

**Southwest Florida Youth Lacrosse League
Player Release**

Player Name: _____ (only one player per form)
Please print clearly

Date of Birth: _____ US Lacrosse Member #: _____

Parent/Guardian: _____ Phone Number: _____
Please print clearly

Person to notify in case of Emergency: _____
Please print clearly

Phone Number: _____

Insurance Carrier: _____ Policy Number: _____

HOLD HARMLESS RELEASE

I, _____, the undersigned parent/guardian, in enrolling in this
Print Name
lacrosse league/clinic/tournament, understand that in attending any sport program and using the facilities do so at the participant's own risk. The Southwest Florida Youth Lacrosse League, its representatives, Lee County Parks and Rec., the county of Lee, Canterbury School Fort Myers, CCLA, Fly Lax and all agents shall not be held liable for any damages whatsoever arising from any personal injury or property loss sustained by participants or family members on the premises. Participants, parents/guardians assume full responsibilities for all injuries and damages which may occur in or around any program on the premises and hereby fully and forever release, discharge and hold harmless Southwest Florida Youth Lacrosse League and all associated facilities and there owners, agents and employees from any claims, damages, rights of action, present or future, resulting from or arising out of any person's participation in any program or use of its facilities. In addition, participant agrees to follow the rules and conduct set by the Southwest Florida Youth Lacrosse League director. Participant, parent/guardian, understands that failure to comply with rules and regulations will result in suspension from participants.

I, _____, the undersigned parent/guardian, hereby grant
Print Name
authority to Southwest Florida Youth Lacrosse League director an Parks and Recreation, to render a judgment concerning medical assistance or illness during my absence.

Signed: _____ Date: _____

MEDIA RELEASE

I, _____ the undersigned parent/guardian, in enrolling in this
Print Name
lacrosse league/clinic/tournament further grant the Release Parties the right to photograph and/or videotape me and/or my child or ward and further to display, use and/or otherwise exploit my and/or my child's or ward's name, face, likeness, voice, and appearance forever and throughout the world, in all media, whether now known or hereafter devised, throughout the universe in perpetuity (including, without limitation, in online webcasts, television, publicity, newspapers and magazines) and in all forms including, without limitation, digitizing images, whether for advertising, publicity or promotional purposes, including, without limitation, publication of Event results and standings, without compensation, reservation or limitation.

Signed: _____ Date: _____

Player Release for: _____ Season: _____

RISK OF CONCUSSION INFORMED CONSENT

Effective July 1st, 2012 Florida Statute 943.0438 requires the parent or guardian and the youth who is participating in athletic competition or who is a candidate for an athletic team to sign and return an informed consent that explains the nature and risk of concussion and head injury, each year before participating in athletic competition or engaging in any practice, tryout, workout, or other physical activity associated with the youth's candidacy for an athletic team.

The Facts:

- A concussion is a brain injury.
- All concussions are serious.
- Concussions can occur without the loss of consciousness.
- Concussions can occur in any sport.
- Recognition and proper management of concussions when they first occur can help prevent further injury or even death.

What is a concussion? A concussion is an injury that changes how the cells in the brain normally work. a concussion is caused by a blow to the head or body which causes the brain to move rapidly inside the skull. Even a "Ding", "Getting your bell rung", or what seems like a mild bump or blow to the head can be serious. Concussions can also result from a fall or players colliding with each other or obstacles, such as a goal post, even if they do not directly hit their head.

To help recognize a concussion, you should watch for the following signs in your athletes:

1. A forceful blow to the head or body that results in rapid movement of the head. -and-
2. any change in the athlete's behavior, thinking, or physical functioning.

Signs and symptoms of concussion that may be reported by a coach or other observer:

- Appears dazed or stunned.
- Is confused about assignment or position.
- Forgets sports plays.
- Is unsure of game, score, or opponent.
- Moves clumsily.
- Answers questions slowly.
- Loses consciousness(even briefly)
- Can't recall events prior to hit or fall.
- Signs and symptoms that may be reported by the player:
 - Headache or pressure in the head.
 - Nausea or vomiting.
 - Balance problems or dizziness.
 - Double or blurry vision.
 - Sensitivity to light.
 - Sensitivity to noise.
 - Feeling sluggish, hazy, foggy, or groggy.
 - Concentration or memory problems.
 - Confusion.
 - Does not feel right.

Both parents/guardians and players are advised to take the Center for Disease Control's free online concussion training at:

<http://www.cdc.gov/concussion/HeadsUp/Training/HeadsUpConcussion.html>

Under Florida law the player who is suspected of having a concussion or head injury must be removed from play or practice. Before the player may return to practice or competition a written medical clearance

to return stating the athlete no longer exhibits signs, symptoms, or behaviors consistent with a concussion or other head injury must be received from an appropriate health care professional trained in the diagnosis, evaluation, and management of concussions. In Florida, an appropriate health care professional (AHCP) is defined as either licensed physician(MD as per Chapter458, Florida Statutes) a licensed physicians assistant under the supervision of a MD/DO(as per Chapters 458.347 and 459.022, Florida statutes) or a health care professional trained in the management of concussions.

I have read and understand this consent form, and I volunteer to participate.

Player Name: _____

Signature: _____ **Date:** _____

As parent or guardian, I have read and understand this consent form and give permission for my child named above to participate.

Parent/Legal Guardian Name: _____

Signature: _____ **Date:** _____