

# Sudden Cardiac Arrest and Lindsay's Law

# Parent/Athlete Signature Form

**What is Lindsay's Law?** Lindsay's Law is about Sudden Cardiac Arrest (SCA) in youth athletes. It covers all athletes 19 years or younger who practice for or compete in athletic activities. Activities may be organized by a school or youth sports organization.

**Which youth athletic activities are included in Lindsay's law?**

- Athletics at all schools in Ohio (public and non-public)
- Any athletic contest or competition sponsored by or associated with a school
- All interscholastic athletics, including all practices, interschool practices and scrimmages
- All youth sports organizations
- All cheerleading and club sports, including noncompetitive cheerleading

**What is SCA?** SCA is when the heart stops beating suddenly and unexpectedly. This cuts off blood flow to the brain and other vital organs. People with SCA will die if not treated immediately. SCA can be caused by 1) a structural issue with the heart, OR 2) a heart electrical problem which controls the heartbeat, OR 3) a situation such as a person who is hit in the chest or a gets a heart infection.

**What is a warning sign for SCA?** If a family member died suddenly before age 50, or a family member has cardiomyopathy, long QT syndrome, Marfan syndrome or other rhythm problems of the heart.

**What symptoms are a warning sign of SCA?** A young athlete may have these things with exercise:

- Chest pain/discomfort
- Unexplained fainting/near fainting or dizziness
- Unexplained tiredness, shortness of breath or difficulty breathing
- Unusually fast or racing heart beats

**What happens if an athlete experiences syncope or fainting before, during or after a practice, scrimmage, or competitive play?** The coach MUST remove the youth athlete from activity immediately. The youth athlete MUST be seen and cleared by a health care provider before returning to activity. This written clearance must be shared with a school or sports official.

**What happens if an athlete experiences any other warning signs of SCA?** The youth athlete should be seen by a health care professional.

**Who can evaluate and clear youth athletes?** A physician (MD or DO), a certified nurse practitioner, a clinical nurse specialist, certified nurse midwife. For school athletes, a physician's assistant or licensed athletic trainer may also clear a student. That person may refer the youth to another health care provider for further evaluation.

**What is needed for the youth athlete to return to the activity?** There must be clearance from the health care provider in writing. This must be given to the coach and school or sports official before return to activity.

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**Return bottom half of this sheet to the YMCA of Darke County.**

All youth athletes and their parents/guardians must view the Ohio Department of Health (ODH) video about Sudden Cardiac Arrest, review the ODH SCA handout and then sign and return this form.

<https://www.odh.ohio.gov/-/media/ODH/ASSETS/Files/chss/Lindsays-Law/Parent-Guardian.pdf?la=en>

_____	_____
Parent/Guardian Signature	Student Signature
_____	_____
Parent/Guardian Name (Print)	Student Name (Print)
_____	_____
Date	Date

## YMCA of Darke County - Greenville Branch | 2021 Youth Soccer League

**Is child a Y Member?** Y / N    **Circle age group-** age 4-6    age 7-10    **T-Shirt size - Circle one** Child S    Child M    Child L    Adult S    Adult M

Participant's name: \_\_\_\_\_ Age & DOB: \_\_\_\_\_

Home Address, City, State, Zip Code \_\_\_\_\_

Phone: \_\_\_\_\_ Do you want to be on the same team with someone, if so, who? \_\_\_\_\_

Mother/Guardian: \_\_\_\_\_ Phone: \_\_\_\_\_

Father/Guardian: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_

In case of emergency, if neither parent/guardian can be contacted, please notify the following person, who can make decisions regarding the care of my child.:

Name/Relationship to child: \_\_\_\_\_ Phone: \_\_\_\_\_

**Interested in helping? Our leagues can't run without volunteers like you!**

We need coaches, assistants, officials, timers, and team parents.

**Yes, I will help.** Circle shirt size AS AM AL AXL AXXL     No, I cannot help.

Name/contact number \_\_\_\_\_

I, the parent or guardian of the above child, verify that the above information is correct and do hereby discharge the YMCA of Darke County and its staff from any and all claims of damages in any manner arising from his/her participation in the Youth Soccer League.

Parent/Guardian signature \_\_\_\_\_ Date \_\_\_\_\_