



PHOENIX FIRE BASKETBALL



Concussion Safety Protocol and Acknowledgment

Phoenix, AZ | Youth & Club Basketball Program

Season: _____ | Effective Date: May 2026

SECTION 1 | PURPOSE

Phoenix Fire Basketball is committed to protecting the health, safety, and well-being of every player in our program. This Concussion Safety Protocol exists to ensure that all athletes, parents, guardians, coaches, and staff understand the risks associated with concussions and that clear, consistent procedures are in place to prevent further injury when a concussion is suspected.

Concussions are serious traumatic brain injuries that require immediate attention and proper medical management. Failing to recognize and respond appropriately to a concussion can result in significant long-term harm. **The health of our players always takes priority over competition.**

This policy applies to **all registered players, coaches, volunteers, and staff** of Phoenix Fire Basketball during all team practices, games, scrimmages, tournaments, and official team events.

SECTION 2 | WHAT IS A CONCUSSION?

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

Important: Loss of Consciousness Is NOT Required

A concussion does not require a player to lose consciousness. In fact, the majority of concussions occur without any loss of consciousness. Any suspected head impact should be taken seriously.

In basketball specifically, concussions can occur through:

- Player-to-player collisions (e.g., elbows, heads, shoulders)
- Falls to the hardwood floor (head contact)
- Contact with a basketball, backboard, or other equipment
- Body contact that causes sudden head movement

Concussions affect each individual differently. Symptoms may appear immediately or may be delayed by hours. All suspected concussions must be treated with the same level of urgency regardless of perceived severity.

SECTION 3 | SIGNS AND SYMPTOMS

Concussion symptoms can be physical, cognitive, emotional, or sleep-related. All coaches, staff, parents, and players should be familiar with the following:

Signs Observed by Coaches / Staff	Symptoms Reported by the Player
Appears dazed or stunned Moves clumsily or loses balance Answers questions slowly or seems confused Shows behavior or personality changes Cannot recall events before or after the hit Loss of consciousness (even briefly)	Headache or pressure in the head Nausea or vomiting Balance problems or dizziness Double or blurry vision Sensitivity to light or noise Feeling sluggish, foggy, or "not right" Concentration or memory problems Sleep disturbances

Note: This list is not exhaustive. When in doubt, remove the player from activity and seek medical evaluation.

SECTION 4 | REMOVAL FROM PLAY (RFP) POLICY

⚠ Phoenix Fire Basketball Policy: "When in Doubt, Sit Them Out."

Any player who shows signs, symptoms, or reports symptoms of a concussion **MUST be immediately removed from play**. This is non-negotiable and is not subject to override by coaches, parents, or players.

The following Removal from Play procedures are in effect for all Phoenix Fire Basketball activities:

1. Any player who shows or reports any sign or symptom of a concussion must be **immediately removed from practice or competition** — no exceptions.
2. A player removed for a suspected concussion **may NOT return to practice or play the same day**, regardless of apparent recovery.
3. The player must be **evaluated by a licensed healthcare professional** before returning to any team activity — including practice, conditioning, or games.
4. Coaches, staff, and volunteers are **NOT qualified to diagnose concussions**. That determination belongs exclusively to a licensed medical professional.
5. If a player is **unconscious**, has a suspected **neck or spine injury**, has a **seizure**, or deteriorates rapidly — **call 911 immediately** and do not move the player.

SECTION 5 | RETURN-TO-PLAY (RTP) PROTOCOL

Phoenix Fire Basketball follows a **6-Step Graduated Return-to-Play Protocol** consistent with standard sports medicine guidelines (consistent with CDC Heads Up and international consensus guidelines). Recovery from a concussion is progressive — each step must be completed **symptom-free** before advancing to the next. A minimum of **24 hours** must pass between steps.

If symptoms return at any step, the player must **stop immediately**, rest for a minimum of 24 hours, and restart from the previous step.

Step	Stage	Permitted Activity	Goal
1	Complete Rest	No physical or cognitive activity (no screens, no school exertion)	Recovery; allow brain to rest
2	Light Aerobic Exercise	Walking, light stationary bike — no resistance training	Increase heart rate without exertion
3	Sport-Specific Exercise	Dribbling, footwork, individual skills — no contact, no scrimmage	Add basketball-specific movement
4	Non-Contact Drills	Passing drills, full team practice drills — no physical contact	Restore coordination and cognitive function
5	Full-Contact Practice	Normal team practice including contact — requires written medical clearance	Restore confidence, assess full readiness
6	Return to Competition	Full game participation	Full return to sport

Medical Clearance Requirement

Written medical clearance from a licensed physician or appropriate healthcare provider is required before the player may participate in Step 5 or Step 6. This clearance must be physically provided to the head coach and retained on file with the club. Verbal clearance is not sufficient.

SECTION 6 | PARENT AND PLAYER RESPONSIBILITIES

The safety of every player depends on honest communication between families and the coaching staff. Phoenix Fire Basketball requires all parents/guardians and players to uphold the following responsibilities:

Parents / Guardians:

- Inform coaching staff of **any previous concussion history** before the season begins, including prior diagnoses, symptoms, or ongoing treatment.
- **Do not pressure** coaches, staff, or officials to allow a player to return to activity before receiving proper medical clearance.
- Seek **prompt medical evaluation** for any player suspected of having sustained a concussion.
- Provide **written medical clearance** to the head coach before the player returns to any team activity following a concussion.
- Notify the coaching staff immediately if a player's symptoms change, worsen, or if new information is received from a healthcare provider.

Players:

- **Honestly report all symptoms** to a coach, parent, or staff member — including symptoms that appear minor or develop after leaving the gym.
- Understand that **playing through a concussion is dangerous** and is never required or expected by Phoenix Fire Basketball.
- Follow the Return-to-Play protocol and do not attempt to resume activity before being medically cleared.
- Look out for teammates — if you observe a teammate showing signs of a concussion, **notify a coach or adult immediately**.

SECTION 7 | COACH AND STAFF RESPONSIBILITIES

All Phoenix Fire Basketball coaches, assistant coaches, and staff members share direct responsibility for implementing this protocol. The following requirements are mandatory:

- All coaching staff must complete **concussion awareness training annually** (e.g., CDC Heads Up Concussion in Youth Sports or equivalent) and provide documentation to the club director.
- All coaching staff must **know and strictly follow** the Removal from Play policy outlined in Section 4.
- Coaches must **document any incident** where a player is removed from activity for a suspected concussion and submit a written incident report to the club director within 24 hours.
- Coaches must **never allow a player to return to play the same day** a concussion is suspected, regardless of pressure from parents, players, or other parties.
- Coaches must **notify parents or guardians immediately** when a concussion is suspected, providing details of what was observed and the next steps required.
- Coaches must **maintain a copy of this signed protocol** for every player on their roster throughout the season.

⚠ SECTION 8 | EMERGENCY PROCEDURES

☎ Call 911 Immediately If Any of the Following Occur:

- The player loses consciousness for any period of time
- The player has a seizure or convulsions
- The player experiences repeated vomiting
- Symptoms worsen rapidly or the player's condition deteriorates
- A neck or spine injury is suspected
- The player cannot be awakened or is extremely drowsy

Do not move a player with a suspected neck or spine injury. Keep the player calm, still, and in the position found until emergency medical services arrive.

The following procedures must be followed at all Phoenix Fire Basketball events:

6. **Call 911** immediately for any emergency as described above.
7. Designate **one person to remain with the player** at all times and keep the player calm and still.
8. Designate a **second person to meet emergency services** at the facility entrance and guide them to the player.
9. Do not give the player food, water, or any medication unless directed by emergency services.
10. **Notify the club director** as soon as possible and complete a written incident report within 24 hours of the event.
11. **Emergency contact information** for every player must be readily accessible to all coaching staff at every practice, game, and event. Coaches must maintain a printed or digital roster with emergency contacts at all times.

SECTION 9 | ACKNOWLEDGMENT AND SIGNATURE

Phoenix Fire Basketball

Concussion Protocol Acknowledgment

"We have received, read, and understand the Phoenix Fire Basketball Concussion Safety Protocol. We agree to follow all procedures outlined in this document. We understand that concussions are serious brain injuries and that the safety of our player comes first. We acknowledge that this protocol is mandatory for all participants and that failure to comply may result in restricted participation."

PLAYER INFORMATION

Player Name (print): _____

Date of Birth: _____

Team / Age Group: _____

Season: _____

PLAYER SIGNATURE

By signing below, the player acknowledges they have read and understand this Concussion Safety Protocol.

Player Signature: _____

Date: _____

PARENT / GUARDIAN SIGNATURE

By signing below, the parent or guardian acknowledges they have received, read, and agree to adhere to this Concussion Safety Protocol on behalf of their player.

Parent / Guardian Name (print):

Relationship to Player:

Phone Number:

Email Address:

Parent / Guardian Signature:

Date:

COACHING STAFF

By signing below, the head coach acknowledges receipt of this completed form and confirms that this protocol has been communicated to the family.

Head Coach Name (print): _____

Head Coach Signature: _____ Date: _____

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▪ This form must be completed and returned to your head coach before the first practice of the season. ▪