Showcase; it’s my big chance. You know I
88 can’t afford college without a scholarship. Promise you won’t tell anyone about this!” I must have looked
89 concerned – because I was; I’d read the posters Coach O’Reilly had posted in the gym – so she grabbed
90 my arm hard and said “Chris, I mean it! Promise me you won’t tell anyone!! Not anyone!!!” Reluctantly,
91 I promised.

92 After the AP Chem exam, Mia rushed right out before I could speak with her again. I tried calling
93 her that evening to check on her because I knew she didn’t have soccer practice, but she didn’t answer her
94 phone or my texts. We didn’t have any classes together on Wednesday, so the next time I saw her was in
95 APF class on Thursday. But as soon as she got there, I saw her talking with Coach O’Reilly, and next
96 thing I knew, Coach O’Reilly gave Mia a library pass and Mia left. I thought about saying something to
97 Coach O’Reilly but I didn’t want to “rat” Mia out. And anyway, I wasn’t positive of the reason why she
98 left class, so I didn’t want to cost her a chance to play if she was feeling better. I figured she knew what to
99 look out for since she’d had a concussion before, and I tried to put it out of my mind.

100 Mia avoided looking at me in AP Chemistry class, and she rushed out the door as soon as class
101 was finished. On Friday she looked pretty groggy when she got to AP World History, and she kept

102 rubbing her head during the exam. I tried to talk with her on the way out the door, but she just glared at
103 me and said, "Remember your promise!" Against my better judgment, I kept quiet. I should have told
104 Coach O'Reilly or called Mr./Ms. Donovan, but I thought that a friend wouldn't tattle like that. Now I
105 have to live with knowing that if I'd told someone, maybe Mia wouldn't have played and maybe she'd
106 still be okay. From the way she acted, I'm sure she suspected she had gotten a concussion. And given the
107 look in her eyes and the way she grabbed my arm when she made me promise to keep silent, I am positive
108 she tried to hide it from Coach Dempsey and Mr./Ms. Donovan. But I knew, and I should have done
109 something about it.

110 I feel truly awful that Mia is injured, and I hope nothing like this ever happens to any other
111 athlete, anywhere. In 2008 when we were in eighth grade, I remember a bunch of news stories about
112 football players who got seriously injured or even died after suffering repeat concussions. Most of the
113 players lived in other states, but two of them were right here in New Caesarea: one in Emeraldtown and
114 the other in Twin City. It was so shocking; it was all over the TV stations and newspapers for weeks. I
115 never dreamed something like that could happen to one of my close friends. But it still doesn't seem fair
116 to hold Coach Dempsey or the soccer club responsible. I've never met either Coach Dempsey or Jordan
117 Reddick. But I do think that if Mia was able to hide her symptoms from Mr./Ms. Donovan, how could
118 anyone expect Coach Dempsey or Jordan Reddick to know?

119 Of the exhibits in this case, I am familiar with the following: Soccer Field Diagram; and CDC
120 High School Athletes' Signs and Symptoms Poster. I am not familiar with any other exhibits or
121 affidavits other than my own.

122 I hereby attest to having read the above statement and swear or affirm it to be my own. I also
123 swear or affirm to the truthfulness of its content. Before giving this statement, I was told it should contain
124 all relevant testimony, and I followed those instructions. I also understand that I can and must update this
125 affidavit if anything new occurs to me until the moment before I testify in this case.

126

127

Chris Durant

128

Chris Durant

129

Subscribed and sworn before me on this, the 24th of August, 2012.

130

Beth Eckhardt

131

Beth Eckhardt, Notary Public

ACUTE CONCUSSION EVALUATION (ACE)

PHYSICIAN/CLINICIAN OFFICE VERSION

Gerard Gioia, PhD¹ & Micky Collins, PhD²

¹Children's National Medical Center
²University of Pittsburgh Medical Center

Patient Name: Mia Laney Donovan
 DOB: 10/1/95 Age: 15
 Date: 5/5/11 ID/MR#: 17645

A. Injury Characteristics Date/Time of Injury ~5:30pm 5/4/11 Reporter: Patient Parent Spouse Other

1. Injury Description Injured during school soccer game. Tried to "head" soccer ball to score, collided with opposing player, fell down and struck head on ground (left side made contact).

1a. Is there evidence of a forcible blow to the head (direct or indirect)? Yes No Unknown
 1b. Is there evidence of intracranial injury or skull fracture? Yes No Unknown

1c. Location of Impact: Frontal Lt Temporal Rt Temporal Lt Parietal Rt Parietal Occipital Neck Indirect Force

2. Cause: MVC Pedestrian-MVC Fall Assault Sports (specify) Soccer Other

3. Amnesia Before (Retrograde) Are there any events just BEFORE the injury that you/ person has no memory of (even brief)? Yes No Duration 10 min.

4. Amnesia After (Anterograde) Are there any events just AFTER the injury that you/ person has no memory of (even brief)? Yes No Duration

5. Loss of Consciousness: Did you/ person lose consciousness? Yes No Duration

6. EARLY SIGNS: Appears dazed or stunned Is confused about events Answers questions slowly Repeats Questions Forgetful (recent info)

7. Seizures: Were seizures observed? No Yes Detail

B. Symptom Check List* Since the injury, has the person experienced any of these symptoms any more than usual today or in the past day?

Indicate presence of each symptom (0=No, 1=Yes).

*Lovell & Collins, 1998 JHTR

PHYSICAL (10)		COGNITIVE (4)		SLEEP (4)	
Headache	0 <input checked="" type="checkbox"/> 1	Feeling mentally foggy	<input checked="" type="checkbox"/> 0 1	Drowsiness	<input checked="" type="checkbox"/> 0 1
Nausea	<input checked="" type="checkbox"/> 0 1	Feeling slowed down	<input checked="" type="checkbox"/> 0 1	Sleeping less than usual	<input checked="" type="checkbox"/> 0 1 N/A
Vomiting	<input checked="" type="checkbox"/> 0 1	Difficulty concentrating	0 <input checked="" type="checkbox"/> 1	Sleeping more than usual	<input checked="" type="checkbox"/> 0 1 N/A
Balance problems	<input checked="" type="checkbox"/> 0 1	Difficulty remembering	<input checked="" type="checkbox"/> 0 1	Trouble falling asleep	0 <input checked="" type="checkbox"/> N/A
Dizziness	0 <input checked="" type="checkbox"/> 1	COGNITIVE Total (0-4)	<u>1</u>	SLEEP Total (0-4)	<u>1</u>
Visual problems	<input checked="" type="checkbox"/> 0 1	EMOTIONAL (4)		Exertion: Do these symptoms worsen with:	
Fatigue	0 <input checked="" type="checkbox"/> 1	Irritability	0 <input checked="" type="checkbox"/> 1	Physical Activity <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Sensitivity to light	<input checked="" type="checkbox"/> 0 1	Sadness	0 1	Cognitive Activity <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Sensitivity to noise	<input checked="" type="checkbox"/> 0 1	More emotional	0 1	Overall Rating: How <u>different</u> is the person acting compared to his/her usual self? (circle)	
Numbness/Tingling	<input checked="" type="checkbox"/> 0 1	Nervousness	0 1	Normal 0 <input checked="" type="checkbox"/> 1 2 3 4 5 6 Very Different	
PHYSICAL Total (0-10)	<u>3</u>	EMOTIONAL Total (0-4)	<u>1</u>		
(Add Physical, Cognitive, Emotion, Sleep totals)					
Total Symptom Score (0-22)			<u>6</u>		

C. Risk Factors for Protracted Recovery (check all that apply)

Concussion History? Y <input type="checkbox"/> N <input checked="" type="checkbox"/>	Headache History? Y <input type="checkbox"/> N <input checked="" type="checkbox"/>	Developmental History	Psychiatric History
Previous # 1 2 3 4 5 6+	Prior treatment for headache	Learning disabilities	Anxiety
Longest symptom duration Days ___ Weeks ___ Months ___ Years ___	History of migraine headache Personal <input type="checkbox"/> <input checked="" type="checkbox"/> Family <u>Casey Donovan (parent)</u>	Attention-Deficit/ Hyperactivity Disorder	Depression
If multiple concussions, less force caused reinjury? Yes ___ No ___		Other developmental disorder	Other psychiatric disorder

List other comorbid medical disorders or medication usage (e.g., hypothyroid, seizures)

D. RED FLAGS for acute emergency management: Refer to the emergency department with sudden onset of any of the following:

- * Headaches that worsen
- * Looks very drowsy/ can't be awakened
- * Can't recognize people or places
- * Neck pain
- * Seizures
- * Repeated vomiting
- * Increasing confusion or irritability
- * Unusual behavioral change
- * Focal neurologic signs
- * Slurred speech
- * Weakness or numbness in arms/legs
- * Change in state of consciousness

E. Diagnosis (ICD): Concussion w/o LOC 850.0 Concussion w/ LOC 850.1 Concussion (Unspecified) 850.9 Other (854) No diagnosis

F. Follow-Up Action Plan Complete ACE Care Plan and provide copy to patient/family.

No Follow-Up Needed
 Physician/Clinician Office Monitoring: Date of next follow-up 5/12/11
 Referral:
 Neuropsychological Testing
 Physician: Neurosurgery ___ Neurology ___ Sports Medicine ___ Physiatrist ___ Psychiatrist ___ Other ___
 Emergency Department

ACE Completed by: Rick Mueller, MD.

A concussion (or mild traumatic brain injury (MTBI)) is a complex pathophysiologic process affecting the brain, induced by traumatic biomechanical forces secondary to direct or indirect forces to the head. Disturbance of brain function is related to neurometabolic dysfunction, rather than structural injury, and is typically associated with normal structural neuroimaging findings (i.e., CT scan, MRI). Concussion may or may not involve a loss of consciousness (LOC). Concussion results in a constellation of physical, cognitive, emotional, and sleep-related symptoms. Symptoms may last from several minutes to days, weeks, months or even longer in some cases.

ACE Instructions

The ACE is intended to provide an evidence-based clinical protocol to conduct an initial evaluation and diagnosis of patients (both children and adults) with known or suspected MTBI. The research evidence documenting the importance of these components in the evaluation of an MTBI is provided in the reference list.

A. Injury Characteristics:

1. Obtain **description of the injury** – how injury occurred, type of force, location on the head or body (if force transmitted to head). Different biomechanics of injury may result in differential symptom patterns (e.g., occipital blow may result in visual changes, balance difficulties).
2. Indicate the **cause of injury**. Greater forces associated with the trauma are likely to result in more severe presentation of symptoms.
- 3/4. **Amnesia:** Amnesia is defined as the failure to form new memories. Determine whether amnesia has occurred and attempt to determine length of time of memory dysfunction – **before** (retrograde) and **after** (anterograde) injury. Even seconds to minutes of memory loss can be predictive of outcome. Recent research has indicated that amnesia may be up to 4-10 times more predictive of symptoms and cognitive deficits following concussion than is LOC (less than 1 minute).¹
5. **Loss of consciousness (LOC)** – If occurs, determine length of LOC.
6. **Early signs.** If present, ask the individuals who know the patient (parent, spouse, friend, etc) about specific signs of the concussion that may have been observed. These signs are typically observed early after the injury.
7. Inquire whether **seizures** were observed or not.

B. Symptom Checklist: ²

1. Ask patient (and/or parent, if child) to report presence of the four categories of symptoms since injury. It is important to assess all listed symptoms as different parts of the brain control different functions. One or all symptoms may be present depending upon mechanisms of injury.³ Record “1” for Yes or “0” for No for their presence or absence, respectively.
2. For all symptoms, indicate presence of symptoms as experienced within the past 24 hours. Since symptoms can be present pre-morbidly/at baseline (e.g., inattention, headaches, sleep, sadness), it is important to assess **change** from their usual presentation.
3. **Scoring:** Sum total **number** of symptoms present per area, and sum all four areas into Total Symptom Score (score range 0-22). (Note: most sleep symptoms are only applicable after a night has passed since the injury. Drowsiness may be present on the day of injury.) If symptoms are new and present, there is no lower limit symptom score. Any **score > 0** indicates **positive symptom** history.
4. **Exertion:** Inquire whether any symptoms worsen with physical (e.g., running, climbing stairs, bike riding) and/or cognitive (e.g., academic studies, multi-tasking at work, reading or other tasks requiring focused concentration) exertion. Clinicians should be aware that symptoms will typically worsen or re-emerge with exertion, indicating incomplete recovery. Over-exertion may protract recovery.
5. **Overall Rating:** Determine how different the person is acting from their usual self. Circle “0” (Normal) to “6” (Very Different).

C. Risk Factors for Protracted Recovery: Assess the following risk factors as possible complicating factors in the recovery process.

1. **Concussion history:** Assess the number and date(s) of prior concussions, the duration of symptoms for each injury, and whether less biomechanical force resulted in re-injury. Research indicates that cognitive and symptom effects of concussion may be cumulative, especially if there is minimal duration of time between injuries and less biomechanical force results in subsequent concussion (which may indicate incomplete recovery from initial trauma).^{4,8}
2. **Headache history:** Assess personal and/or family history of diagnosis/treatment for headaches. Research indicates headache (migraine in particular) can result in protracted recovery from concussion.⁸⁻¹¹
3. **Developmental history:** Assess history of learning disabilities, Attention-Deficit/Hyperactivity Disorder or other developmental disorders. Research indicates that there is the possibility of a longer period of recovery with these conditions.¹²
4. **Psychiatric history:** Assess for history of depression/mood disorder, anxiety, and/or sleep disorder.¹³⁻¹⁶

D. Red Flags: The patient should be carefully observed over the first 24-48 hours for these serious signs. Red flags are to be assessed as **possible signs of deteriorating neurological functioning**. Any positive report should prompt strong consideration of referral for emergency medical evaluation (e.g. CT Scan to rule out intracranial bleed or other structural pathology).¹⁷

E. Diagnosis: The following ICD diagnostic codes may be applicable.

850.0 (Concussion, with no loss of consciousness) – Positive injury description with evidence of forcible direct/ indirect blow to the head (A1a); plus evidence of active symptoms (B) of any type and number related to the trauma (Total Symptom Score >0); no evidence of LOC (A5), skull fracture or intracranial injury (A1b).

850.1 (Concussion, with brief loss of consciousness < 1 hour) – Positive injury description with evidence of forcible direct/ indirect blow to the head (A1a); plus evidence of active symptoms (B) of any type and number related to the trauma (Total Symptom Score >0); positive evidence of LOC (A5), skull fracture or intracranial injury (A1b).

850.9 (Concussion, unspecified) – Positive injury description with evidence of forcible direct/ indirect blow to the head (A1a); plus evidence of active symptoms (B) of any type and number related to the trauma (Total Symptom Score >0); unclear/unknown injury details; unclear evidence of LOC (A5), no skull fracture or intracranial injury.

Other Diagnoses – If the patient presents with a positive injury description and associated symptoms, but additional evidence of intracranial injury (A 1b) such as from neuroimaging, a moderate TBI and the diagnostic category of 854 (Intracranial injury) should be considered.

F. Follow-Up Action Plan: Develop a follow-up plan of action for symptomatic patients. The physician/clinician may decide to (1) monitor the patient in the office or (2) refer them to a specialist. Serial evaluation of the concussion is critical as symptoms may resolve, worsen, or ebb and flow depending upon many factors (e.g., cognitive/physical exertion, comorbidities). Referral to a specialist can be particularly valuable to help manage certain aspects of the patient's condition. (Physician/Clinician should also complete the ACE Care Plan included in this tool kit.)

1. **Physician/Clinician serial monitoring** – Particularly appropriate if number and severity of symptoms are steadily decreasing over time and/or fully resolve within 3-5 days. If steady reduction is not evident, referral to a specialist is warranted.
2. **Referral to a specialist** – Appropriate if symptom reduction is not evident in 3-5 days, or sooner if symptom profile is concerning in type/severity.
 - **Neuropsychological Testing** can provide valuable information to help assess a patient's brain function and impairment and assist with treatment planning, such as return to play decisions.
 - **Physician Evaluation** is particularly relevant for medical evaluation and management of concussion. It is also critical for evaluating and managing focal neurologic, sensory, vestibular, and motor concerns. It may be useful for medication management (e.g., headaches, sleep disturbance, depression) if post-concussive problems persist.

ACUTE CONCUSSION EVALUATION (ACE)

CARE PLAN

Gerard Gioia, PhD¹ & Micky Collins, PhD²
¹Children's National Medical Center
²University of Pittsburgh Medical Center

Patient Name:	Mia Laney Donovan		
DOB:	10/1/95	Age:	15
Date:	5/5/11	ID/MR#:	17645
Date of Injury:	5/4/11		

You have been diagnosed with a concussion (also known as a mild traumatic brain injury). This personal plan is based on your symptoms and is designed to help speed your recovery. Your careful attention to it can also prevent further injury.

You should not participate in any high risk activities (e.g., sports, physical education (PE), riding a bike, etc.) if you still have any of the symptoms below. It is important to limit activities that require a lot of thinking or concentration (homework, job-related activities), as this can also make your symptoms worse. If you no longer have any symptoms and believe that your concentration and thinking are back to normal, you can slowly and carefully return to your daily activities. Children and teenagers will need help from their parents, teachers, coaches, or athletic trainers to help monitor their recovery and return to activities.

Today the following symptoms are present (circle or check).				___ No reported symptoms
Physical		Thinking	Emotional	Sleep
Headaches <input checked="" type="checkbox"/>	Sensitivity to light	Feeling mentally foggy	Irritability	Drowsiness
Nausea	Sensitivity to noise	Problems concentrating	Sadness	Sleeping more than usual
Fatigue <input checked="" type="checkbox"/>	Numbness/Tingling	Problems remembering	Feeling more emotional	Sleeping less than usual
Visual problems	Vomiting	Feeling more slowed down	Nervousness	Trouble falling asleep
Balance Problems	Dizziness			

RED FLAGS: Call your doctor or go to your emergency department if you suddenly experience any of the following			
Headaches that <u>worsen</u>	Look <u>very</u> drowsy, can't be awakened	Can't <u>recognize</u> people or places	Unusual behavior change
Seizures	<u>Repeated</u> vomiting	Increasing confusion	Increasing irritability
Neck pain	Slurred speech	Weakness or numbness in arms or legs	Loss of consciousness

Returning to Daily Activities

1. Get lots of rest. Be sure to get enough sleep at night- no late nights. Keep the same bedtime weekdays and weekends.
2. Take daytime naps or rest breaks when you feel tired or fatigued.
3. **Limit physical activity as well as activities that require a lot of thinking or concentration. These activities can make symptoms worse.**
 - Physical activity includes PE, sports practices, weight-training, running, exercising, heavy lifting, etc.
 - Thinking and concentration activities (e.g., homework, classwork load, job-related activity).
4. Drink lots of fluids and eat carbohydrates or protein to main appropriate blood sugar levels.
5. **As symptoms decrease, you may begin to gradually return to your daily activities. If symptoms worsen or return, lessen your activities, then try again to increase your activities gradually.**
6. During recovery, it is normal to feel frustrated and sad when you do not feel right and you can't be as active as usual.
7. Repeated evaluation of your symptoms is recommended to help guide recovery.

Returning to School

1. If you (or your child) are still having symptoms of concussion you may need extra help to perform school-related activities. As your (or your child's) symptoms decrease during recovery, the extra help or supports can be removed gradually.
2. Inform the teacher(s), school nurse, school psychologist or counselor, and administrator(s) about your (or your child's) injury and symptoms. School personnel should be instructed to watch for:
 - Increased problems paying attention or concentrating
 - Increased problems remembering or learning new information
 - Longer time needed to complete tasks or assignments
 - Greater irritability, less able to cope with stress
 - Symptoms worsen (e.g., headache, tiredness) when doing schoolwork

~Continued on back page~

SCHOOL VERSION

Returning to School (Continued)

Until you (or your child) have fully recovered, the following supports are recommended: (check all that apply)

- No return to school. Return on (date) _____
- Return to school with following supports. Review on (date) _____
- Shortened day. Recommend _____ hours per day until (date) _____
- Shortened classes (i.e., rest breaks during classes). Maximum class length: _____ minutes.
- Allow extra time to complete coursework/assignments and tests.
- Lessen homework load by _____%. Maximum length of nightly homework: _____ minutes.
- No significant classroom or standardized testing at this time.
- Check for the return of symptoms (use symptom table on front page of this form) when doing activities that require a lot of attention or concentration.
- Take rest breaks during the day as needed.
- Request meeting of 504 or School Management Team to discuss this plan and needed supports.

Returning to Sports

1. **You should NEVER return to play if you still have ANY symptoms** – (Be sure that you do not have any symptoms at rest and while doing any physical activity and/or activities that require a lot of thinking or concentration.)
2. Be sure that the PE teacher, coach, and/or athletic trainer are aware of your injury and symptoms.
3. It is normal to feel frustrated, sad and even angry because you cannot return to sports right away. With any injury, a full recovery will reduce the chances of getting hurt again. It is better to miss one or two games than the whole season.

The following are recommended at the present time:

- Do not return to PE class at this time
- Return to PE class
- Do not return to sports practices/games at this time
- Gradual** return to sports practices under the supervision of an appropriate health care provider.
- Return to play should occur in **gradual steps** beginning with aerobic exercise only to increase your heart rate (e.g., stationary cycle); moving to increasing your heart rate with movement (e.g., running); then adding controlled contact if appropriate; and finally return to sports competition.
 - Pay careful attention to your symptoms and your thinking and concentration skills at each stage of activity. Move to the next level of activity only if you do not experience any symptoms at the each level. If your symptoms return, stop these activities and let your health care professional know. Once you have not experienced symptoms for a minimum of 24 hours and you receive permission from your health care professional, you should start again at the previous step of the return to play plan.

Gradual Return to Play Plan

1. No physical activity
2. Low levels of physical activity (i.e.,). This includes walking, light jogging, light stationary biking, light weightlifting (lower weight, higher reps, no bench, no squat).
3. Moderate levels of physical activity with body/head movement. This includes moderate jogging, brief running, moderate-intensity stationary biking, moderate-intensity weightlifting (reduced time and/or reduced weight from your typical routine).
4. Heavy non-contact physical activity. This includes sprinting/running, high-intensity stationary biking, regular weightlifting routine, non-contact sport-specific drills (in 3 planes of movement).
5. Full contact in controlled practice.
6. Full contact in game play.

*Neuropsychological testing can provide valuable information to assist physicians with treatment planning, such as return to play decisions.

This referral plan is based on today's evaluation:

- Return to this office. Date/Time 4:00 5/12/11
- Refer to: Neurosurgery _____ Neurology _____ Sports Medicine _____ Physiatrist _____ Psychiatrist _____ Other _____
- Refer for neuropsychological testing
- Other _____

ACE Care Plan Completed by: Rich Mueller, M.D. (MD) RN NP PhD ATC

Facts about Concussion and Brain Injury







EXHIBIT 3

About Concussion

A concussion is a type of traumatic brain injury (TBI) caused by a bump, blow, or jolt to the head. Concussions can also occur from a fall or a blow to the body that causes the head and brain to move quickly back and forth. Doctors may describe a concussion as a “mild” brain injury because concussions are usually not life-threatening. Even so, their effects can be serious.

Concussion Signs and Symptoms

Most people with a concussion recover quickly and fully. But for some people, symptoms can last for days, weeks, or longer. In general, recovery may be slower among older adults, young children, and teens. Those who have had a concussion in the past are also at risk of having another one and may find that it takes longer to recover if they have another concussion. Symptoms of concussion usually fall into four categories:

 Thinking/Remembering	Difficulty thinking clearly	Feeling slowed down	Difficulty concentrating	Difficulty remembering new information
 Physical	Headache	Nausea or vomiting (early on)	Sensitivity to noise or light	Feeling tired, having no energy
	Fuzzy or blurry vision	Dizziness	Balance problems	
 Emotional/Mood	Irritability	Sadness	More emotional	Nervousness or anxiety
 Sleep	Sleeping more than usual	Sleep less than usual	Trouble falling asleep	

Getting Better

Rest is very important after a concussion because it helps the brain to heal. Ignoring your symptoms and trying to “tough it out” often makes symptoms worse. Be patient because healing takes time. Only when your symptoms have reduced significantly, in consultation with your doctor, should you slowly and gradually return to your daily activities, such as work or school. If your symptoms come back or you get new symptoms as you become more active, this is a sign that you are pushing yourself too hard. Stop these activities and take more time to rest and recover. As the days go by, you can expect to gradually feel better.

Tips to help you get better:

- Get plenty of sleep at night, and rest during the day.
- Avoid activities that are physically demanding (e.g., sports, heavy housecleaning, working-out) or require a lot of concentration (e.g., sustained computer use, video games).
- Ask your doctor when you can safely drive a car, ride a bike, or operate heavy equipment.
- Do not drink alcohol. Alcohol and other drugs may slow your recovery and put you at risk of further injury.



There are many people who can help you and your family as you recover from a concussion. You do not have to do it alone. Keep talking with your doctor, family members, and loved ones about how you are feeling, both physically and emotionally. If you do not think you are getting better, tell your doctor.

For more information and resources, please visit CDC on the Web at: www.cdc.gov/Concussion.



U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
Centers for Disease Control and Prevention



EXHIBIT 4

Return to Play Guidelines

After an athlete suffers from a concussion, only a medical professional should return the athlete to play. The Return to Play guidelines below are developed by **Dr. Robert Cantu** for medical professionals to use as a method to help determine when it is safe for an athlete to return.

Cantu's Return to Play Guidelines:

	First Concussion	Second Concussion	Third Concussion
No Loss of consciousness or signs/symptoms clear in 30 minutes	May return to play after 1 week if asymptomatic* at rest and during progressive exertion protocol	May return to play in 2 weeks if asymptomatic* for 1 week at rest and during progressive exertion protocol	Terminate season; may return to play next season if asymptomatic* at rest and during progressive exertion protocol
Loss of consciousness for less than 1 minute or more than 30 minutes posttraumatic amnesia or signs/symptoms last less than 1 week	May return to play if asymptomatic* for 1 week and during progressive exertion protocol	Out for a minimum of 1 month; may return to play if asymptomatic* for 1 week at rest and during progressive exertion protocol; consider terminating season.	Terminate season; may return to play next season if asymptomatic* at rest and during progressive exertion protocol
Loss of consciousness for 1 minutes or longer or more than 24 hours of posttraumatic amnesia or signs/symptoms last more than 7 days	Out for a minimum of 1 month; may return to play AFTER 4 weeks if asymptomatic* for 1 week at rest and during progressive exertion protocol	Terminate season; may return to play next season if asymptomatic* at rest and during progressive exertion protocol	

* No headache, dizziness, or impaired orientation, concentration, or memory during rest or exertion.

<http://www.sportslegacy.org/policy-2/cantus-return-to-play-guidelines/>

Accessed 7/1/12

EXHIBIT 5

Medical Consent / Waiver of Liability and Release

(To be given to your local association)

20 11 - 20 12

NCYSA

NCYSA Policy # _____

Excess policy to any valid and collectible insurance. If there is no primary insurance on insurance on a player, this policy is primary after the deductible.

Mia	L.	Donovan	Rubicon Soccer Club		9
Player First Name (AS APPEARS ON BIRTH CERTIFICATE)	M Initial	Last Name	Full Association Name		Jersey #
10/01/1995	<input type="checkbox"/> Academy <input type="checkbox"/> Challenge <input checked="" type="checkbox"/> Classic <input type="checkbox"/> Recreation		<input type="checkbox"/> Male <input checked="" type="checkbox"/> Female		
Birth Date	Level		Sex		
1501 Olive Grove Way	Rome	New Caesarea	12346		
Address of Player	City	State	Zip		
Casey Taylor Donovan	789-456-1230	789-441-1278	789-	655-1234	
Parent/Legal Guardian Full Name	Home Phone	Work Phone	Cell Phone		
Mike Kelso	1502 Olive Grove Way	789-661-2345	789-	851-1259	
Additional Person to Contact in an Emergency	Address	Home Phone	Cell Phone		
5/18/2010	none				
Date of Last Tetanus Shot	Medications now being taken				
none known					
Player is Allergic to these Medications and Substances					
Mild concussion in May 2011 on school team			cdonovan@yooahoo.com		
List any Unusual Health Information			Parent Email For Soccer Information		

I (we), the undersigned, residing in the county of Tiber, state of NC, the parents/legal guardian of the above Registrant, a minor, who resides with us, do hereby declare our intent to allow that child to practice, train, play and participate in all soccer-related activities with the above mentioned soccer team affiliated with the New Caesarea Youth Soccer Association and the United States Youth Soccer Association.

I (we) agree that we and the Registrant will abide by the rules of the USYS, its affiliated organizations and sponsors. Recognizing the possibility of physical injury associated with soccer and in consideration for the USYS and NCYSA accepting the Registrant for their soccer programs and activities (the "Programs"), we hereby jointly and severally release, discharge and/or otherwise indemnify the USYS, NCYSA, their affiliated organizations and sponsors, their employees and associated personnel, including the owners of fields and facilities utilized by the Programs, against any claim by or on behalf of the Registrant as a result of the Registrant's participation in the Programs and/or being transported to or from the same, which transportation we hereby authorize.

I (we) further, jointly and severally, as parents and legal guardians of the Registrant, release, discharge, and agree to hold harmless and indemnify the above-named individuals or any of the designated coaches of the above Team from any and all liability, claims or demands arising from the Registrant participating in the Programs with the above Team specifically to include any and all claims for personal injuries sustained while present or participating in the Programs or traveling to or from events in the Programs or while on trips sponsored by or in conjunction with the Programs.

In addition, I (we) do hereby authorize any one of the designated adults of the Team, if after a reasonable attempt has been made to reach a parent or guardian to obtain consent or if sound medical practice decrees that there is not time to make such an attempt, to consent to any x-ray examination, anesthetic, medical or surgical procedure, treatment, and/or hospital care, to be rendered to the Registrant under the general or special supervision of and/or on the advise of any physician, surgeon or dentist duly licensed to practice.

The undersigned have read and fully understand and agree to the foregoing.

Insurance Information:
Name of Insurance Company: Red Shield

Casey Donovan
**Parent/Legal Guardian Signature

ID Number: 987654-WZ

**No Electronic Signature Permitted

Confirmation Number: 2345760

6/2/11
Date

Original (Team)

Copy (Association)

HEADS+UP

CONCUSSION IN HIGH SCHOOL SPORTS

A FACT SHEET FOR **ATHLETES**

What is a concussion?

A concussion is a brain injury that:

- Is caused by a bump, blow, or jolt to the head or body.
- Can change the way your brain normally works.
- Can occur during practices or games in any sport or recreational activity.
- Can happen even if you haven't been knocked out.
- Can be serious even if you've just been "dinged" or "had your bell rung."

All concussions are serious. A concussion can affect your ability to do schoolwork and other activities (such as playing video games, working on a computer, studying, driving, or exercising). Most people with a concussion get better, but it is important to give your brain time to heal.

What are the symptoms of a concussion?

You can't see a concussion, but you might notice **one or more** of the symptoms listed below or that you "don't feel right" soon after, a few days after, or even weeks after the injury.

- Headache or "pressure" in head
- Nausea or vomiting
- Balance problems or dizziness
- Double or blurry vision
- Bothered by light or noise
- Feeling sluggish, hazy, foggy, or groggy
- Difficulty paying attention
- Memory problems
- Confusion

What should I do if I think I have a concussion?

- **Tell your coaches and your parents.** Never ignore a bump or blow to the head even if you feel fine. Also, tell your coach right away if you think you have a concussion or if one of your teammates might have a concussion.
- **Get a medical check-up.** A doctor or other health care professional can tell if you have a concussion and when it is OK to return to play.
- **Give yourself time to get better.** If you have a concussion, your brain needs time to heal. While your brain is still healing, you are much more likely to have another concussion. Repeat concussions can increase the time it takes for you to recover and may cause more damage to your brain. It is important to rest and not return to play until you get the OK from your health care professional that you are symptom-free.

How can I prevent a concussion?

Every sport is different, but there are steps you can take to protect yourself.

- Use the proper sports equipment, including personal protective equipment. In order for equipment to protect you, it must be:
 - The right equipment for the game, position, or activity
 - Worn correctly and the correct size and fit
 - Used every time you play or practice
- Follow your coach's rules for safety and the rules of the sport.
- Practice good sportsmanship at all times.

If you think you have a concussion:
Don't hide it. Report it. Take time to recover.

It's better to miss one game than the whole season.

For more information and to order additional materials *free-of-charge*, visit: www.cdc.gov/Concussion.

HEADS+UP CONCUSSION IN HIGH SCHOOL SPORTS



U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR DISEASE CONTROL AND PREVENTION

SIGNS AND SYMPTOMS

Athletes who experience **one or more** of the signs and symptoms listed below after a bump, blow, or jolt to the head or body may have a concussion.

Signs Observed by Coaching Staff	Symptoms Reported by Athlete
Appears dazed or stunned	Headache or "pressure" in head
Is confused about assignment or position	Nausea or vomiting
Forgets an instruction	Balance problems or dizziness
Is unsure of game, score, or opponent	Double or blurry vision
Moves clumsily	Sensitivity to light
Answers questions slowly	Sensitivity to noise
Loses consciousness (<i>even briefly</i>)	Feeling sluggish, hazy, foggy, or groggy
Shows mood, behavior, or personality changes	Concentration or memory problems
Can't recall events prior to hit or fall	Confusion
Can't recall events after hit or fall	Just not "feeling right" or is "feeling down"

ACTION PLAN

If you suspect that an athlete has a concussion, you should take the following four steps:

1. Remove the athlete from play.
2. Ensure that the athlete is evaluated by a health care professional experienced in evaluating for concussion. Do not try to judge the seriousness of the injury yourself.
3. Inform the athlete's parents or guardians about the possible concussion and give them the fact sheet on concussion.
4. Keep the athlete out of play the day of the injury and until a health care professional, experienced in evaluating for concussion, says the athlete is symptom-free and it's OK to return to play.

IMPORTANT PHONE NUMBERS

Emergency Medical Services
 Name: _____
 Phone: _____

Health Care Professional
 Name: _____
 Phone: _____

School Staff Available During Practices
 Name: _____
 Phone: _____

School Staff Available During Games
 Name: _____
 Phone: _____

It's better to miss one game than the whole season.

For more information and to order additional materials *free-of-charge*, visit:
www.cdc.gov/Concussion.

All concussions are serious.
If you think you have a

CONCUSSION:

- * Don't hide it.
- * Report it.
- * Take time to recover.

HEADACHE

PRESSURE IN HEAD

NAUSEA OR VOMITING

BALANCE PROBLEMS
OR DIZZINESS

DOUBLE OR
BLURRY VISION

SENSITIVITY TO
LIGHT OR NOISE

FEELING SLUGGISH, HAZY,
FOGGY, OR GROGGY

CONCENTRATION OR
MEMORY PROBLEMS

CONFUSION

JUST NOT "FEELING RIGHT"
OR "FEELING DOWN"



It's better to miss one game than the whole season.

For more information and to order additional materials *free-of-charge*, visit: www.cdc.gov/Concussion.

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR DISEASE CONTROL AND PREVENTION





Concussion In Sports

WHAT YOU NEED TO KNOW



Concussion Physiology

A concussion is a complex physiological process induced by a bump, blow, or jolt to the head or body, transmitting a force that causes the brain to literally bounce around or twist within the skull. The damage done to the brain is at a microscopic level: cells and cell membranes are stretched and torn. This damage leads to an abnormal movement of calcium, potassium, glutamate, and other substances in and out of the injured cells. These changes disrupt the normal function of the cells in the injured part of the brain.

At the same time that these chemical changes are happening, the brain restricts blood flow to the damaged areas. Blood is the only source of fuel (glucose) for the brain. This is a problem, as the injured brain cells now have a limited supply of fuel, but an increased demand for fuel as they attempt to repair themselves. This mismatch of fuel supply and demand leads to further cell injury and dysfunction.

It is thought that the disruption in the supply and demand of fuel is the key reason why people who have had a concussion are so susceptible to having symptoms worsen after an injury if they continue to be active and why there is a greater risk for further injury in the hours and days after a concussion. Studies suggest that it may take up to two weeks for the damaged cells to completely heal.

**GENERAL ASSEMBLY OF NEW CAESAREA
SESSION 2011**

**SESSION LAW 2011-147
HOUSE BILL 792**

AN ACT TO ENACT THE GELLER-WALTON CONCUSSION AWARENESS ACT.

The General Assembly of New Caesarea enacts:

TITLE OF ACT

SECTION 1. This act may be known and cited as the Geller-Walton Concussion Awareness Act.

DEVELOPMENT OF AN ATHLETIC CONCUSSION SAFETY TRAINING PROGRAM

SECTION 2(a) The Matthew A. Geller Sport-Related Concussion Research Center at UNC-Palatine Hill in consultation with the New Caesarea Medical Society, the New Caesarea Athletic Trainers Association, the Brain Injury Association of New Caesarea, the New Caesarea Neuropsychological Society, the New Caesarea High School Athletic Association, Inc., and the Department of Public Instruction shall develop an athletic concussion safety training program. The program shall be developed for the use of coaches, school nurses, school athletic directors, volunteers, students who participate in interscholastic athletic activities in the public schools, and the parents of these students.

SECTION 2(b) The program shall include, but not be limited to, the following:

- (1) Written information detailing the recognition of the signs and symptoms of concussions and other head injuries.
- (2) A description of the physiology and the potential short-term and long-term effects of concussions and other head injuries.
- (3) The medical return-to-play protocol for post-concussion participation in interscholastic athletic activities.

CONCUSSION SAFETY REQUIREMENTS FOR INTERSCHOLASTIC ATHLETIC COMPETITION

SECTION 3. G.S. 115C-12(23) reads as rewritten:

(23) Power to Adopt Eligibility Rules for Interscholastic Athletic Competition. – The State Board of Education shall adopt rules governing interscholastic athletic activities conducted by local boards of education, including eligibility for student participation. With regard to middle schools and high schools, the rules shall provide for the following:

- a. All coaches, school nurses, athletic directors, first responders, volunteers, students who participate in interscholastic athletic activities, and the parents of those students shall receive, on an annual basis, a concussion and head injury information sheet. School employees, first responders, volunteers, and students must sign the sheet and return it to the coach before they can participate in interscholastic athletic activities, including tryouts, practices, or competition. Parents must sign the sheet and return it to the coach before their children can participate in any such interscholastic athletic activities. The signed sheets shall be maintained in accordance with sub-subdivision d. of this subdivision. For the purpose of this subdivision, a concussion is a traumatic brain injury caused by a direct or indirect impact to the head that results in disruption of normal brain function, which may or may not result in loss of consciousness.

b. If a student participating in an interscholastic athletic activity exhibits signs or symptoms consistent with concussion, the student shall be removed from the activity at that time and shall not be allowed to return to play or practice that day. The student shall not return to play or practice on a subsequent day until the student is evaluated by and receives written clearance for such participation from (i) a physician licensed under Article 1 of Chapter 90 of the General Statutes with training in concussion management, (ii) a neuropsychologist licensed under Article 18A of Chapter 90 of the General Statutes with training in concussion management and working in consultation with a physician licensed under Article 1 of Chapter 90 of the General Statutes, (iii) an athletic trainer licensed under Article 34 of Chapter 90 of the General Statutes, (iv) a physician assistant, consistent with the limitations of G.S. 90-18.1, or (v) a nurse practitioner, consistent with the limitations of G.S. 90-18.2.

c. Each school shall develop a venue-specific emergency action plan to deal with serious injuries and acute medical conditions in which the condition of the patient may deteriorate rapidly. The plan shall include a delineation of roles, methods of communication, available emergency equipment, and access to and plan for emergency transport. This plan must be (i) in writing, (ii) reviewed by an athletic trainer licensed in New Caesarea, (iii) approved by the principal of the school, (iv) distributed to all appropriate personnel, (v) posted conspicuously at all venues, and (vi) reviewed and rehearsed annually by all licensed athletic trainers, first responders, coaches, school nurses, athletic directors, and volunteers for interscholastic athletic activities.

d. Each school shall maintain complete and accurate records of its compliance with the requirements of this subdivision pertaining to head injuries.

The State Board of Education may authorize a designated organization to apply and enforce the Board's rules governing participation in interscholastic athletic activities at the high school level.

EFFECTIVE DATE

SECTION 4. This act is effective when it becomes law and applies beginning with the 2011-2012 school year.

In the General Assembly read three times and ratified this the 13th day of June, 2011.

s/ Walt H. Davis
President of the Senate

s/ Daniele R. Fuller
Speaker Pro Tempore of the House of Representatives

s/ Billy E. Tyson
Governor

Approved 11:55 a.m. this 16th day of June, 2011

Geller-Walton Concussion Awareness Act Compliance Checklist

This checklist is designed to help each school be compliant with the Geller-Walton Concussion Awareness Act. All forms can be found on the home page website for the Geller-Walton Law AND under the specific sections on the website. *According to the law, “each school shall maintain complete and accurate records of its compliance with the requirements ...”* Beside each component is a checkbox each school can use as they complete the compliance steps each year.

Educational Compliance

1. Distribution of Concussion Information Sheet to student-athletes
 - All fall sports All winter sports All spring sports
2. Signature forms (Concussion Information Sheet) collected from student-athletes
 - All fall sports All winter sports All spring sports
3. Distribution of Concussion Information Sheet to parents/coaches/school nurses/volunteers
 - All fall sports All winter sports All spring sports
4. Signature forms (Concussion Information Sheet) collected from parents/coaches/school nurses/volunteers
 - All fall sports All winter sports All spring sports

Postconcussion Protocol/Plan Compliance

1. A Postconcussion Plan in place that at a minimum includes:
 - a. No same day return-to-play for any student-athlete exhibiting signs and symptoms consistent with concussion
 - b. Written clearance (use the form on the Geller-Walton Law website) by a medical professional trained in concussion management prior to return-to-play/practice for any athlete exhibiting signs and symptoms consistent with concussion

Emergency Action Plan Compliance

1. The school must have a venue specific Emergency Action Plan reviewed by an Athletic Trainer Licensed in New Caesarea (LAT). If your school has an LAT, that person can review the EAP. If your school needs an LAT to review the plan, you can email the plan to: eap@ncathletictrainer.org. An LAT will review the plan and return it to the individual that emailed the plan for review.
2. The Emergency Action Plan shall include a delineation of roles, methods of communication, available emergency equipment, and access to and plan for emergency transport.
3. The Emergency Action Plan must be in writing.
4. The Emergency Action Plan must be provided to all coaches, administrators, volunteers, etc. involved in interscholastic athletics.
5. The Emergency Action Plan must be posted conspicuously at all venues.
6. The Emergency Action Plan must be annually reviewed and rehearsed by all licensed athletic trainers (LAT), first responders, coaches, school nurses, athletic directors, and volunteers for interscholastic athletics.
7. The Emergency Action Plan must be approved by the school principal.

CONCUSSION EDUCATION STATEMENT FORMS FOR ALL SPORTS HAVE BEEN CHECKED AGAINST SPORT ROSTERS AND ARE CURRENTLY ON FILE WITH _____.

(NAME OF PERSON HOLDING FORMS)

- All fall sports All winter sports All spring sports

PRINCIPAL’S SIGNATURE (OR DESIGNEE): _____ DATE: _____

CONCUSSION

INFORMATION FOR *COACHES/SCHOOL NURSES/SCHOOL VOLUNTEERS*

What is a concussion? A concussion is a traumatic brain injury caused by a direct or indirect impact to the head that results in disruption of normal brain function, which may or may not result in loss of consciousness. It can occur from a fall, a blow to the head, or a blow to the body that causes the head and the brain to move quickly back and forth.

How do I recognize a concussion? There are many signs and symptoms a person may experience following concussion that can affect their thinking, emotions or mood, physical abilities, or sleep.

Thinking/Remembering	Physical	Emotional/Mood	Sleep
Difficulty thinking clearly	Headache	Irritability	Sleeping more than usual
Feeling slowed down	Fuzzy or blurry vision	Sadness	Sleeping less than usual
Difficulty concentrating	Nausea/Vomiting	More emotional than normal	Trouble falling asleep
Difficulty remembering new information	Dizziness	Feeling nervous or anxious	
	Balance problems	Crying more	
	Sensitivity to noise or light		

Table from the Centers for Disease Control and Prevention (<http://www.cdc.gov/concussion/>)

What should I do if I think a student-athlete has sustained a concussion? If you suspect a student-athlete is experiencing any of the signs and symptoms listed above, you immediately remove them from participation, let their parents know, and/or refer them to the appropriate medical personnel.

What are the warning signs that a more significant head injury may have occurred? If they have a headache that gets worse over time, experience loss of coordination or abnormal body movements, have repeated nausea, vomiting, slurred speech, or you witness what you believe to be a severe head impact, you should refer them to appropriate medical personnel immediately.

What are some of the long-term or cumulative issues that may result from a concussion? Individuals may have trouble in some of their classes at school or even with activities at home. Down the road, especially if their injury is not managed properly, or if they return to play too early, they may experience issues such as being depressed, not feeling well, or have trouble remembering things for a long time. Once an individual has a concussion, they are also more likely to sustain another concussion.

How do I know when it's ok for a student-athlete to return to participation after a suspected concussion? Any student-athlete experiencing signs and symptoms consistent with a concussion should be immediately removed from play or practice and referred to appropriate medical personnel. They should not be returned to play or practice on the same day. To return to play or practice, they will need written clearance from a medical professional trained in concussion management.

No athlete should be returned to play or practice while experiencing any concussion-related signs or symptoms following rest or activity.

Coach/School Nurse/Volunteer Concussion Statement

I have read the *Concussion Information Sheet*. If true, please check box.

I should not allow any student-athlete exhibiting signs and symptoms consistent with concussion to return to play or practice on the same day. If you agree, please check box.

After reading the information sheet, I am aware of the following information:

_____ A concussion is a brain injury.
Initial

_____ A concussion can affect a student-athlete's ability to perform everyday activities, their ability to think, their balance, and their classroom performance.
Initial

_____ I realize I cannot see a concussion, but I might notice some of the signs in a student-athlete right away. other signs/symptoms can show-up hours or days after the injury.
Initial

_____ If I suspect a student-athlete has a concussion, I am responsible for removing them from activity and referring them to a medical professional trained in concussion management.
Initial

_____ Student-athletes need written clearance from a medical professional trained in concussion management to return to play or practice after a concussion.
Initial

_____ I will not allow any student-athlete to return to play or practice if I suspect that he/she has received a blow to the head or body that resulted in signs or symptoms consistent with concussion.
Initial

_____ Following concussion the brain needs time to heal. I understand that student-athletes are much more likely to sustain another concussion or more serious brain injury if they return to play or practice before symptoms resolve.
Initial

_____ In rare cases, repeat concussions can cause serious and long-lasting problems.
Initial

_____ I have read the signs/symptoms listed on the Concussion Information Sheet.
Initial

Signature of Coach/School Nurse/Volunteer

Date

Printed name of Coach/School Nurse/Volunteer

CONCUSSION

INFORMATION FOR *STUDENT-ATHLETES & PARENTS/LEGAL CUSTODIANS*

What is a concussion? A concussion is an injury to the brain caused by a direct or indirect blow to the head. It results in your brain not working as it should. It may or may not cause you to black out or pass out. It can happen to you from a fall, a hit to the head, or a hit to the body that causes your head and your brain to move quickly back and forth.

How do I know if I have a concussion? There are many signs and symptoms that you may have following a concussion. A concussion can affect your thinking, the way your body feels, your mood, or your sleep. Here is what to look for:

Thinking/Remembering	Physical	Emotional/Mood	Sleep
Difficulty thinking clearly	Headache	Irritability-things bother you more easily	Sleeping more than usual
Taking longer to figure things out	Fuzzy or blurry vision	Sadness	Sleeping less than usual
Difficulty concentrating	Feeling sick to your stomach/queasy	Being more moody	Trouble falling asleep
Difficulty remembering new information	Vomiting/throwing up	Feeling nervous or worried	Feeling tired
	Dizziness	Crying more	
	Balance problems		
	Sensitivity to noise or light		

Table is adapted from the Centers for Disease Control and Prevention (<http://www.cdc.gov/concussion/>)

What should I do if I think I have a concussion? If you are having any of the signs or symptoms listed above, you should tell your parents, coach, athletic trainer or school nurse so they can get you the help you need. If a parent notices these symptoms, they should inform the school nurse or athletic trainer.

When should I be particularly concerned? If you have a headache that gets worse over time, you are unable to control your body, you throw up repeatedly or feel more and more sick to your stomach, or your words are coming out funny/slurred, you should let an adult like your parent or coach or teacher know right away, so they can get you the help you need before things get any worse.

What are some of the problems that may affect me after a concussion? You may have trouble in some of your classes at school or even with activities at home. If you continue to play or return to play too early with a concussion, you may have long term trouble remembering things or paying attention, headaches may last a long time, or personality changes can occur. Once you have a concussion, you are more likely to have another concussion.

How do I know when it's ok to return to physical activity and my sport after a concussion? After telling your coach, your parents, and any medical personnel around that you think you have a concussion, you will probably be seen by a doctor trained in helping people with concussions. Your school and your parents can help you decide who is best to treat you and help to make the decision on when you should return to activity/play or practice. Your school will have a policy in place for how to treat concussions. You should not return to play or practice on the same day as your suspected concussion.

You should not have any symptoms at rest or during/after activity when you return to play, as this is a sign your brain has not recovered from the injury.

Student-Athlete & Parent/Legal Custodian Concussion Statement

**If there is anything on this sheet that you do not understand, please ask an adult to explain or read it to you.*

Student-Athlete Name: _____

This form must be completed for each student-athlete, even if there are multiple student-athletes in each household.

Parent/Legal Custodian Name(s): _____

- We have read the *Student-Athlete & Parent/Legal Custodian Concussion Information Sheet*.
If true, please check box.

After reading the information sheet, I am aware of the following information:

Student-Athlete Initials		Parent/Legal Custodian Initials
	A concussion is a brain injury, which should be reported to my parents, my coach(es), or a medical professional if one is available.	
	A concussion can affect the ability to perform everyday activities such as the ability to think, balance, and classroom performance.	
	A concussion cannot be “seen.” Some symptoms might be present right away. Other symptoms can show up hours or days after an injury.	
	I will tell my parents, my coach, and/or a medical professional about my injuries and illnesses.	N/A
	If I think a teammate has a concussion, I should tell my coach(es), parents, or medical professional about the concussion.	N/A
	I will not return to play in a game or practice if a hit to my head or body causes any concussion-related symptoms.	N/A
	I will/my child will need written permission from a medical professional trained in concussion management to return to play or practice after a concussion.	
	Based on the latest data, most concussions take days or weeks to get better. A concussion may not go away right away. I realize that resolution from this injury is a process and may require more than one medical evaluation.	
	I realize that ER/Urgent Care physicians will not provide clearance if seen right away after the injury.	
	After a concussion, the brain needs time to heal. I understand that I am/my child is much more likely to have another concussion or more serious brain injury if return to play or practice occurs before concussion symptoms go away.	
	Sometimes, repeat concussions can cause serious and long-lasting problems.	
	I have read the concussion symptoms on the Concussion Information Sheet.	

Signature of Student-Athlete

Date

Signature of Parent/Legal Custodian

Date



Concussion Procedure and Protocol

Concussion: a traumatic brain injury that interferes with normal brain function. Medically, a concussion is a complex, pathophysiological event to the brain that is induced by trauma.

CONCUSSION SYMPTOMS AND MANAGEMENT AT COMPETITIONS AND TRAINING

Step 1:

Did a concussion occur?

Evaluate the player and note if any of the following symptoms are present:

- (1) Dazed look or confusion about what happened.
- (2) Memory difficulties.
- (3) Neck pain, headaches, nausea, vomiting, double vision, blurriness, ringing noise or sensitiveto sounds.
- (4) Short attention span. Can't keep focused.
- (5) Slow reaction time, slurred speech, bodily movements are lagging, fatigue, and slowly answers questions or has difficulty answering questions.
- (6) Abnormal physical and/or mental behavior.
- (7) Coordination skills are behind, ex: balancing, dizziness, clumsiness, reaction time.

Step 2:

Is emergency treatment needed?

This would include the following scenarios:

- (1) Spine or neck injury.
- (2) Behavior patterns change.
- (3) Loss of consciousness.

Step 3:

If a possible concussion occurred, but no emergency treatment is needed, what should be done now?

Focus on these areas every 5-10 min for the next 1 - 2 hours, without returning to any activities:

- (1) Balance.
- (2) Speech.
- (3) Memory.
- (4) Attention on topics, details.

Step 4:

Players should not re-enter competition, training, or partake in any activities for at least 24 hours. Even if there are no symptoms after 15-20 min, activity should not be taken by the player.

Step 5:

A player diagnosed with a possible concussion may return to US Youth Soccer play only after release from a licensed medical doctor specializing in concussion treatment and management.

Step 6:

If there is a possibility of a concussion, do the following:

- (1) The attached Concussion Notification Form is to be filled out in duplicate and signed by a team official of the player's team.
- (2) If the player is able to do so, have the player sign and date the Form. If the player is not able to sign, note on the player's signature line "unavailable".
- (3) If a parent of the player is present, have the parent/legal guardian sign and date the Form, and give the parent one of the copies of the completed Form. If the parent/legal guardian is not present, then the team official is responsible for notifying the parent/legal guardian ASAP by phone or email and then submitting the Form to the parent/legal guardian by email or mail. When the parent/legal guardian is not present, the team official must make a record of how and when the parent/legal guardian was notified. The notification will include a request for the parent/legal guardian to provide confirmation and completion of the Concussion Notification Form whether in writing or electronically.
- (4) The team official must also get the player's pass from the referee, and attach it to the copy of the Form retained by the team.

References:

Kissick MD, James and Karen M. Johnston MD, PhD. "Return to Play After Concussion." Collegiate Sports Medical Foundation. Volume 15, Number 6, November 2005. http://www.csmfoundation.org/Kissick_-_return_to_play_after_concussion_-_CJSM_2005.pdf.
April 22, 2011.

National Federation of State High School Associations. "Suggested Guidelines for Management of Concussion in Sports". 2008 NFHS Sports Medicine Handbook (Third Edition). 2008 77-82.
<http://www.nfhs.org>.
April 21, 2011.

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The Game for All Kids![®]

Possible Concussion Notification For US Youth Soccer Events

Today, _____, 2____, at the _____ [insert name of event], _____ [insert player's name] received a possible concussion during practice or competition. US Youth Soccer and Staff want to make you aware of this possibility and signs and symptoms that may arise which may require further evaluation and/or treatment.

It is common for a concussed child or young adult to have one or many concussion symptoms. There are four types of symptoms: physical, cognitive, emotional, and sleep.

If your daughter or son starts to show signs of these symptoms, or there any other symptoms you notice about the behavior or conduct of your son or daughter, you should consider seeking immediate medical attention:

- | | | |
|----------------------------------|----------------------------|---------------------------------------|
| - Memory difficulties | - Neck pain | - Delicate to light or noise |
| - Headaches that worsen | - Odd behavior | - Repeats the same answer or question |
| - Vomiting | - Fatigued | - Slow reactions |
| - Focus issues | - Irregular sleep Patterns | - Irritability |
| - Seizures | - Slurred speech | - Less responsive than usual |
| - Weakness/numbness in arms/legs | | |

Please take the necessary precautions and seek a professional medical opinion before allowing your daughter or son to participate further. Until a professional medical opinion is provided, please consider the following guidelines:

- refraining from participation in any activities the day of, and the day after, the occurrence.
- refraining from taking any medicine unless (1) current medicine, prescribed or authorized, is permitted to be continued to be taken, and (2) any other medicine is prescribed by a licensed health care professional.
- refraining from cognitive activities requiring concentration cognitive activities such as TV, video games, computer work, and text messaging if they are causing symptoms.

If you are unclear and have questions about the above symptoms, please contact a medical doctor or doctor of osteopathy who specializes in concussion treatment and management.

Please be advised that a player who suffers a concussion may not return to play until there is provided a signed clearance from a medical doctor or doctor of osteopathy who specializes in concussion treatment and management.

Player's Team: _____

Age Group: _____

Player Name: _____ Gender: _____

Player Signature: _____ Date: _____

Parent/Legal Guardian Signature: _____ Date: _____

Team Official Signature: _____ Date: _____

By inserting my name and date and returning this Notification Form, I confirm that I have been provided with, and acknowledge that, I have read the information contained in the Form.

*If returning the signed Form by mail, send it to the following address:
9220 World Cup Way, Frisco, TX 75034.*

If returning this Form by email, send it to the following address: nationaloffice@usyouthsoccer.org.

US Youth Soccer Notification: Yes No If yes, method and recipient: _____

References:

Kissick MD, James and Karen M. Johnston MD, PhD. "Return to Play After Concussion." Collegiate Sports Medical Foundation. Volume 15, Number 6, November 2005.
http://www.csmfoundation.org/Kissick_-_return_to_play_after_concussion_-_CJSM_2005.pdf.
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National Federation of State High School Associations. "Suggested Guidelines for Management of Concussion in Sports". 2008 NFHS Sports Medicine Handbook (Third Edition). 2008 77-82.
<http://www.nfhs.org>.
April 21, 2011.

Children's National Medical Center. "Safe Concussion Outcome, Recovery & Education (SCORE) Program." Adapted by Gerard Gioia, PhD; Micky Collins, PhD; Shireen Atabaki, MD, MPH; Noel Zuckerbraun, MD, MPH. [http:// www.childrensnational.org/score](http://www.childrensnational.org/score).
June 27, 2011.

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Bevin K. Register, PhD, AT
Curriculum Vitae

EDUCATION

University of Virginia, Charlottesville, VA

Doctor of Philosophy, Sports Medicine, 1993

Dissertation: *Effect of Mild Traumatic Brain Injury on Postural Stability*

University of New Caesarea, Palatine Hill, NC

Master of Science in Exercise Physiology/Athletic Training, 1990

Thesis: *The Effects of Headache on Measures of Neurocognition and Balance*

University of New Caesarea, Palatine Hill, NC

Bachelor of Science in Athletic Training, 1989 (and Athletic Trainer/AT certification)

Minor: Nutrition

EMPLOYMENT

Department of Exercise and Sport Science, University of New Caesarea at Palatine Hill

Mihalik-Marshall Distinguished Professor, 2009 to present

Department Chair, 2005 to present

Professor, 2001 to present

Associate Professor, 1993 to 2001

Director, Geller Sport-Related Concussion Research Center, 2007 to present

HONORS

MacArthur Foundation Grant, 2010

Dorrance Educator of the Year Award, American College of Sports Medicine, 2008

Medal for Distinguished Research, National Athletic Trainers' Association, 2007

PUBLICATIONS

Over 200 scholarly peer-reviewed journal articles, including:

Pediatric Sport-Related Concussion (2010);

Incidence and Outcomes of Soccer-Related Concussions (2009);

Advances in Sport-Related Concussion Management (2009); and

Educating Coaches, Physicians, and Athletes about Concussions (2008).

Over 10 textbook chapters, including:

“Management of Sport Related Head Injury.” In *Emergency Care in Sports and Athletic Training*. 2011.

“Head Injuries.” In *Foundations of Clinical Sports Medicine*. 2007.

