

INFORMED CONSENT FORM

Name of Youth Athlete: _____

Name(s) of parents or legal guardians _____

Address _____

Athletic Activity or Sport _____

Season/Year _____

I. Consent of Parent/ Guardian

I, _____, as the parent/ legal guardian of _____, a participant in youth sports/ athletic activities, hereby acknowledge that I have been informed of the dangers of head injuries, the signs and symptoms of such injuries, and of proper injury prevention techniques and skills. I further acknowledge that I have been provided with specific information about such injuries and the procedures to be followed in the event that my child has been removed from play due to a suspected head injury or concussion and my responsibilities pertaining to a physician's evaluation and clearance prior to my child's returning to play following any such injury. I understand that this information is set out in the CDC CONCUSSION FACT Sheet at www.cdc.gov/headsup/pdfs/youthsports/parents_athlete_info_sheet.

Having been so informed I hereby give my consent to my child's participation in the athletic activities listed above and I agree to abide by all applicable rules and regulations concerning such athletic events and activities and the recommended procedures in the event that my child is suspected of having been injured, including all return-to- play requirements and procedures.

Parent/Legal Guardian signature

Date: _____

Witness signature

Date: _____

II. Consent of Youth Athlete

I, _____, as a participant in youth sports/ athletic activities, hereby acknowledge that I have been informed of the dangers of head injuries, the signs and symptoms of such injuries, and of proper injury prevention techniques and skills. I have been provided with specific information about the procedures to be followed in the event that I am removed from play due to a suspected head injury or concussion and my responsibilities prior to returning to play following any such injury. I agree to abide by all applicable guidelines and the recommended procedures in the event that I am suspected of having been injured, including all return-to-play requirements and procedures.

Athlete's signature

Date: _____

Witness signature

Date: _____

PARENT CONSENT FORM-Return to Play

Name of Youth Athlete: _____

Names of parent(s) or legal guardians

Address _____

Athletic Activity or Sport _____

Season/Year _____

Date of (suspected) injury/removal from play _____

I, _____, as the parent/ guardian of _____, a participant in youth sports/ athletic activities who has been removed from play due to a suspected head injury or concussion occurring on _____, hereby acknowledge that I have been informed of the dangers of head injuries, the signs and symptoms of such injuries, and of the guidelines and recommended procedures for seeking medical clearance prior to allowing an injured child to return to play. I specifically acknowledge that I have been informed of the procedures to be followed regarding my child's suspected head injury and am aware of my responsibilities to have my child evaluated by a licensed health care professional and to obtain written clearance from such a licensed health care provider prior to allowing my child to return to play.

Having been so informed, I hereby consent to my child returning to participation in athletic activities subject to the following restrictions _____

By giving my consent I hereby acknowledge that I shall assume all responsibility related to my child's return to participation in athletic activities and I agree to release, hold harmless and indemnify the City of Norwalk, Connecticut, the applicable Youth League, and all coaches and volunteers connected with such athletic activity, together with their respective officers, agents, employees and volunteers from and against any and all liability of any nature and to any extent whatsoever, arising directly or indirectly, out of or in connection with my child's return to participation in athletic activities or sports.

I have signed this consent form with the express acknowledgement that I understand the guidelines and recommended procedures for seeking medical clearance prior to allowing an injured child to return to play and that I have chosen not to follow the guidelines and procedures recommended by the City of Norwalk concerning my child's suspected injury. I expressly assume all responsibility and liability for my decision.

Parent/Legal Guardian signature

Witness signature

Date: _____

Date: _____