

Manchester Recreation Volunteer Information:

Scan the QR Code below or follow the link to complete the Volunteer Information Form.

All Paperwork/background checks must be completed and returned to the Recreation Department prior to volunteering for our programs.

All Coaches are required to complete the Heads Up Concussion Training if they have not done so already.



or <https://forms.gle/B4FUycP8ixXidGKZ8>

SIGNS & SYMPTOMS

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

SIGNS OBSERVED BY COACHING STAFF

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

SYMPTOMS REPORTED BY ATHLETE

- Headache or "pressure" in head
- Nausea or vomiting
- Balance problems or dizziness
- Double or blurry vision
- Sensitivity to light
- Sensitivity to noise
- Feeling sluggish, hazy, foggy, or groggy
- Concentration or memory problems
- Confusion
- Just not "feeling right" or is "feeling down"

January 2021



CDC HEADS UP
SAFE BRAIN. STRONGER FUTURE.

ACTION PLAN

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

- 1. Remove the athlete from play.**
- 2. Keep an athlete with a possible concussion out of play on the same day of the injury and until cleared by a healthcare provider.** Do not try to judge the severity of the injury yourself. Only a healthcare provider should assess an athlete for a possible concussion.
- 3. Record and share information about the injury,** such as how it happened and the athlete's symptoms, to help a healthcare provider assess the athlete.
- 4. Inform the athlete's parent(s) or guardian(s)** about the possible concussion and refer them to CDC's website for concussion information.
- 5. Ask for written instructions from the athlete's healthcare provider** about the steps you should take to help the athlete safely return to play.

Before returning to play an athlete should:

- Be back to their regular activities (such as school).
- Not have any symptoms from the injury when doing regular activities.
- Have the green-light from their healthcare provider to begin the return to play process.

For more information, visit www.cdc.gov/HEADSUP

Visit <https://www.cdc.gov/headsup/youthsports/coach.html> for the Coaches Training Course. Print Certificate and return to Recreation.



IT'S BETTER TO MISS ONE GAME THAN THE WHOLE SEASON.



MANCHESTER TOWNSHIP

1 COLONIAL DRIVE • MANCHESTER, NJ 08759 • (732)657-8121

DEPARTMENT OF RECREATION

TRACEY LYNCH
DIRECTOR OF RECREATION

JOSEPH HANKINS
MAYOR

VOLUNTEER FINGERPRINTING

Please schedule your fingerprint appointment as soon as possible via the provided link below.

<https://uenroll.identogo.com/workflows/2F1HRF>

Please ensure the employer section contains the following information:

Employer Name: Manchester Township

Employer Information

* Employer Name

Manchester Township

* Country

United States

* Address Line 1

1 Colonial Drive

Address Line 2

* City

Manchester

* State/Province

New Jersey

* Postal Code

08759

When Completing "Additional Information" List the section as follows.

Contributor Case Number: VCP

Please enter your information below. Then click 'Next' to continue or 'Cancel' to exit.

Agency Identifiers

* Contributor Case Number

VCP



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DEPARTMENT OF PERSONNEL

MANCHESTER TOWNSHIP VOLUNTEERS

**PLEASE READ THE FOLLOWING AND SIGN ACKNOWLEDGING YOUR UNDERSTANDING OF THE
BELOW STATEMENT:**

I ASSUME RESPONSIBILITY FOR MY PARTICIPATION IN ACTIVITIES OF THE (DEPARTMENT OF RECREATION.) I ASSUME ALL RISKS AND HAZARDS OF SUCH PARTICIPATION AND HEREBY WAIVE, RELEASE, ABSOLVE, INDEMNIFY, AND AGREE TO HOLD HARMLESS MANCHESTER TOWNSHIP, ITS OFFICIALS, EMPLOYEES AND VOLUNTEERS FROM CLAIMS FOR MY INJURY AND/OR ILLNESS ARISING FROM PARTICIPATION IN THE PROGRAM. I UNDERSTAND THAT ALL MEDICAL INSURANCE IS MY RESPONSIBILITY AND THAT THE TOWNSHIP'S WORKERS' COMPENSATION INSURANCE AFFORDS NO COVERAGE FOR MY INJURY AND/OR ILLNESS.

Print Name

Signature

Date

Personnel Initials

Date Received