

ATHLETIC PARTICIPATION FORM 2018-2019

My student athlete has permission to participate in competitive sports for Skyview Lacrosse and to attend activities related to those sports. While it is expected that reasonable precautions to avoid injury will be exercised by the coach and staff, I acknowledge that neither the club nor the coach are liable in any way should injury occur. I also acknowledge that each athlete is to be covered by medical insurance at all times provided by the parent/guardian while participating in Skyview Lacrosse sports. If, for any reason, our child is not covered by medical insurance, we assume sole and full responsibility for all medical bills associated with any injury incurred as a result of their participation in Skyview Lacrosse sports activities.

PARENT CONSENT FOR TREATMENT FORM 2018-2019

By signing below, I authorize emergency medical care and treatment for my student athlete during the 2018-19 athletic seasons in the event I am not present or otherwise able to personally consent to care. I understand that every effort will be made to contact me or the persons listed as emergency contacts below to explain the nature of the problem prior to any treatment. In the event our family physician is not available to provide medical care or consultation, I authorize treatment by an alternate physician(s) who is then able to render necessary care. I will assume complete financial responsibility for any and all emergency treatment and care provided for my student athlete. I hereby release Skyview Lacrosse, its employees, coaches, representatives and assigns from any and all liability that may arise and/or is related to emergency medical treatment provided for my student athlete.

TRAVEL CONSENT AND RELEASE 2018-2019

Skyview Lacrosse relies at times on parents for transportation to and from athletic events that occur during school hours as well as non-school times, such as after school, weekends and holidays. By signing this release, I authorize my student athlete, _____ to travel in a private automobile to and/or from athletic events and practices with those parents listed on the "Parent Travel Release Form" during this school year. In the absence of this signed release, I acknowledge that I will be solely responsible for transporting my child to and from these activities. As an added measure of assurance for approved return transportation from an event, the coach or designee will have a sign out check list to release the student from the coach's supervision to the designated adult driver. Each sport season the parent will provide the coach with a list of approved drivers for their child. After each event, one of those designated adults will sign and take responsibility for that athlete. (Organization of this procedure will occur at the coach/parent meeting prior to any events.)

I further acknowledge that Skyview Lacrosse, its employees or agents, has no responsibility to supervise the transportation of my student athlete or to exercise supervision and control over my child when not in attendance at the designated activity.

PARENT TRAVEL RELEASE FORM 2018-2019

My child can ride with: _____

Any Skyview Lacrosse Parent (check this box if you wish to permit your child to return with any Skyview Lacrosse parent)

Drivers Name: _____ Drivers Name: _____

My signature below signifies that I have read the contents and agree to the following release statements and will cooperate with Skyview Lacrosse rules and attitudes:

- ATHLETIC PARTICIPATION FORM 2018-2019 release statement.
- PARENT CONSENT FOR TREATMENT FORM 2018-2019 release statement.
- TRAVEL CONSENT AND RELEASE 2018-2019 release statement.
- PARENT TRAVEL RELEASE FORM 2018-2019 release statement

Parent/Guardian #1 (printed name): _____

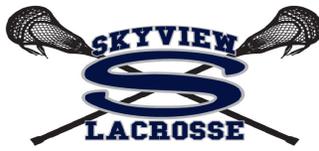
Parent/Guardian #1 Signature: _____ Date: _____

Parent/Guardian #2 (printed name): _____

Parent/Guardian #2 Signature: _____ Date: _____

Athlete/Student (printed name): _____

Athlete Signature: _____ Date: _____



PARENT MEDICAL CHECKLIST 2018 - 2019

DATE _____

TO BE COMPLETED BY PARENT

Please complete the following information as it pertains to your student athlete, including any medical conditions that might impact your child's participation.

I, the parent, will obtain a sports physical for my son/daughter to certify that my child is physically able to compete in athletic programs at Skyview Lacrosse.

Parent Signature: _____ Date: _____

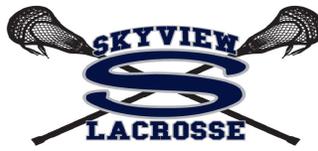
Please Print Student Athlete's Name: _____ DOB: __/__/__

Check the following information concerning your student:

	YES	NO	Please explain each YES
1. Concussions			
2. Neck Injury			
3. Heart Illness			
4. Respiratory			
5. Vision			
6. Asthma			
Inhaler Required?			
7. Allergies:			
Bee			
Peanut			
Other			
8. Hearing			
9. Diabetes			
10. Epilepsy			

Please **check** the following illness(s) and note **the year** your child was affected:

Pneumonia _____	Malaria _____	Fainting Spells _____
Tonsils _____	Hernia _____	German Measles _____
Red Measles _____	Mumps _____	Kidney Disease _____
Chickenpox _____	Scarlet Fever _____	
Other _____		



Concussion Information Sheet Page 1

What can happen if my child keeps on playing with a concussion or returns to soon?

Athletes with the signs and symptoms of concussion should be removed from play immediately. Continuing to play with the signs and symptoms of a concussion leaves the young athlete especially vulnerable to greater injury. There is an increased risk of significant damage from a concussion for a period of time after that concussion occurs, particularly if the athlete suffers another concussion before completely recovering from the first one. This can lead to prolonged recovery, or even to severe brain swelling (second impact syndrome) with devastating and even fatal consequences. It is well known that adolescent or teenage athlete will often under report symptoms of injuries. And concussions are no different. As a result, education of administrators, coaches, parents and students is the key for student-athlete's safety.

If you think your child has suffered a concussion

Any athlete even suspected of suffering a concussion should be removed from the game or practice immediately. No athlete may return to activity after an apparent head injury or concussion, regardless of how mild it seems or how quickly symptoms clear, without medical clearance. Close observation of the athlete should continue for several hours. The new "Zackery Lystedt Law" in Washington now requires the consistent and uniform implementation of long and well-established return to play concussion guidelines that have been recommended for several years:

“a youth athlete who is suspected of sustaining a concussion or head injury in a practice or game shall be removed from competition at that time”

and

“...may not return to play until the athlete is evaluated by a licensed health care provider trained in the evaluation and management of concussion and received written clearance to return to play from that health care provider”.

You should also inform your child's coach if you think that your child may have a concussion Remember its better to miss one game than miss the whole season. And when in doubt, the athlete sits out.

For current and up-to-date information on concussions you can go to:

<http://www.cdc.gov/ConcussionInYouthSports/>

Student-athlete Name Printed

Student-athlete Signature

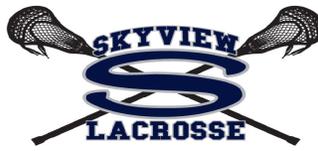
Date

Parent or Legal Guardian Printed

Parent or Legal Guardian Signature

Date

----More information on Concussion Info page 2 ----



Concussion Information Sheet Page 2

---- Required Signature on Concussion Info Page 1 ----

A concussion is a brain injury and all brain injuries are serious. They are caused by a bump, blow, or jolt to the head, or by a blow to another part of the body with the force transmitted to the head. They can range from mild to severe and can disrupt the way the brain normally works. Even though most concussions are mild, **all concussions are potentially serious and may result in complications including prolonged brain damage and death if not recognized and managed properly.** In other words, even a “ding” or a bump on the head can be serious. You can’t see a concussion and most sports concussions occur without loss of consciousness. Signs and symptoms of concussion may show up right after the injury or can take hours or days to fully appear. If your child reports any symptoms of concussion, or if you notice the symptoms or signs of concussion yourself, seek medical attention right away.

Symptoms may include one or more of the following:

- | | |
|--|--|
| <ul style="list-style-type: none">● Headaches● “Pressure in head”● Nausea or vomiting● Neck pain● Balance problems or dizziness● Blurred, double, or fuzzy vision● Sensitivity to light or noise● Feeling sluggish or slowed down● Feeling foggy or groggy● Drowsiness● Change in sleep patterns | <ul style="list-style-type: none">● Amnesia● “Don’t feel right”● Fatigue or low energy● Sadness● Nervousness or anxiety● Irritability● More emotional● Confusion● Concentration or memory problems (forgetting game plays)● Repeating the same question/comment |
|--|--|

Signs observed by teammates, parents and coaches include:

- | |
|---|
| <ul style="list-style-type: none">● Appears dazed● Vacant facial expression● Confused about assignment● Forgets plays● Is unsure of game, score, or opponent● Moves clumsily or displays incoordination● Answers questions slowly● Slurred speech● Shows behavior or personality changes● Can’t recall events prior to hit● Can’t recall events after hit● Seizures or convulsions● Any change in typical behavior or personality● Loses consciousness |
|---|