

**MINUTES**  
**GIRLS LACROSSE RULES COMMITTEE**  
**NATIONAL FEDERATION OF STATE HIGH SCHOOL ASSOCIATIONS**

---

Hyatt Hotel

Downtown Indianapolis

June 10, 2010 – 8:30-1:00 pm

---

1. Welcome, introductions, general information

Members Present:

Sue Paige	Chair
Sharleen Bowen	Section I
Deborah Windett	Section II
Jay Watts	Section III
Carol Degenhart	Section VI
Pat Hayes	NFHS Officials Association
Pat Dillon	U.S. Lacrosse Representative
Kent Summers	NFHS Staff Liaison

Committee members not present:

Jacquie Gow	Section I
Anne Marie Stepling	NFHS Coaches Association

2. NFHS Sports Medicine Committee Report – Bob Colgate, NFHS Staff

- a. Mr. Colgate presented the committee a detailed report of the ongoing NFHS Sports Related Injury Surveillance Study. He stated that injury data was collected during the 2010 girls lacrosse season and that the data would be summarized and available to the committee annually beginning with the 2011 meeting. The committee expressed their appreciation and strong support for the program.
- b. Mr. Colgate discussed a concussion rules proposal and game procedure developed by the NFHS Sports Medicine Committee. He stated that this rule and procedure for dealing with players who potentially have suffered a concussion will be included in all NFHS sports rules books beginning with the 2010-11 school year. The committee expressed their appreciation to the NFHS Sports Medicine Advisory Committee for their work on this proposal.

3. US Lacrosse Report – Training of Coaches and Umpires – Ann Carpenetti, US Lacrosse Women’s Division Director, was unable to attend the meeting. As a result, the US Lacrosse report was presented by Pat Dillon and Jay Watts. They reported that US Lacrosse has developed effective training programs for both coaches and officials and continue to refine those programs to make them even more relevant.

Comments on Last Year’s Suggestions to US Lacrosse Women’s Rules Committee – Pat Dillon, US Lacrosse Women’s Division Rules Committee Chair, stated and Sue Paige confirmed that all recommendations of the NFHS Girls Lacrosse Rules Committee were approved for inclusion in the 2010 rules book

4. Pat Dillon gave a brief report of the rules proposals that will be considered by the U.S. Lacrosse Women's Rules Committee at their meeting later this summer. She stated that the deadline for submission has not yet occurred, thus additional items could still be added. US Lacrosse is going through a re-organization. Both men's and women's committees will be changed. Girls Lacrosse will go from 13 members to 7 and two of those are youth coaches). Pat has proposed that the committee have a stipend position as a rules editor. Also, have an NFHS representative as a non-voting member.

The NCAA publishes their women's lacrosse rules book every other year. Since this is an "off-year," there were no rules revisions, however they did discuss information about the draw and approved an experiment which will be used only during the fall. Details of this experiment follow:

- Experiment – draw – limit the number of players around the circle (from 4 to 2) for each team

In addition, they will have a carding committee evaluate some of the carding rules and they will be looking at score verification forms for different states.

5. The committee discussed the following rules proposals and editorial changes:

Rule Reference		Passed	Failed	Discussed No Action
2-10	<p>Add the following to this Section:</p> <p><u>Section 10. Hard and unyielding items (guards, casts, braces, splints, etc.) on the hand, wrist, forearm, elbow, upper arm or shoulder are prohibited unless padded with a closed-cell, slow-recovery foam padding no less than ½” thick. Knee and ankle braces which are unaltered from the manufacturer’s original design/production do not require any additional padding.</u></p> <p>RATIONALE: Clarification from NFHS Sports Medicine Advisory Committee.</p>	X (6-0)		
2-16	<p>All visible undergarments worn under the shirts must be of one solid color and must be <del>white, gray, black, or one of that team’s uniform colors</del> <u>the same predominant color as the top , or be white for the home team and black for the visiting team.</u> All team members who choose to wear visible undergarments must wear the same color. This does not apply to medical sleeves.</p> <p>Rationale: As umpires, it is extremely difficult to distinguish between teams that have the same colored uniforms with contrasting side panels. (For example: Both school’s colors are navy blue and white. The home team wears white shirts with a navy side panel and white visible undergarments. The visiting team wears navy shirts with a white side panel and also wears white visible undergarments). Lacrosse play happens very quickly and when players arms are raised, which happens constantly in lacrosse, it is virtually impossible to tell which team is which. Until the new uniform rule takes effect in 2013, we need better differentiation between teams. Specifying the colors of visible undergarments for the home and visiting teams will help the officials tremendously. This rule proposal returns to the wording found in the 2006 rulebook. I am only suggesting the rewording of rule 2, section 16 on page 18 until the new uniform requirement become effective in 2013.</p>			X

Rule Reference		Passed	Failed	Discussed No Action
2-16	<p>All visible undergarments worn under the shirts must be of one color and closely match the uniform top, ie – dark top – dark undergarment, light top – light undergarment. All team members....</p> <p>Rationale: When both teams are wearing black undergarments – or both wearing white – it is difficult to differentiate between the two teams, especially when both teams have the same two colors on their shirts. This would be an easy solution.</p>			X
5-25 Note	<p><del>NOTE: A player rendered apparently unconscious during a game is not permitted to resume participation that day without written authorization from a physician presented to a coach.</del></p> <p>NOTE: <u>Any player who exhibits signs, symptoms, or behaviors consistent with a concussion (such as loss of consciousness, headache, dizziness, confusion, or balance problems) shall be immediately removed from the game and shall not return to play until cleared by an appropriate health-care professional. (See NFHS Suggested Guidelines for Management of Concussion</u></p> <p><b>*GUIDELINES INCLUDED BELOW</b></p> <p>RATIONALE: Clarification from NFHS Sports Medicine Advisory Committee.</p>	X (6-0)		
7-28	<p>If the player receiving the yellow card is the goalkeeper, she must leave the field for three minutes of elapsed playing time. The team’s coach may substitute another goalkeeper into the game, but then must designate a field player to serve the penalty of three minutes of elapsed playing time.</p> <p>Rationale: It should be the behavior that is carded, not the position on the field. If the goalkeeper behaves in such a way that she “earns a yellow card, she should be removed from the game just as any player would. The fact that she may be the only goalkeeper should not matter. If she receives a penalty card, She should serve the penalty time.</p>		X (6-0)	

Rule Reference		Passed	Failed	Discussed No Action
7-28	<p>Upon issuance of a yellow or red card, the team that is given a card should play man down in the offensive end of the field 7v6. Not to be allowed to bring a player into the zone to make it even.</p> <p>RATIONALE: This way getting a yellow card would actually mean something and coaches would enforce the rules of play with their players. As the current rule is a yellow card only is a disadvantage between the restraining lines, which honestly is not a big deal. This would give a true “MAN UP” opportunity for the team not receiving the card and would penalize the team awarded the card. It would also bring a new and exciting aspect to the game of MAN UP and MAN DOWN defense. But more important I believe would slow down the issuance of cards and make the game safer.</p>			Discussed – No Action but committee recommends that US LAX look into penalties for players and teams who accumulate cards and how that could be monitored and recorded. 6-0
7-28	<p>Any Team that a team receives a yellow card, thereby forcing it to remove a player(s) from the field, must play down that player(s) below both restraining lines.</p> <p>Rationale: There is no discernible disadvantage in the current penalty structure. Playing down a player(s) below both restraining lines creates matchup disadvantages for the penalized team. It would clean up the game due to its deterrence, particularly in the second half or late in the game.</p>			<b>X (see above)</b>
	<p><u>EDITORIAL CHANGE:</u> Throughout the Girls Lacrosse Rules Book</p> <p>Add “<u>athletic</u>” before trainer.</p> <p>RATIONALE: Clarification from NFHS Sports Medicine Advisory Committee.</p>			Not Applicable as the term trainer is not used in the rules book

6. Open agenda – Pat Hayes had the committee look at a new design of goggle that Michigan has seen some safety issues with.
7. Next meeting – Thursday, June 10, 2011 – conference Call. The meeting was adjourned at approximately 1:00 p.m. EDT

## **\* Suggested Guidelines for Management of Concussion**

A concussion is a traumatic brain injury that interferes with normal brain function. An athlete does not have to lose consciousness (be “knocked out”) to have suffered a concussion.

Common Symptoms of Concussion Include:

- headache
- fogginess
- difficulty concentrating
- easily confused
- slowed thought processes
- difficulty with memory
- nausea
- lack of energy, tiredness
- dizziness, poor balance
- blurred vision
- sensitive to light and sounds
- mood changes- irritable, anxious, or tearful

Suggested Concussion Management:

1. No athlete should return to play (RTP) or practice on the same day of a concussion.
2. Any athlete suspected of having a concussion should be evaluated by an appropriate health-care professional that day.
3. Any athlete with a concussion should be medically cleared by an appropriate health-care professional prior to resuming participation in any practice or competition.
4. After medical clearance, RTP should follow a step-wise protocol with provisions for delayed RTP based upon return of any signs or symptoms.

For further details please see the “NFHS Suggested Guidelines for Management of Concussion” at [www.nfhs.org](http://www.nfhs.org).

October 2009\*\*