



## Participant Registration

Please print!

**Player First Name**

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**Player Last Name**

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**USA Hockey #**

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**Team Name**

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**Team Level**

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**DOB**

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**Ever Baseline Tested? (Y/N)**

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**If Y, Date Tested**

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**Guardian First Name**

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**Guardian Last Name**

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**Relationship**

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**Email Address**

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**Phone**

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**Street Address**

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**City**

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**State**

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**Zip**

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**ImPACT™ Concussion Testing Consent and Release of Information**

I give permission for \_\_\_\_\_ (name of student athlete/minor) to participate in ImPACT™ Concussion Testing administered by Athletico, Ltd and NorthShore University Health System.

**PROGRAM DESCRIPTION:**

I understand and agree to the following:

- Testing is provided through a joint effort between Athletico, Ltd, NorthShore University HealthSystem, Chicago Blackhawks and the Amateur Hockey Association of Illinois (AHAI)
- Testing will be done utilizing ImPACT™ (Immediate Post Concussion Assessment and Cognitive Testing) software.
- Testing will consist of an initial baseline exam that is a computerized test given to athletes at the beginning of the study. The test tracks information such as memory, reaction time, speed, and concentration and takes about 15-20 minutes to complete.
- Baseline testing will be administered at one of the participating Athletico centers and the testing database will be maintained by the office of NorthShore University HealthSystem. While test results and follow up care recommendations will be explained, parents will not be provided a copy of the test results.
- There is no charge for baseline testing. Regular charges and fees will apply for physician visits and medical treatment deemed necessary for the care of the student athlete who suffers a concussion.
- ImPACT testing is non-invasive and poses no risk to the student athlete. The purpose of the testing is to assist in managing head injuries and concussions sustained by student athletes.
- If an athlete is believed to suffer a concussion during competition, the athlete will be asked to re-take the test. Athletes who suffer a concussion may be referred to NorthShore University HealthSystem. The pre and post injury test data is provided to the athlete’s physician to help evaluate the injury and assist with follow up care. The test data will help involved health professionals to determine when return to play is appropriate and safe for the injured athlete.
- The student athlete’s de-identified testing data may be used for research purposes by authorized persons of Athletico, Ltd and/or NorthShore University HealthSystem.

**RELEASE OF INFORMATION:**

Athletico and NorthShore University HealthSystem may release ImPACT™ results and health information to my child’s primary care physician, neurologist, and other treating healthcare professionals as needed to meet my child’s healthcare needs. I agree that health information and test data may also be released to my child’s teachers, coaches, guidance counselors and other school officials for purposes of determining return to play status and/or providing temporary academic modifications when necessary.

**RELEASE OF LIABILITY:**

I expressly and voluntarily assume the risks of my child’s participation in this activity. I will inform Athletico and NorthShore University HealthSystem of any questions or concerns I have concerning my child’s ability to participate in testing. I understand that NorthShore University HealthSystem is not an employee or agent of Athletico and is an independent medical practitioner. I agree to indemnify, defend and hold harmless, Athletico, NorthShore University HealthSystem, the Chicago Blackhawks, AHAI (Amateur Hockey Association of Illinois), their officers, agents, employees, affiliates, heirs, executors, administrators, agents, successors, and assigns from and against any and all liability, suits, losses, costs, expenses or other claim of damage whatsoever, caused by or as a result of my child’s participation in this program. I have read, understand and agree to the terms of this agreement. I have been given an opportunity to ask questions and all questions have been answered to my satisfaction. I acknowledge that I am signing the agreement freely and voluntarily and intend by my signature to be a complete and unconditional release of all liability to the greatest extent allowed by law.

\_\_\_\_\_  
**Signature of Parent or Legally Authorized Person**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Printed Name of Parent or Legally Authorized Person**

\_\_\_\_\_  
**Date**

