IGLFA 11 v 11 Tournament Rules & LAWS OF THE GAME

Sydney World Championships – 2023 Update

IGLFA
International Gay & Lesbian Football Association

IGLFA XXIV
WORLD CHAMPIONSHIPS

Blank Page

IGLFA MISSION

The IGLFA is the world's foremost international organization devoted solely to developing and promoting LGBTQ+ football (soccer). Our mission is to promote a safe space for participation in football among LGBTQ+ people and friends of our community, while ensuring physical and tactical understanding of the highest standards for football competitions and establishing international standards for all IGLFA sanctioned tournaments, events, and Gay Games.

IGLFA Mission Goals

- The IGLFA strives to promote equality in the international football community while supporting LGBTQ+ football worldwide

- The IGLFA supports, encourages, and promotes the growth of LGBTQ+ football clubs and Referees worldwide while promoting fair play and a positive football experience

- The IGLFA promotes the physical and tactical understanding of football

- The IGLFA provides opportunities for LGBTQ+ football participants and our allies to come together in both social and competitive arenas

- The IGLFA supports numerous sporting organizations and coalition groups whose goals are to rid homophobia/transphobia/biphobia in sport

- The IGLFA provides an "Outreach Program" to assist teams and individuals with attending sanctioned tournaments that they may not have been able to attend otherwise

All tournaments shall be governed by the Laws of the Game as established by the International Football Association Board (IFAB) with the following modifications contained in this document. References to the male gender in the Laws of the Game in respect of all Referees, Players, and Team Officials are for simplification and apply to all genders.

This document pertains to a standard 11 vs 11 competition. Small-sided matches are covered in the IGLFA Small Sided Tournament rules.

Authority Statement

A tournament committee shall be formed for the interpretation, modification and resolution of issues that arise during a tournament and shall hereinafter be referred to as the "Committee". In situations that involve discipline, the same committee members listed below will also form a separate “Disciplinary Committee”.

The Committee shall include:

- The IGLFA Director of Referees or tournament designee,
- A representative of the IGLFA Board, and
- A representative of the Host Committee.

Commentary on Tournament Committee

It is the intent of the Authority Statement that there be a committee formed with sufficient expertise to address unexpected issues that may arise during tournament play, and that the Committee fairly represents the organizers and the participants.

The Committee is formed to support the Host Committee (where applicable) and ensure that all are represented.

During a Gay Games Football Tournament, the Committee shall also include:

- d. The Host Committee Referee Coordinator or designee, and
- e. A representative of the FGG Sports Committee

Tournament Format

1 Championships

1.1.1 The IGLFA has established a World Championship for the purpose of tournament play which includes both All-Gender Division(s) and Women's and Non-Binary Division(s). Championship groups are separate and distinct, and it is not intended that there be play between them.

1.2 Divisions

1.2.1 Multiple Divisions - The IGLFA shall allow the Host Committee to divide the Championship groups into Divisions by level of competition, when there are adequate teams to allow at least three games per team against different opponents within each Division.
1.2.2 Division Names - Division names shall be in ascending numeric order, such as Division One, Division Two, and so forth.
1.2.3 Champions - When more than one Division exists for a Championship group, the IGLFA Champions shall be the winners of Division One in each Championship group.
1.2.4 Division Assignment - When more than one Division exists for a Championship group, teams shall be assigned to Divisions by self-selection, except those teams who qualify for seeding (Rule 3.3) shall not be permitted to enter a lower Division.

2 Eligibility and Identification

2.1 Players

2.1.1 No player shall be permitted to participate without appropriate identification. (Rule 2.4.1)
2.1.2 Players may be required to present a photo identification with birth date information to a tournament official at any time during the tournament.
2.1.3 All players must be eighteen (18) years or older to play.
2.1.4 Individuals whose teams do not qualify for the tournament, or where a team does not exist, may be assigned to a team to participate, provided the individual is in good standing and pays the appropriate registration fees.
2.1.5 Each player may only roster with one club, and one team in the associated division/bracket and be listed on that team's Final Roster (Rule 3.6.2).
2.1.6 Individuals who identify as female or non-binary shall be allowed to play on men's teams.
2.1.7 Players suspended for disciplinary action are ineligible to play during this time (Rule 5).
2.1.8 Individuals who identify as Transgender will be permitted to play in their gender-based division in which they identify. (Rule 2.1.5)

2.2 Clubs and Teams

2.2.1 Clubs and Teams must be current "Premium Members" of the IGLFA (in the calendar year of the tournament), and in good standing with the IGLFA, or be clubs approved by the organizing committee to be eligible for participation. Good standing is defined within the IGLFA Constitution and By-Laws. (For definition purposes, Clubs may consist of multiple teams within their membership and may be male, female, or mixed).

2.2.2 Commentary on Club and Team Eligibility

It is the intent of Club and Team Eligibility to allow the IGLFA to support the Host Committee by serving as the "institutional memory" of IGLFA sanctioned tournaments. Whereas if a team exhibits behavior that indicated it did not support the IGLFA Mission, the IGLFA would make this information available to the Host Committee.

2.2.2.1 Each team shall consist of a maximum of twenty (20) players and must always have a minimum of seven (7) players and a maximum of eleven (11) on the field of play. If a team is reduced to less than six (6) players, the match will be terminated as per IFAB Laws of the game. A team with less than the required number of players will forfeit the match.

2.2.2.2 Teams meeting the starting time requirement (Rule 3.1) shall be eligible for play.

2.3 Ineligibility

2.3.1 A player, club or team not meeting the criteria for eligibility (Rule 2.1 and 2.2 respectively) shall be deemed to be ineligible.

2.3.2 An ineligible club or team or a team playing an ineligible player shall automatically forfeit the match, and the matter shall be referred to the Committee for further consideration.

2.4 Player Identification

2.4.1 Player Identification - For match play, the tournament photo identification shall be sufficient.

2.4.2 Team Identification - For seeding, teams shall be identified by name, as listed on their Final Roster.

2.4.3 Identity Challenge - If a team's identity is challenged, or two teams claim the same identity, the Committee shall make a determination of identity for seeding and tournament participation by finding in favor of the team with the same leadership and a minimum of seven (7) of the actual participants from the previous tournament Final Roster to claim the Team Identification. When two teams meet these criteria equally, a coin toss shall be used to determine the identity.

It is the intent of Player Identification to provide a method of preventing unauthorized participation in the tournament and allow players to use alias names at the field for personal security when required. In emergency situations, some Host Committees have had the necessary staff to allow players to participate without their tournament identification, by using a positive photo identification, such as a passport, to verify their identity. The IGLFA sees this as a generous accommodation, and under no circumstances requires it.

3 Tournament Rules

3.1 Starting Times

3.1.1 All matches must begin at their scheduled starting time. All teams must check-in at the tournament headquarters a minimum thirty (30) minutes prior to the scheduled starting time of their match. Check in consists of a fully completed match report, including identifications of everyone listed including coaching, management, and training staff, this report shall constitute the complete listing of those allowed on the bench.

3.1.2 Team player shortage (a team having less than 7 players) shall automatically result in team ineligibility (Rule 2.2.2) and shall not be accepted as a reason for the delay of start times.

3.2 Number of Matches

3.2.1 All teams must be guaranteed at least 5 games in total, and those that advance will play further matches.
3.2.2 Each team shall play the same number of qualifying matches where divisions allow on even numbers.
3.2.3 Qualifying matches shall be "round-robin" format, where each team shall play each of the other teams in its preliminary group an equal number of times. Qualifying round matches shall be permitted with teams "outside" a Qualifying group only under unusual circumstances. E.g., a division of fourteen teams divided into two qualifying round groups of four and two groups of three; the groups of three could play a cross-group match to provide the three minimum qualifying matches.

3.3 Team Placement and Seeding

3.3.1 Division Seeding - Teams shall be seeded into the qualifying groups as appropriate to the number of qualifying groups. Fewer than four may be seeded.
3.3.2 Draw: Men's and Non-Binary: After the assignment of seeded teams, the remaining teams shall be assigned to their qualifying groups by random draw. Women's and Non-Binary: Teams have been seeded and placed in qualifying groups appropriate to their ability. The limitations shall be in force unless they substantially eliminate the random nature of the Draw. The Draw to assign teams shall be blind, and shall be made in public by a person, or people, neutral to the tournament.
3.3.3 Intra-Club Assignments - Teams originating from the same Club shall not be assigned to the same qualifying group, whenever possible.
3.3.4 Intra-Region Assignments - Teams originating from the same geographic region, who frequently play as competitors in regional tournaments, shall not be assigned to the same qualifying group, whenever practical, and would not substantially impact the random draw. Determinations regarding the designations of teams as Intra-Club and Intra-Region shall be made by the Committee and announced in advance of the Draw.

3.4 Determination of Standings

3.4.1 Point System - In round-robin matches, points will be awarded for the purpose of determining the standings based on the following scale:

- 3 points for a win
- 1 point for a tie
- 0 point for a loss

3.4.2 Forfeited Match Points - When a team forfeits a match, it shall be recorded as a loss. When both teams forfeit a match (Rule 4.3), both teams shall receive zero (0) points.
3.4.3 Forfeited Match Score - The score of a forfeited match shall be recorded as 3-0 for the winner.
3.4.4 Tie Breakers - At the end of round-robin matches, if there is a tie in total points, the winners will be determined as per the following order:

a. Result of head-to-head competition
b. Goal difference
c. Highest number of goals scored
d. Least number of cards conceded

It is the intent of the Forfeit Score to fairly award a victory to a team in case an opponent forfeits a match. The 3-0 victory score is an award that is not intended to penalize a winning team, in case a second-tier tiebreaker is required to determine the final preliminary standings.

It is the intent of the Tie-Breaker to provide a system that decides final qualifying that is broadly based on IFAB standards, but is modified so as not to encourage "running up" a score against a weaker opponent. Therefore, the first-tier tiebreaker is based solely on victory, regardless of score, and the second and third tier tiebreakers are based on the goals scored and conceded.

3.5 Results Reporting

3.5.1 Match Reports – Depending on the tournaments set up, best practice is for - Each team will provide a completed match report to the Referee prior to each match. This match report will include Date, Kickoff Time, Division, Field No., Home and Away Team Names, Coaches Name and Signature, Players Full Names and Uniform Nos., Goal Scorers, Disciplinary Yellow and Red Cards and Referees Names and Signatures. The Referee must report the score and any infractions or injuries immediately following each game to the Tournament Committee, or designee.
3.5.2 Match reports as detailed in 3.5.1 may be in electronic format, or via an electronic platform.
3.5.3 Standings - Results of team standings are to be posted via various methods for public and player review within one (1) hour of the conclusion of a match.

3.6 Team Rosters

3.6.1 A team Final Roster shall consist of a maximum of twenty (20) players and a minimum of eleven (11) players, when it is submitted at the end of the Coaches Meeting.
3.6.2 A Final Roster shall be submitted to the Committee or designee at the conclusion of the pre-tournament Coaches Meeting.

4 Match Rules

The Normal Laws of Association Football apply with exceptions. See the Laws of the Game listed at the end of this document for specifics.

<u>*Note - These rules may allow for the following adjustments to be made based on the competition:</u>

- Field Dimensions, Areas, Markings & their Distances
- Size of the Ball
- Size of the goal
- Number of named substitutes and whether re-admittance is permitted (roll on subs)
- Footwear (Must be suitable and permitted for surface being played on)
- Referee/Assistant Referee/Fourth Official
- Duration of match and half-time allowance
- Additional time if a match is equal and whether determination of a winner
- Any other modifications necessary for tournament/league play

SYDNEY World Championships –

- 60 min games (2x 30mins Half) with 5 minutes half time interval
- The Finals will be 90 minutes (2x 45 mins half's) with 15 mins half time interval. The finals will also have a 4th official appointed.
- All Games that require a winner including the final, will be decided by penalty kicks. There will be no additional time.
- Unlimited subs subject to
    - 3 Instances of x substitutes in the 1st half
    - 3 instances of x substitutes in the 2nd half
    - Half-Time – No restrictions
    - If a player becomes injured and can no longer take part or receives a head injury and all instances have been used a substitute is authorised and the other team will get the same opportunity to make a substitute if they so wish.
- The committee reserves the right to increase allowable instances for substitutions depending on weather conditions

Forfeits

4.1.1 Forfeits - If a team forfeits a match thus denying another team an opportunity to play and is deemed by the Committee to have gained an unsporting tactical advantage by not playing, then the forfeiting team shall be disqualified from the tournament and shall not be allowed to advance to the next round of play.

4.1.2 Match Fixing – If a team displays deliberate tactics to "purposely throw a match" in order to benefit themselves by way of a better position in standings, seeding, division or otherwise, or to cause their opponent to be positioned where it would be a benefit for the team throwing the match or causing purposeful harm to the team, the disciplinary committee will disqualify the offending team from further participation in the tournament. The result of the match will also be reviewed in the "spirit of the game" so as not to penalize the opponent.

The IGLFA Disciplinary Board may also place further suspensions towards future participation in any sanctioned IGLFA tournaments against the offending team, club and or specific person(s) once a full investigation has been completed. Results of sanctions will be shared with the IGLFA Membership for them to be able to determine ineligibility from any localized tournaments.

4.1.3 A forfeit will be given when a

- team abandons a match in progress
- team fails to field the minimum number of players required. (Rule 3.1.2)
- player is found to be ineligible. (Rule 2.3)

4.2 Player Equipment

4.2.1 Teams are required to wear matching-colored/identical/same jerseys with numbers, shorts, socks and appropriate footwear. Every player must wear shin guards that are fully covered by socks. At no times will metal spike shoes be allowed. Goalkeepers shall wear colors distinguishing them from the other players on the field and the referees. If thermal shorts are worn beneath team uniform shorts, their color shall match the predominant color of the team uniform shorts.

4.2.2 In the event of a uniform color conflict, the team listed first on the game schedule shall be designated as the "Home" team and must change shirts. The alternate shirts must have player numbers that are recorded on the match report of players for that game.

4.2.3 Players will not be permitted to play with any object posing a danger to themselves or others. Jewelry, electronic devices, watches etc. are covered within IFAB Laws of the game. LGBTQ+ tournaments and matches should comply with IFAB rules and polices.

The intent of the Player Equipment Rule is to restate the requirements with minor modifications. The rule disallows the use of metal studs for player safety and requires jersey numbers to allow better control of the game.

5 Discipline and Protest

5.1.1 A person receiving three (3) Yellow Cards during the tournament shall be suspended for the following match. If a player receives their 3rd yellow card in a quarter final fixture or a red card (2 yellows/red) or a straight red card they will not be eligible to play in the next game/semi final

This will be reset for all teams who reach the Semi-final stage.

5.2 Red Cards (Dismissal)

5.2.1 A person receiving a straight Red Card for a “Send Off Offence” shall result in the player being dismissed for the remainder of the match and serve a minimum one game suspension (the next match). Red Card send offs are subject to further review by the disciplinary committee and are subject to further discipline depending on the reason for the ejection. If a player receives a second caution in the same match (2 x Yellow Cards) they shall be dismissed by being shown a red card and dismissed for the remainder of the match. They will not be permitted to play in the next match or if they have accumulated a total of 3 Yellow Cards.

E.g. – If a player accumulates 3 yellow cards, or two yellow cards in previous games and then two yellows = Red it would still be 1 match ban.

In all situations where a player has been ejected, they must leave the field area immediately after receiving the Red Card. This applies to all matches regardless of tournament phase.

5.3 Additional Penalties

5.3.1 The Committee may increase the penalty for a Red Card if deemed appropriate. Any person may be required to appear at a discipline and protest hearing upon request.

5.3.2 The IGLFA Disciplinary Board may also place further suspensions towards future participation in any sanctioned IGLFA tournaments against the offending team, club and or specific person (s) once a full investigation has been completed. Results of sanctions will be shared with the IGLFA Membership for them to be able to determine ineligibility from any localized tournaments. If the dismissal is for Violent Conduct the offending player will be immediately suspended for the duration of the tournament. After the completion of the tournament, a review of the incident will be conducted by the IGLFA Disciplinary Committee who will then determine whether further sanctions should be considered.

5.3.3 Misconduct against referees may occur before, during, and after the match, including travel to or from the match. Misconduct may also occur at any time when directly related to the duties of a game official or as a referee.
Nothing in this policy shall be construed to restrict or limit from applying equal or greater restrictions to anyone not listed in this policy (i.e., a spectator associated with a club or team).

"Referee" includes the following:

- all currently registered IGLFA head referees, assistant referees, reserve referees, or others duly appointed to assist in officiating a match.
- any non-licensed, non-registered person serving in an emergency capacity as a referee.
- any tournament staff or volunteer.

Referee assault is an intentional act of physical violence directed at or upon a referee. For purposes of this policy, "intentional act" shall mean any act intended to bring about a result that will invade the interests of another in a way that is socially unacceptable. Unintended consequences of the act are irrelevant.

Assault includes, but is not limited to the following acts committed upon a referee: hitting, kicking, punching, choking, spitting on, grabbing or bodily running into a referee; head butting; the act of kicking or throwing any object at a referee that could inflict injury; damaging the referee's uniform or personal property, i.e. car, equipment, etc.

Referee abuse is a verbal statement or physical act not resulting in bodily contact which implies or threatens physical harm to a referee or the referee's property or equipment. Abuse includes but is not limited to the following acts committed upon a referee: using foul or abusive language toward a referee that implies or threatens physical harm; spewing any beverage on a referee's person and/or personal property; or spitting at (but not on) the referee.

Procedure for Reporting Assault and Abuse

Referees shall submit a written report or electronic report of the alleged assault or abuse, or both, the same day of the incident (unless there is a valid reason for later reporting) to the Tournament co-Chair(s) and Head of Referees. When an allegation of assault or abuse is verified by the Tournament co-Chair(s), the person is automatically suspended from IGLFA until the hearing on the assault.

Penalties and Suspensions

Assault

The person committing the referee assault must be suspended as follows:

- for a minor or slight touching of the referee or the referee's uniform or personal property, at least 3 months from the time of the assault.
- except as provided below, for any other assault, at least 6 months from the time of the assault
- for an assault when serious injuries are inflicted, at least 5 years.
- IGLFA may not provide a shorter period of suspension but, if circumstances warrant, may provide a longer period of suspension.

Abuse
The minimum suspension period for referee abuse shall be at least three (3) scheduled matches within the rules of that competition. IGLFA may provide a longer period of suspension when circumstances warrant (e.g., habitual offenders).

5.4 Protests and Appeals

5.4.1 All protests and appeals must be in writing and submitted to the Tournament co-Chair(s) within one hour of the completion of the match in question and must be accompanied by a cash-only fee of Fifty (50) US Dollars (USD) or local currency equivalent. If the protest is sustained, the fee will be returned. The fee may be waived by the tournament at the Tournament co-Chair(s)' discretion. The Tournament co-Chair may use an electronic form to file appeals, under which these same rules will apply.
5.4.2 Protests and appeals which are determined by the Committee to be outside of their jurisdiction shall be adjudicated by the IGLFA Protest Committee, as defined by the IGLFA Constitution and By-Laws, regulated by the IGLFA Policies and Procedures Manual.
5.4.3 Protests and appeals can only be made if an error/mistake in the laws of the game has been made by the match referee. Any protest unrelated to an error/mistake in the laws of the game will be rejected without comment, nor shall a Protest Committee need be convened.

Commentary on IGLFA Protest Committee
The IGLFA Protest Committee is chaired by the President of the IGLFA and minimally includes a representative of the Host Committee, the IGLFA Director of Referees, and a player not involved in the protest.

6 Referees

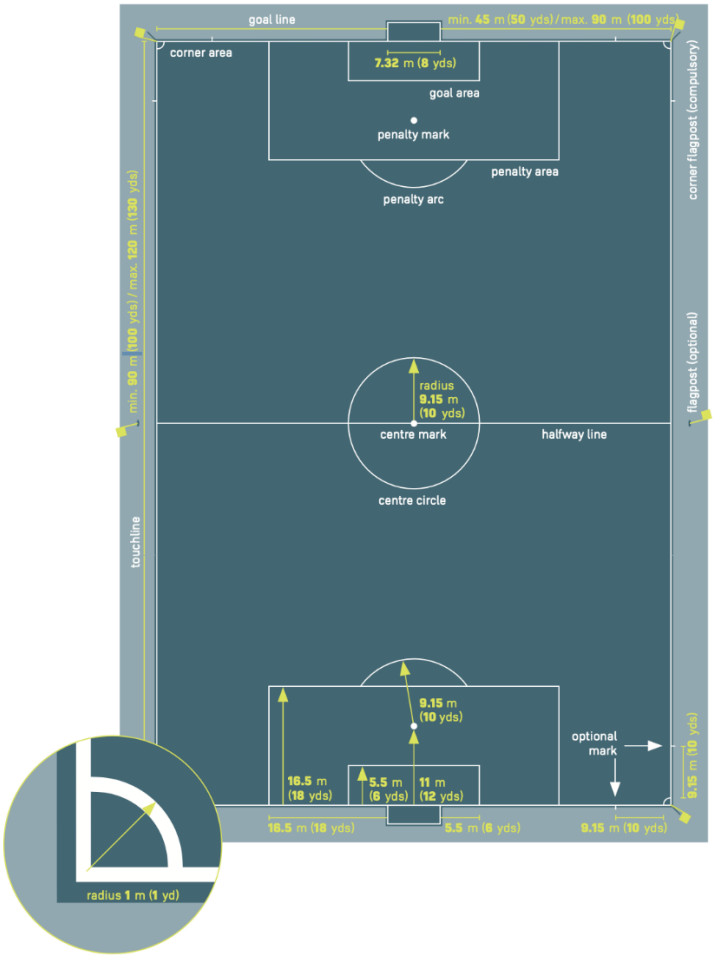
6.1 System of Officiating - Unless given express written permission by the IGLFA Executive Board of Directors, all matches shall be officiated using a three official system minimum, which requires a Head Referee and an Assistant Referees where resources allow.
6.2 IGLFA Referees - IGLFA Referees shall be those officials who are trained and licensed by a IFAB-sanctioned Referee Association. As this is a membership tournament, all referees (local or otherwise) must be an IGLFA Referee Member to participate. Where insufficient IGLFA Referees are available for the tournament, local non-IGLFA referees can be utilized. It is noted that Membership in the IGLFA requires support of the IGLFA Mission and payment of a registration fee.
6.3 Referee Evaluation - The IGLFA Director of Referees or designee and the Host Committee Referee Coordinator shall evaluate Referees prior to their assignment by a system determined to be appropriate by them.
6.4 Referee Reimbursement – IGLFA Referees shall be reimbursed for their services in accordance to the Standardized Referees Package which includes, but is not limited to, individual match payments and hosted housing. In some cases, referee reimbursement may also include travel or individual stipends. The Tournament co-chairs may choose to pay a daily rate in lieu of individual match payments. IGLFA Referees and local Referees shall be treated equally regarding compensation (except in the case of hosted housing when the referee lives outside a specific distance determined by the tournament).
6.5 Referee Assignment - The Director of Referees and Host Committee Referee Coordinator shall have sole authority to assign Referees to officiate matches.

7 Administration

7.1 Meetings - Meetings of Referees and Coaches must take place prior to the tournament. Meetings of the IGLFA House of Delegates and IGLFA Board of Directors may also take place, either prior to, or during, the tournament. Suitable premises for these meetings must be provided by the Host Committee. These may also include virtual meetings.

IFAB/IGLFA - LAWS OF THE GAME

- **IGLFA tournaments will comply with the latest IFAB laws of the game. Link -** International Football Association Board | Laws of the Game | IFAB (theifab.com)
- **The below changes are subject to the tournament organisers but must be made available and communicated to the teams participating.** ***It is best practise to hold a captains meeting either virtually (Microsoft Teams, Zoom etc) prior to the tournament or a in person meeting with the team captain/manager before the tournament commences.***
- Field Dimensions, Areas, Markings & their Distances



- Size of the Ball: 5
- Size of the goal:

  The distance between the inside of the posts is 7.32 m (8 yds) and the distance from the lower edge of the crossbar to the ground is 2.44 m (8 ft).

  The position of the goalposts in relation to the goal line must be in accordance with the graphics.

  The goalposts and the crossbar must be white and have the same width and depth, which must not exceed 12 cm (5 ins).

- Number of named substitutes and whether re-admittance is permitted (roll on subs): Refer clause 4.0 above

- Footwear (Must be suitable and permitted for surface being played on)
- Referee/Assistant Referee/Fourth Official: All games will have a centre referee. Assistant referees will be appointed where possible. The final for each competition will also have a 4th official appointed
- Duration of match and half-time allowance: Refer clause 4.0 above
- Additional time if a match is draw at full time and how the winner will be determined: Refer Clause 4 above
- Any other modifications necessary for tournament/league play: N/A

The below policies are an aid for the tournament organisers, but it is the tournaments responsibility to ensure that they have policies and insurance covering Health & Safety, Medical coverage and emergency procedures for weather conditions (flooding, lightning etc), terrorism activity.

IGLFA TRANSGENDER AND GENDER DIVERSE POLICY

Our Tournament Inclusion and Access Policy is defined on our website:

https://www.sydneyiglfa2023.com/_files/ugd/616c1b_8564f0407c4e42599a42ce7699b2a492.pdf

BLOOD-BORNE PATHOGEN (BLOOD)

Dealing with a bloody wound:

- If bleeding occurs where other participants may be exposed to blood, the individual's participation must be interrupted until the bleeding has been stopped. The wound must be cleansed with antiseptic and securely covered.
- All clothing soiled with blood should be replaced prior to the athlete resuming training or competition. Clothing soiled with blood and other body fluids must be washed in hot, soapy water.
- If an athlete leaves the field, has his injury treated and covered and wishes to re-enter the match in another, differently numbered jersey that replaces a blood-stained jersey, he may re-enter only after the Referee has been advised of the change of number.
- All equipment and surfaces contaminated with blood and other body fluids should be cleaned with a solution of one-part household bleach to nine parts water. This solution should be prepared fresh daily. This is particularly important on the artificial turf of indoor arenas.

While cleaning blood or other body fluid spills, the following must be done:

- Wear waterproof gloves.
- Wipe up fluids with paper towels or disposable cloths.
- Disinfect the area as described in the above.
- Place all soiled waste in a plastic bag for disposal.
- Remove gloves and wash hands with soap and water.
- Other wounds must be reviewed by medical personnel, including abrasions and all skin lesions and rashes on athletes, coaches and officials. All wounds, skin lesions and rashes must be confirmed as non-infectious and be securely covered prior to the athlete starting or continuing participation.

*Note – The facility is normally responsible for blood clean-up. Their staff have been properly trained and should have the necessary equipment/solution to do so. Local, regional, and nation-wide health guidelines in force at the location of the tournament will be followed.

AIRBORNE PATHOGEN

In the event that the tournament is occurs in an area where airborne pathogens place participants at potential risk for illness, the following must be done:

- Local, regional, and nationwide guidelines from appropriate healthcare authorities for both indoor and outdoor events will be followed.
- Personal Protective Equipment (PPE) will be worn per those guidelines both on an off the field of play as indicated.
- Vaccination proof may be required to play in a tournament, guidelines for validating vaccination records of the individual player will be the responsibility of the Tournament Director or their designate. The utmost of discretion of private health information will be maintained, including the removal of proof of vaccination and other private health information in a timely manner once verified.
- Vaccination exemptions are subject to Tournament co-chair(s) approval, or their designate, and will require written proof from a medical professional or religious representative. The decision to allow or deny participation in the tournament is the at the sole discretion of the Tournament co-chair(s), and their decision is final. Testing for airborne pathogens may also be required should an exemption be granted, at the discretion of the Tournament co-chair(s) and based on guidelines from health authorities.
- Testing for airborne pathogens may be required for participation in the Tournament, per local, regional, and nationwide directives. The Tournament co-Chair(s) will develop a process for this as needed.

CONCUSSION

CONCUSSION GUIDELINES PLAYERS 'HEALTH AND SAFETY FIRST

SUMMARY

- A concussion is a brain injury.
- All concussions should be regarded as potentially serious.
- Most concussions recover completely with correct management.
- Incorrect management of a concussion can lead to further injury.
- Concussions should be managed according to current guidelines.
- Anyone with any concussion symptoms following an injury must be immediately removed from playing or training and must not return to playing, or training for soccer in the same day.
- Concussions are to be diagnosed and managed by health care professionals working within their scope of practice and expertise.
- Concussions are managed by physical and brain rest until symptoms resolve. Return to education or work must take priority over return to playing soccer.
- Concussion symptoms must have completely resolved and medical clearance must be received before resuming training for, or playing soccer.

- A progressive exercise program that re-introduces an individual to training for, and ultimately playing soccer is recommended following concussion recovery.
- The recurrence of concussion symptoms during a progressive exercise program requires removal from training or playing and reassessment by health care professionals.

CONCUSSION GUIDELINES
THE FINE PRINT

These guidelines are intended to guide those managing concussion in soccer at all levels. Professional and National level players typically have access to an enhanced level of medical care, which means that their concussion and their return to play can be managed in a more closely monitored way.

These guidelines are based on current evidence and examples of best practice taken from soccer organizations around the world and other sports, including the Football Association, the Scottish FA, World Rugby, and the Canadian Concussion Collaborative.

These guidelines have been reviewed and approved by the Canada Soccer Sports Medicine Committee. They are consistent with the current Consensus Statement on Concussion in Sport issued by the Fourth International Conference on Concussion in Sport, Zurich 2012.

While these guidelines aim to reflect 'best practice', it must be recognized that there is a current lack of evidence with respect to their effectiveness in preventing long-term harm.

RESPOND - WE ALL NEED TO PLAY A PART IN THE RECOGNITION AND MANAGEMENT OF CONCUSSION
We have a heightened awareness of concussions, related to increased media coverage of this brain injury with its range of outcomes, incidents involving high profile athletes with concussion, and increasing understanding of the consequences of repetitive brain trauma, primarily within professional sports.

WHAT IS A "CONCUSSION"?
Concussion is an injury to the brain resulting in a disturbance of brain function involving thinking and behavior.

WHAT CAUSES CONCUSSION?
Concussion can be caused by a direct blow to the head or an impact to the body causing rapid movement of the head and movement of the brain within the skull.

ONSET OF SYMPTOMS
Symptoms of concussion typically appear immediately but may evolve within the first 24-48 hours.

WHO IS AT RISK?
All of our sport's participants (players, but also team staff and officials).
Some soccer participants are at increased risk of concussion:

- Children and adolescents (18 years and under) are more susceptible to brain injury, take longer to recover, and are susceptible to rare dangerous brain complications, which may include death.
- Female soccer players have higher rates of concussion.
- Participants with previous concussion are at increased risk of further concussions - which may take longer to recover.

WHAT ARE THE DANGERS OF BRAIN INJURY?

Failure to recognize and report concussive symptoms or returning to activity with ongoing concussion symptoms set the stage for:

1. Cumulative concussive injury
2. 'Second Impact Syndrome'

Second impact syndrome is a rare occurrence. An athlete sustains a brain injury and while still experiencing symptoms (not fully recovered), sustains a second brain injury, which is associated with brain swelling and permanent brain injury or death. Brain swelling may also occur without previous trauma.

Recurrent brain injury is currently implicated in the development of Chronic Traumatic Encephalopathy. Chronic Traumatic Encephalopathy (CTE) is a progressive degenerative brain

disease seen in people with a history of brain trauma. For athletes, the brain trauma has been repetitive. Originally described in deceased boxers, it now has been recognized in many sports. Symptoms include difficulty thinking, explosive and aggressive behavior, mood disorder (depression), and movement disorder (Parkinsonism).

RECOGNIZE - LEARN THE SIGNS AND SYMPTOMS OF A CONCUSSION SO YOU UNDERSTAND WHEN A SOCCER PLAYER MIGHT HAVE A SUSPECTED CONCUSSION.

Everyone involved in the match (including side-line staff, coaches, players, parents and guardians of children and adolescents) should be aware of the signs, symptoms, and dangers of concussion. If any of the following signs or symptoms are present following an injury the player should be suspected of having concussion and immediately removed from play or training.

"***If in doubt, sit them out.***"

"***It is better to miss one match than the whole season.***"

VISIBLE CLUES OF CONCUSSION – WHAT YOU MAY SEE:

- Any one or more of the following visual clues can indicate a concussion:
- Dazed, blank or vacant look
- Lying motionless on ground / slow to get up
- Loss of consciousness – confirmed or suspected
- Unsteady on feet or balance problems or falling over or poor coordination
- Loss of consciousness or responsiveness
- Confused or not aware of play or events
- Grabbing, clutching, or shaking of the head
- Seizure
- More emotional or irritable than normal for that person
- Injury event that could have caused a concussion

SYMPTOMS OF CONCUSSION - WHAT YOU MAY BE TOLD BY AN INJURED PLAYER:

- The presence of any one or more of the following symptoms may suggest a concussion:
- Headache
- Dizziness
- Mental clouding, confusion, or feeling slowed down
- Trouble seeing
- Nausea or vomiting
- Fatigue
- Drowsiness or feeling like "in a fog" or difficulty concentrating
- "Pressure in head"
- Sensitivity to light or noise

QUESTIONS TO ASK AN ADULT OR ADOLESCENT PLAYER:

Failure to answer any of these questions correctly is an indication of a suspected concussion.

"*What field are we at today?*"
"*Which half is it now?*"
"*Who scored last in this match?*"
"*What team did you play last?*"
"*Did your team win your last match?*"

Failure to answer any of these questions correctly is an indication of a suspected concussion.

REMOVE - IF A SOCCER PLAYER HAS A SUSPECTED CONCUSSION HE OR SHE MUST BE REMOVED FROM ACTIVITY IMMEDIATELY.

Team-mates, side-line staff, coaches, players or parents and guardians who suspect that a player may have concussion MUST work together to ensure that the player is removed from play in a safe manner.

If a neck injury is suspected the player should only be removed by emergency healthcare professionals with appropriate spinal care training. Call 911. Activate your emergency action plan.

More severe forms of brain injury may be mistaken for concussion. If ANY of the following are observed or reported within 48 hours of an injury, then the player should be transported for urgent medical assessment at the nearest hospital (symptoms below). Call 911. Activate your emergency action plan.

- Severe neck pain
- Deteriorating consciousness (more drowsy)
- Increasing confusion or irritability
- Severe or increasing headache
- Repeated vomiting
- Unusual behavior change (persistent irritability in younger children; increased agitation in teens) Seizure
- Double vision
- Weakness or tingling / burning in arms or legs

ANYONE WITH A SUSPECTED CONCUSSION SHOULD NOT:

- be left alone in the first 24 hours
- consume alcohol in the first 24 hours, and thereafter should avoid alcohol until free of all concussion symptoms
- drive a motor vehicle and should not return to driving until provided with medical or healthcare professional clearance

Once safely removed from play the player must not be returned to activity that day.

REFER - ONCE REMOVED FROM PLAY, THE PLAYER SHOULD BE REFERRED TO A QUALIFIED HEALTHCARE PROFESSIONAL WITH TRAINING IN THE EVALUATION AND MANAGEMENT OF HEAD INJURY AND CONCUSSIONS.
Concussion or more severe forms of brain injury are to be diagnosed by health care professionals within their scope of practice and expertise.

In all cases of suspected concussion, it is recommended that the player be referred to a medical or healthcare professional for diagnosis and management advice, even if the symptoms resolve.

REPORT – COMMUNICATION BETWEEN PLAYERS, PARENTS, TEAM STAFF, AND THEIR HEALTH CARE PROVIDERS IS VITAL FOR THE WELFARE OF THE PLAYER.
For adolescents with suspected concussion who have not been directly transferred for medical management, coaches must communicate their concerns directly with the parents or guardians.

Players, parents, and guardians must disclose the nature of, and status of any active injuries to coaches and team staff.

REST AND RECOVER – REST IS THE CORNERSTONE OF CONCUSSION MANAGEMENT. The management of a concussion involves physical and brain rest until symptoms resolve as recommended by your health care provider.

In conjunction with your school and educational professionals and health care provider, recommendations will be made about whether it is appropriate to take time away from school, or whether returning to school should be done in a graded fashion, this is called “return to learn”. Your health care provider will also make recommendations about whether it is appropriate to take time away from work, or whether returning to work should be done in a graded fashion, this is called “return to work”.

RETURN TO SOCCER
For safe return to soccer following a concussion, the athlete must:

- be symptom-free, for adolescents a further period of up to 10 days of asymptomatic rest may be recommended
- be off treatments that may mask concussion symptoms (ie headache or sleep medication)
- be cleared in writing by a qualified healthcare professional trained in evaluating and treating concussions
- adults: have returned to normal education or work, and students: must have returned to school or full studies

- have completed a graduated return to play protocol without recurrence of symptoms

If symptoms recur during the graduated return to play protocol, the player must be immediately removed from playing or training and be reassessed by their healthcare practitioner promptly.

A player with an unusual presentation or prolonged recovery or a history of multiple recurrent concussions, should be assessed and managed by a healthcare provider with experience in sports-related concussions working within a multidisciplinary team.

ENHANCED CARE SETTING

In some circumstances (such as Professional Clubs or National teams) there may be an enhanced level of medical care available which allows closer supervision of an adult player's care (>18 years of age). In these instances, a shorter time frame for the graduated return to play may be possible, but only under strict supervision by the appropriate medical personnel as part of a structured concussion management program.

Please use the following tools on the following pages or easy reference:

- **Graduated Return To Play Protocol**
- **Concussion Recognition Tool**

GRADUATED RETURN TO PLAY PROTOCOL

Start Stage 1 ONLY if free of concussive symptoms, off medications for concussive symptoms, back to work and/or school, and cleared by a qualified healthcare professional.
Stages 1-4 take a minimum of 24 hours in adults, 48 hours in those aged 18 and under.

	Exercise Allowed	**% Max Heart Rate**	**Duration**	**Objective**
Rest and Recover	- None - "Rest the body, Rest the brain"	No training	Until symptoms clear	- Recovery - Symptom free
Stage 1 Light Exercise	- Walking, light jogging, swimming, stationary cycling or equivalent - No football, resistance training, weight lifting, jumping or hard running	<70%	<15 min	- Increase heart rate
Stage 2 Football Specific Excercise	- Simple movement activities ie: running drills - Limit body and head movement - NO head impact activities - NO heading	<80%	<45 min	- Add movement

Stage 3 Non-Contact Training	- Progression to more complex training activities - with increased intensity - coordinatino and attention e.g. passing, change of direction, shooting, small-sided match - May start resistance training - NO head impact activities including NO heading - goalkeeping activities should avoid diving and any risk of the head being hit by a ball	<90%	<60 min	- Excercise, coordination and skills/tactics
Stage 4 Full Contact Practice	- Normal training activities ie tackling, heading, diving saves			- Restore confidence and assess functional skills by coaching staff
Stage 5 Match Play	- Player Rehabilitated			- Return to match play