



Register Online OR Mail this completed form to:
Darien Junior Football League
P.O. Box 52 • Darien, CT 06820

DJFL REGISTRATION FORM - 2018

PARTICIPANT INFORMATION:

Last Name First Name Nickname
Address Home Phone
City State Zip
Date of Birth Height Weight
School (Fall 2018) Grade (Fall 2018)

PARENT/GUARDIAN INFORMATION:

Mother's Name Father's Name
Address (if different from participant's)
Mother's Day Phone Cell
Mother's Email Address
Father's Day Phone Cell
Father's Email Address
Alternate Emergency Contact Phone

FEE INFORMATION: (PLEASE Check the program you are registering this player for)

- Flag Division 1st Grade: \$100 with final cutoff date of 9/16
Flag Division 2nd Grade: \$150 with final cutoff date of 9/9
Flag Division 3rd Grade: \$150 with final cutoff date of 9/9
Six Tackle Divisions: \$400 before 5/16, \$500 if postmarked between 5/16 and 5/31, and \$575 if postmarked after 5/31.
Cheerleading (Gr 2-8): \$250 for 1 girl, \$450 for 2 siblings and Family cap of \$600 for 3 or more siblings.
Tax-deductible charitable donation:
TOTAL AMOUNT - (please enclose 1 check per player)

To Make Credit Card Payment to MasterCard or Visa, complete below (please print clearly):

Your credit card statement will show the merchant as "Darien Junior Football League".

Card Number Expiration Date Billing address with zip code (If different from home address)

Registration Cancellations: Tackle registration cancellations must be received by 9/5 and will be subject to a \$100 cancellation fee. No refunds after 9/5. Flag cancellations must be received by 9/15. Flag cancellations will be subject to a \$50 cancellation fee. No refunds after cancellation dates. See website for Cheer cancellation policy.

Tackle/Cheer Equipment Deposit: There will be a \$400 tackle equipment deposit (\$150 cheer) collected at EQUIPMENT PICKUP. PLEASE DO NOT MAIL YOUR EQUIPMENT DEPOSIT CHECK TO THE ADDRESS ABOVE-IT MUST BE HANDED IN TO PICKUP EQUIPMENT.

**** DO NOT MAIL ****

**COMPLETE THIS FORM AND BRING TO THE EQUIPMENT PICK-UP (Tackle & Cheer)
NO EQUIPMENT WILL BE HANDED OUT TO ANY PLAYER WITHOUT THIS FORM COMPLETED, SIGNED AND
STAMPED by your child's physician**



Darien Junior Football League
Medical Form & Doctor Certification
(Must be completed for all Tackle and Cheer programs)

Player's Name _____ Grade (Fall 2018) _____

School (Fall 2018) _____ Weight _____

DOCTOR CERTIFICATION

**I HAVE EXAMINED _____ AND FIND HIM/HER PHYSICALLY FIT TO
PARTICIPATE IN (CHECK ONE): TACKLE FOOTBALL CHEERLEADING ACTIVITIES.**

ADDITIONAL COMMENTS:

PHYSICIAN'S SIGNATURE _____ DATE _____

PHYSICIAN'S NAME _____
Physicians STAMP (Only Physician STAMP will be accepted along with signature)

Important: This medical form must be completed and handed in at equipment pickup—no exceptions. Until the form is received, your child will be prohibited from practicing or playing in any games or jamborees.

2018 DJFL/DJCL/FCFL Football Season Agreement and Questionnaire

This document has legal effect. By signing it, you are giving up rights that you and your child might otherwise have. If you have any questions about this Agreement, you should consult an attorney. For the sake of convenience, this Agreement generally refers to parents, not to guardians, and assumes the presence of two custodial parents or guardians, rather than one. However, this Agreement applies equally to guardians as to parents and to a sole custodial parent or guardian as to dual parents and guardians.

This Agreement contains these sections and Pages:

1. Player Name and Permission to Participate (Page 1)
2. Medical Questionnaire, Health Insurance Information and Permission to Treat (Page 1 and 2)
3. Assumption of Risks, Indemnities and Waivers (Page 2)
4. Parent and Guardian Signatures (Page 2 - each parent *and guardian must sign*)

Page 3: Parent Code of Conduct (*each parent and guardian must sign*)

Page 4: Participant Code of Conduct (*Page 4 - **player** to sign*)

Page 5: Parental Consent and Agreement Document (*each parent and guardian must sign*)

Page 6: Supplemental Waiver of Liability for Private Equipment Use Document (*each parent and guardian must sign*)

1. Player name and permission to participate

Your child, _____, Fall 2018 Grade ____ (*please print your child's name and Fall 2018 Grade*) has your permission to participate in both (1) the activities indicated on his or her registration form and (2) any other DJFL activity in which he or she actually participates (for example, practicing and playing at a grade level other than that specified on the registration form or practicing at one grade level and participating in games at a different level). You are responsible for knowing the grade level(s) at which your child is actually practicing and playing and you grant permission for your child to participate on that basis.

2. Medical questionnaire, health insurance information and permission to treat

Please indicate any of the following that apply to your child. For any "yes" responses, please provide detail in the space following question 6. Add extra sheets if needed to provide complete information about your child's health.

1. Does your child have any allergies? Yes ____ No ____
2. Does your child currently take any medication? Yes ____ No ____
3. Is your child required to carry any medication or device while outdoors or engaging in an athletic activity, e.g., epinephrine (EpiPen) or inhaler? Yes ____ No ____
4. Is your child currently being treated for any disorders, diseases or other conditions? Yes ____ No ____
5. Has any physician or other health care professional advised that your child not participate in any sport or that your child take certain precautions prior to participation in a sport? Yes ____ No ____
6. Is there any other health or medical information (including information about any disorders, diseases or other conditions not described above) that the DJFL and FCFL should be aware of? If yes, please provide detail

Insurance. The DJFL carries Excess Accident Medical Insurance. The benefits under this policy are on an excess basis, which means that the benefits are secondary to any coverage you have. If you have a claim, you agree to submit the claim to each insurance company from which you are eligible to receive benefits. If you have no health insurance or other insurance under which benefits are payable, benefits may be provided under the DJFL's policy, subject to the terms thereof, one of which requires prompt reporting of possible claims. Accordingly, you must notify your child's coach immediately if you believe you might have a claim under the DJFL's policy.

COMPLETE THIS FORM AND BRING TO THE EQUIPMENT PICK-UP (Team Selection for Flag)
NO EQUIPMENT WILL BE HANDED OUT TO ANY PLAYER WITHOUT THIS FORM
NOTE FOR ONLINE REGISTRATIONS: Your online registration INCLUDES this form already

Your health insurance company/companies is/are _____

Group number(s) _____ Insured's I.D. number(s) _____

Permission to Treat. If any coach, official, volunteer or other person affiliated with the DJFL or FCFL believes your child is in need of immediate medical treatment, whether as a result of an injury or other cause, you give permission for medical treatment to be administered to your child as deemed necessary by any such person or by any emergency medical personnel present at or brought to the scene. You also give permission for your child to be transported to a medical facility and for medical treatment to be administered as deemed necessary by medical personnel on the staff of the facility or by medical doctors present at, even if not on the staff of the facility.

3. Assumption of Risks, Indemnities and Waivers

You are fully aware of and appreciate the risks, including the risks of catastrophic injury, paralysis and even death, as well as other damages and losses, associated with the sport of football. You are also aware that these risks may be present in any number of settings (for example, (1) in connection with DJFL/DJCL- and FCFL-sponsored practices, scrimmages and games; and (2) at times when there may be no adult supervision of players, such as (a) during any football-related activities not sponsored by the DJFL or FCFL, such as player-organized or other informal contests, practices and other activities, and (b) while players are assembling for or dispersing following any of the activities listed in (1) or (2)(a)). You assume such risks and all consequences thereof and shall be fully responsible for any injury, loss of life or other damage or loss arising out of or in connection with your child's participation in football, regardless of the cause, causes or contributing causes of any such injury, loss of life or other damage or loss.

You agree, individually and as parents of your child, on behalf of yourselves and on behalf of your child, that the DJFL and the FCFL shall not be liable for any claims, causes of action, actions, demands, costs, expenses, injuries, loss of life or other damages or losses that your child, you individually or as parents of your child, or any third party may suffer or incur that in any way arise out of or in connection with your child's participation in football, regardless of the cause, causes or contributing causes thereof. You agree to hold the DJFL, DJCL and FCFL harmless and indemnify them from any such claims, causes of action, actions, demands, costs, expenses, injuries, loss of life or other damages or losses. You also agree, for yourselves, individually and as parents of your child, and on behalf of your child, not to sue in any name or capacity (or to implead in any action) the DJFL, DJCL or the FCFL for damages or injury to the property or person of your child or to yourselves individually or as parents of your child, or to any third party arising out of or in connection with your child's participation in football, regardless of the cause, causes, or contributing causes of such injury or damage.

Your agreements, acknowledgements and undertakings in this Section 3, including the assumption of risk, waiver of liability, indemnity and hold harmless provisions, shall (1) apply to any and all claims, causes of action, actions, demands, damages, costs, losses and expenses arising or prosecuted before or after your child has reached his or her age of majority, and (2) in addition to applying to you and your child, also apply to the heirs of you and your child, and to the administrators, personal representatives and executors of the estates of you and your child.

For purposes of this Section 3, all references to the DJFL, DJCL and FCFL shall include any and all DJFL, DJCL and FCFL employees, officers, directors, agents, coaches, officials, volunteers and team sponsors, each of such persons' successors and assigns, and the successors and assigns of the DJFL, DJCL and FCFL.

4. Parent and Guardian Signatures

You agree to this Agreement and Questionnaire and also agree to abide by the DJFL's Mission Statement and Bylaws, the FCFL's Constitution, the codes of conduct on pages 3 and 4 of this 2018 DJFL/FCFL Football Season Agreement and Questionnaire, and the rules and regulations of the DJFL, DJCL and FCFL. If any equipment issued to your child's DJFL/DJCL equipment is lost or damaged through the negligence of you or your child, you agree to reimburse the DJFL/DJCL for the cost of replacing the equipment. The information on my child's DJFL Registration, Agreement and Questionnaire Form is complete and correct.

Each custodial parent and guardian must sign:

1st parent or guardian: _____ Date _____ 2018

Please print your name: _____

2nd parent or guardian: _____ Date _____ 2018

Please print your name: _____

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2018
FAIRFIELD COUNTY FOOTBALL LEAGUE
PARENTS CODE OF CONDUCT

The success of our youth football program requires a shared commitment among its coaches, players, cheerleaders, and parents as well as an acknowledgement and appreciation for the amount of time the coaches volunteer in order that so many children are able to participate in the program. Our program is intended to be a positive educational experience. Therefore, we ask you to pledge to be a positive role model for your child and others and to keep in mind that the coaches and board members are volunteers. The FCFL has always encouraged sportsmanship, responsibility, and good citizenship both on and off the field.

1. I will encourage good sportsmanship by demonstrating positive support for all players, coaches, and officials.
2. I will ask my child to treat other players, coaches, fans and officials with respect.
3. I will teach my child to play by the rules and resolve conflicts without violence.
4. I will never scorn or yell at any children for making a mistake or losing a game.
5. I will expect that my child's practices and games be held in a safe and healthy environment.
6. I will praise my child for giving his/her best effort regardless of the game outcome.
7. I will respect the coaches' time and ability and will not interfere with practices or games.
8. **I will make every effort to ensure my child arrives to practices/games at the required time and I will notify the coaches immediately if my child is unable to attend a scheduled practice/game. In the event of unexcused absences from practices or games, I will accept the respective Coaches' decision regarding any discipline and / or suspension(s). I will arrange for prompt drop-offs and pick-ups. I understand and agree that if my child does not fully participate in practices and / or games to the extent my child is able to do so, then at the coaches' discretion my child may not be allowed to participate in the next practice and / or game as determined by the coaches.**
9. I have the obligation to address any concerns that I may have at the time they occur with the Head Coach, member organization's President or FCFL President.
10. I will never enter any part of the playing field to film or take pictures at any time during a game. I will sit in the designated seating area during a game. If a designated area is not available, I will maintain a distance of at least 10 yards from the players.
11. I will volunteer (if at all possible) my time to assist my child's team when asked by either a coach or a team mom. This may include assisting with game day preparations; concession stands, writing newspaper articles, etc.
12. I agree to abide by the aforementioned Fairfield County Football League Parent Code of Conduct and acknowledge that any violation of the above guidelines may subject me to disciplinary actions by the FCFL or my participating member organization, which may include an oral or written warning or suspension from attendance at games and / or practices.

Parent/Guardian's Printed Name

Signature

Date

Parent/Guardian's Printed Name

Signature

Date

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2018
FAIRFIELD COUNTY FOOTBALL LEAGUE
PARTICIPANTS CODE OF CONDUCT

Fairfield County Football League requires that all participants (football players and cheerleaders) commit and adhere to the following Code of Conduct. FCFL believes in the three “S’s” – Safety, Sportsmanship, and Scholarship and expects student participants to exhibit them both on and off the field. **Any** violation of the following Codes could result in disciplinary action by the Member Organization and/or the FCFL that may result in warnings or suspension. Always remember that the game of football will be an enjoyable, fun team sport only when you conduct yourself as follows:

1. **I will attend all practices/games except for illness, bereavement, religious obligations or schoolwork and I will notify my coach immediately if I am unable to attend a scheduled practice/game. Unexcused absences from practices or games (non-participation in a significant portion of one or practice(s) may be grounds for penalty or suspension). Penalties may include game suspension(s) and possible dismissal from the team.**
2. I will arrive to practices/games on time, prepared and ready to go. I will participate in each practice to the fullest extent of my ability.
3. I agree to conduct myself with dignity as a participant of FCFL football and as a citizen of the community.
4. I will be fully accountable for my behavior and its outcome. Individual discipline is the only way to maintain team safety. I understand that discipline problems will not be tolerated and could result in my being suspended or removed from the team.
5. I will play by the rules and resolve conflicts without cheating or violence.
6. I will treat all participants including coaches and officials with respect and know that I too will be treated in the same manner.
7. I will not dispute or argue the decision of a coach or official.
8. I will not yell, taunt, or tease a teammate or opponent for any reason.
9. I will not use profane language or gestures.
10. I will avoid use of abusive drugs, steroids, alcohol and/or any other illegal substances, as they will impact my health and my performance on the field in a negative way.
11. I agree to put forth my best effort regardless of the outcome, always knowing that I gave 100%. This includes practice and applies to consistently finishing drills and exercises in preparation for other aspects of practice and / or games and in order to mitigate and prevent, to greatest extent possible, injury to myself and my teammates.
12. I will agree to maintain my studies and respect my teachers and counselors.

Participant's Printed Name

Signature

Date

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DJFL PARENTAL CONSENT AND AGREEMENT

I/We, the undersigned, hereby give permission for our child, named below, to participate in football activities in the Darien Junior Football League (DJFL) youth football program for the 2018 season.

I/We agree to abide by all the rules and regulations set forth by the team, DJFL, and the Fairfield County Football League (FCFL). If any equipment issued to our child should be lost or damaged through our negligence or that of our child, we agree to pay to have it replaced.

I/We understand that any insurance, which may be carried by the DJFL, or FCFL, is secondary to whatever coverage we have. In the event of a claim, I/We agree to submit the claim to our insurance company. In the event of an injury, I/We hereby give permission for our child, named below, to be transported to a nearby emergency medical facility. Additionally, we give permission for medical treatment to be administered as deemed necessary by the medical staff.

I/We, hereby, for myself/ourselves, our heirs, executors and administrators waive and release any and all rights and claims for damages or injury against the Darien Junior Football League youth football program, Fairfield County Football League and the teams that compose the league and their administrators, board members and coaches, volunteers, and other employees and associates, other participants, the Town of Darien and the Darien Board of Education, sponsors, advertisers and if applicable, owners and leasers of premises used to conduct the event, all of which are hereinafter referred to as "releasees" from any and all liability to each of the undersigned, his or her heirs and next of kin for any and all claims, demand losses, damages, and for any and all injuries suffered by our child in games, practices, meetings, or transportation to and from such, which may occur in the 2018 football season.

INJURIES/ASSUMPTION OF RISK:

I/We acknowledge that injuries may occur in the course of any athletic activity, and I/we hereby specifically assume all risk of any injury occurring during the course of my/our sons participation in the activities associated with the program sponsored by the Darien Junior Football League.

PARTICIPANT (Print Name): _____ Player Grade: _____

Parent/Guardian: _____ (Signature) Date: _____

Parent/Guardian: _____ (Signature) Date: _____

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**DJFL SUPPLEMENTAL WAIVER OF LIABILITY
FOR PRIVATE EQUIPMENT USE**

PLEASE READ THIS SUPPLEMENTAL WAIVER OF LIABILITY CAREFULLY AND ACKNOWLEDGE YOUR AGREEMENT AND UNDERSTANDING BY SIGNING BELOW.

Waiver of Liability Arising Out of Use of Private Equipment

If our child uses equipment not provided by Darien Junior Football League, including but not limited to helmet or pads, (hereinafter the "Private Equipment"), we hereby waive, release, absolve, indemnify, and agree to hold harmless the Darien Junior Football League program, Fairfield County Football League and the teams that compose the league and their administrators, board members, coaches, volunteers, and any and all organizers, sponsors, supervisors, participants, and persons transporting the above named participant to and from activities, from any claim arising out of the use or alleged failure of the Private Equipment for any injury to my/our child whether the result of negligence or for any other cause.

This waiver is intended as a supplement and addition to the DARIEN JUNIOR FOOTBALL LEAGUE PARENTAL CONSENT AND WAIVER OF LIABILITY, not a substitute or replacement thereof.

Both parents/guardians must sign this document.

PARTICIPANT (Print Name): _____ Grade: _____

Parent/Guardian: _____ (Signature) Date: _____

Parent/Guardian: _____ (Signature) Date: _____

COMPLETE THIS FORM AND BRING TO THE EQUIPMENT PICK-UP (Team Selection for Flag)
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**DJFL SUPPLEMENTAL WAIVER OF LIABILITY
FOR DJFL Equipment Usage**

PLEASE READ THIS SUPPLEMENTAL WAIVER OF LIABILITY CAREFULLY AND ACKNOWLEDGE YOUR AGREEMENT AND UNDERSTANDING BY SIGNING BELOW.

Waiver/Agreement:

DJFL equipment is supplied as part of the DJFL program for use only by registered players and only in DJFL practices and games. If a player uses this equipment outside of a DJFL practice or game, the player's parents assume all responsibility for injuries to the player and/or damage to the equipment. DJFL is not associated with football camps and assumes no liability for any injuries to players or damage to equipment.

I have read and understand the above

Both parents/guardians must sign this document.

PARTICIPANT (Print Name): _____ Grade: _____

Parent/Guardian: _____ (Signature) Date: _____

Parent/Guardian: _____ (Signature) Date: _____

COMPLETE THIS FORM AND BRING TO THE EQUIPMENT PICK-UP (Team Selection for Flag)
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**DJFL SUPPLEMENTAL WAIVER OF LIABILITY
FOR USE OF PHOTOS**

PLEASE READ THIS SUPPLEMENTAL WAIVER OF LIABILITY CAREFULLY AND ACKNOWLEDGE YOUR AGREEMENT AND UNDERSTANDING BY SIGNING BELOW.

I grant Darien Junior Cheerleading League (DJCL), Darien Junior Football League (DJFL), Fairfield County Football League (FCFL), and Darien Athletic Foundation (DAF) the right to take photographs of my child during practices and or games to be used for any lawful purpose, including for example such purposes as publicity, illustration, and Web content.

I have read and understand the above

Both parents/guardians must sign this document.

PARTICIPANT (Print Name): _____ Grade: _____

Parent/Guardian: _____ (Signature) Date: _____

Parent/Guardian: _____ (Signature) Date: _____

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Student and Parent Concussion Informed Consent
Form 2018

This consent form was developed to provide students and parents with current and relevant information regarding concussions and to comply with Connecticut General Statutes (C.G.S.) Chapter 163, Section 149b: *Concussions: Training courses for coaches. Education plan. Informed consent form. Development or approval by the State Board of Education* and Section 10-149c: *Student athletes and concussions. Removal from athletic activities. Notification of parent or legal guardian. Revocation of coaching permit.*

What is a Concussion?

National Athletic Trainers Association (NATA) - *A concussion is a "trauma induced alteration in mental status that may or may not involve loss of consciousness."*

Centers for Disease Control and Prevention (CDC) - *"A concussion is a type of traumatic brain injury, or TBI, caused by a bump, blow, or jolt to the head that can change the way your brain normally works. Concussions can also occur from a blow to the body that causes the head to move rapidly back and forth."* -CDC, Heads Up: Concussion
http://www.cdc.gov/headsup/basics/concussion_what.html

Even a "ding," "getting your bell rung," or what seems to be mild bump or blow to the head can be serious" -CDC, Heads Up: Concussion Fact Sheet for Coaches http://www.cdc.gov/concussion/HeadsUp/pdf/Fact_Sheet_Coaches-a.pdf

Section 1. Concussion Education Plan Summary

The [Concussion Education Plan and Guidelines for Connecticut Schools](#) was approved by the Connecticut State Board of Education in January 2015. Below is an outline of the requirements of the Plan. The complete document is accessible on the CSDE Web site: <http://www.sde.ct.gov/sde/cwp/view.asp?a=2663&q=335572>

State law requires that each local and regional board of education must approve and then implement a concussion education plan by using written materials, online training or videos, or in-person training that addresses, at a minimum the following:

1. The recognition of signs or symptoms of concussion.
2. The means of obtaining proper medical treatment for a person suspected of sustaining a concussion.
3. The nature and risks of concussions, including the danger of continuing to engage in athletic activity after sustaining a concussion.
4. The proper procedures for allowing a student athlete who has sustained a concussion to return to athletic activity.
5. Current best practices in the prevention and treatment of a concussion.

Section 2. Signs and Symptoms of a Concussion: Overview

A concussion should be suspected if any one or more of the following signs or symptoms are present, or if the coach/evaluator is unsure, following an impact or suspected impact as described in the CDC definition above.

Signs of a concussion may include (i.e. what the athlete displays/looks like to an observer):

- | | |
|--|---|
| <input type="checkbox"/> Confusion/disorientation/irritability | <input type="checkbox"/> Acts silly/combative/aggressive |
| <input type="checkbox"/> Trouble resting/getting comfortable | <input type="checkbox"/> Repeatedly asks same questions |
| <input type="checkbox"/> Lack of concentration | <input type="checkbox"/> Dazed appearance |
| <input type="checkbox"/> Slow response/drowsiness | <input type="checkbox"/> Restless/irritable |
| <input type="checkbox"/> Incoherent/ slurred speech | <input type="checkbox"/> Constant attempts to return to play |
| <input type="checkbox"/> Slow/clumsy movements | <input type="checkbox"/> Constant motion |
| <input type="checkbox"/> Loses consciousness | <input type="checkbox"/> Disproportionate/inappropriate reactions |
| <input type="checkbox"/> Amnesia/memory problems | <input type="checkbox"/> Balance problems |

Symptoms of a concussion may include (i.e. what the athlete reports):

- | | |
|---|---|
| <input type="checkbox"/> Headache or dizziness | <input type="checkbox"/> Oversensitivity to sound/light/touch |
| <input type="checkbox"/> Nausea or vomiting | <input type="checkbox"/> Ringing in ears |
| <input type="checkbox"/> Blurred or double vision | <input type="checkbox"/> Feeling foggy or groggy |

State law requires that a coach MUST immediately remove a student-athlete from participating in any intramural or interscholastic athletic activity who: a) is observed to exhibit signs, symptoms or behaviors consistent with a concussion following a suspected blow to the head or body, or b) is diagnosed with a concussion, regardless of when such concussion or head injury may have occurred. **Upon removal of the athlete, a qualified school employee must notify the parent or legal guardian within 24 hours that the student athlete has exhibited signs and symptoms of a concussion.** Currently, it is impossible to accurately predict how long an individual's concussion will last. There must be full recovery before a student-athlete is allowed to resume participating in athletic activity. Connecticut law now requires that no athlete may resume participation until they have received written medical clearance from a licensed health care professional (physician, physician assistant, advanced practice registered nurse (APRN), athletic trainer) trained in the evaluation and management of concussions.

Concussion Management Requirements:

1. No athlete SHALL return to participation in the athletic activity on the same day of concussion.
2. If there is any loss of consciousness, vomiting or seizures, the athlete MUST be immediately transported to the hospital.
3. Close observation of an athlete MUST continue following a concussion. The athlete should be monitored for an appropriate amount of time following the injury to ensure that there is no worsening/escalation of symptoms.
4. Any athlete with signs or symptoms related to a concussion MUST be evaluated by a licensed health care professional (physician, physician assistant, advanced practice registered nurse (APRN), athletic trainer) trained in the evaluation and management of concussions.
5. The athlete MUST obtain an initial written clearance from one of the licensed health care professionals identified above directing her/him into a well-defined RTP stepped protocol similar to the one outlined below. If at any time signs or symptoms return during the RTP progression, the athlete should cease activity*.
6. After the RTP protocol has been successfully administered (no longer exhibits any signs or symptoms or behaviors consistent with concussions), final written medical clearance is required by one of the licensed health care professionals identified above for the athlete to fully return to unrestricted participation in practices and competitions.

Medical Clearance RTP protocol (Recommended one full day between steps)

Rehabilitation stage	Functional exercise at each stage of rehabilitation	Objective of each stage
1. No activity	Complete physical and cognitive rest until asymptomatic. School may need to be modified.	Recovery
2. Light aerobic exercise	Walking, swimming or stationary cycling maintaining intensity ,<70% of maximal exertion; no resistance training	Increase Heart Rate
3. Sport specific exercise No contact	Skating drills in ice hockey, running drills in soccer; no head impact activities	Add Movement
4. Non-contact sport drills	Progression to more complex training drills, i.e. passing drills in football and ice hockey; may start progressive resistance training	Exercise, coordination and cognitive load
5. Full contact sport drills	Following final medical clearance, participate in normal training activities	Restore confidence and assess functional skills by coaching staff
6. Full activity	No restrictions	Return to full athletic participation

* If at any time signs or symptoms should worsen during the RTP progression the athlete should stop activity that day. If the athlete's symptoms are gone the next day, she/he may resume the RTP progression at the last step completed in which no symptoms were present. If symptoms return and don't resolve, the athlete should be referred back to her/his medical provider.

I have read and understand this document the "Student and Parent Concussion Informed Consent Form" and understand the severities associated with concussions and the need for immediate treatment of such injuries.

Student name: _____ **Date** _____ **Signature** _____
(Print Name)

I authorize my child to participate in Darien Junior Football League for school year 2018-2019

Parent/Guardian name: _____ **Date** _____ **Signature** _____
(Print Name)

References:

1. NFHS. Concussions. 2008 NFHS Sports Medicine Handbook (Third Edition). 2008: 77-82. <http://www.nfhs.org>. http://journals.lww.com/cjsportsmed/Fulltext/2009/05000/Consensus_Statement_on_Concussion_in_Sport_3rd.1.aspx.
2. Centers for Disease Control and Prevention. *Heads Up: Concussion in High School Sports*. http://www.cdc.gov/NCIPC/tbi/Coaches_Tool_Kit.htm.
3. CIAC Concussion Central - <http://concussioncentral.ciacsports.com/>

Resources: Centers for Disease Control and Prevention. *Injury Prevention & Control: Traumatic Brain Injury*. Retrieved on June 16, 2010. <http://www.cdc.gov/TraumaticBrainInjury/index.html>