

**RELEASE OF LIABILITY, CONSENT FOR MEDICAL TREATMENT, and CONCUSSION PARTICIPATION**

**MUST READ & SIGN ALL THREE SECTIONS BEFORE PARTICIPANT LISTED WILL BE ALLOWED TO PARTICIPATE**

**PLAYER/PARTICIPANT:\*** (please print clearly)

Last Name: \_\_\_\_\_ First: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

M or F: \_\_\_\_\_ Birth Date (mm/dd/yy): \_\_\_\_\_

**REQUIRED –ADULT PLAYER or PARENT OF YOUTH:**

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_ Telephone: (Primary) \_\_\_\_\_ (Alt) \_\_\_\_\_

**REQUIRED FOR PARTICIPANTS UNDER 19 YRS PARTICIPATING IN YOUTH LEAGUE(S):\***

Parent/Guardian #1: \_\_\_\_\_ Telephone: (Primary) \_\_\_\_\_ (Alt) \_\_\_\_\_

Parent/Guardian #2: \_\_\_\_\_ Telephone: (Primary) \_\_\_\_\_ (Alt) \_\_\_\_\_

\* NOTE: As the Adult Participant or Parent/guardian of this participant's information, you will receive email from Break Away ranging from program news to Consent Form updates only. At any time, you can unsubscribe receiving such emails. For internal use only—not sold or given to third party.)

**IN CASE OF EMERGENCY (I.C.E.):**

Physician's Name: \_\_\_\_\_ Clinic: \_\_\_\_\_ Hospital: \_\_\_\_\_

(In the event that a hospital and/or clinic is NOT indicated, paramedics will make the decision where to take participant for medical care/treatment.)

Emergency contact (if other than Parent/Guardian #1): \_\_\_\_\_ Relationship to participant: \_\_\_\_\_

Telephone: (Primary) \_\_\_\_\_ (Alt) \_\_\_\_\_

The following Release and Consent shall remain in effect for the duration of the 2019-2020 season through August 31, 2020

**RELEASE OF LIABILITY**

The undersigned, player, parent or legal guardian of the above player/participant ("the Participant") recognizes that indoor/outdoor soccer and its related activities are vigorous activities and that the Participant may suffer temporary or permanent serious physical injuries including, but not limited to, **sprains, fractures, eye injuries, concussions, brain or spinal damage, paralysis or even death while playing, watching or attending a game, tournament, classes, party activities, rentals, practice or scrimmage, or by use of associated (instructional/training) equipment.** The undersigned, recognizes that the types of injuries and harm mentioned in the preceding sentence of this Release can arise from a wide spectrum of causes in regard to the sport of soccer and its related activities including, but not limited to, **head injuries suffered by players impacting each other, goalposts, sideboards or the ground; violent or overly rough play; playing in weather that may be too dark, too hot, too wet or too slippery; player fights; injuries caused by poor field conditions including potholes, protruding sprinkler heads, holes or the like; lightning; or negligence or misconduct by coaches, parents, referees or other players.** With full knowledge of the above-referenced risks and in consideration of Break Away Sports Center, Inc. accepting the Participant in its soccer program(s) at its facility or other venue(s), and pursuant to the recreational assumption of the risk statute, sec. 895.525 Wis. Stats., **the Participant and I hereby accept and assume full responsibility for any and all harm caused by negligence, except by those caused by intentional and/or reckless action, and hereby release, discharge, and/or otherwise indemnify Break Away Sports Center, Inc., its staff, employee, directors and officers and its respective clubs, coaches and their staff, league and tournament sponsors and the directors and officers and any of their facilities utilized for soccer and its related activities as to any claims and causes of action based on allegations of negligence by or on behalf of the Participant and his or her parents or legal guardians.** I also agree that if any of the provisions are for any reason invalid, or unenforceable, in whole or in part, then such provision or provisions only shall be void and shall not affect any other provisions of this Agreement.

If you have questions regarding the provisions of this Release or otherwise wish to negotiate any of the provisions of this Release, please contact the General Manager Break Away Sports Center, Inc. Please note that the Participant shall not be permitted to participate in any Break Away Sports Center, Inc. sponsored program or game until this form is agreed upon and/or signed and returned to an authorized Break Away Sports Center, Inc. representative.

I hereby represent/declare that the Participant is fit and healthy to participate in the rigors of soccer and its related activities.

**REQUIRED** X \_\_\_\_\_  
Parent/guardian or Adult Participant Signature Date

**CONSENT FOR MEDICAL TREATMENT**

I hereby authorize the following persons to administer emergency medical treatment to myself or my child, the Participant, for any injury or other medical emergency while at a practice, game, tournament, scrimmage, or playing at Break Away Sports Center Inc. or other venue(s): All coaches and managers of my child's team and/or Break Away Sports Center, Inc. management, employee, officers, game officials, sponsors officials or agents of any league or tournament that my child or participant may participate in. This consent also extends the right to those persons listed above to arrange for immediate medical treatment by a licensed physician and/or other trained medical personnel and agree to be responsible financially for the reasonable cost of each assistance or treatment. My child and I hereby release, hold harmless and indemnify the above-listed persons for any injury or damage related to administration of emergency medical care as authorized herein

I have read and fully understand the terms of the above statements.

**REQUIRED** X \_\_\_\_\_  
Parent/guardian or Adult Participant Signature Date

**YOUTH PLAYER/PARTICIPANT Continuation from Page 1 (please print clearly)**

**MUST READ & SIGN THIS SECTIONS BEFORE PARTICIPANT LISTED WILL BE ALLOWED TO PARTICIPATE**

**YOUTH PARTICIPANT UNDER 19:**

As the Parent/Guardian of a youth participant, I agree that by signing this Form that I have received and read the Concussion Information Sheet below. In addition, I agree that if my child shows symptoms of a concussion or head injury that he/she is to be removed from the competition until such time that a healthcare professional can examine my child and provide written clearance to my Manager/Coach for my player to return to play soccer.

PARTICIPANT'S Last Name: \_\_\_\_\_ First: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

**REQUIRED** Parent/guardian Signature of Participant Under 19 in Youth Activity \_\_\_\_\_ Date \_\_\_\_\_

**CONCUSSION INFORMATIONAL SHEET** (To learn more about concussion go to: [www.cdc.gov/Concussion](http://www.cdc.gov/Concussion) or call 1.800.CDC.INFO)

**Know Your Concussion ABC's**

- A**ccess the situation
- B**e alert for signs and symptoms
- C**ontact a health care professional

**What Is A Concussion?**

A concussion is a type of brain injury that changes the way the brain normally works. A concussion is caused by a bump, blow, or jolt to the head and can also occur from a blow to the body that causes the head and brain to move rapidly back and forth. Even what seems to be a mild bump to the head can be serious. Concussions can have a more serious effect on a young, developing brain and need to be addressed correctly.

**What Are The Signs And Symptoms Of A Concussion?**

You can't see a concussion. Signs and symptoms of a concussion can show up right after an injury or may not appear or be noticed until hours or days after the injury. It is important to watch for changes in how your child or teen is acting or feeling, if symptoms are getting worse, or if s/he just "doesn't feel right." Most concussions occur without loss of consciousness.

If your child or teen reports one or more of the symptoms of concussion listed below, or if you notice the symptoms yourself, seek medical attention right away. Children and teens are among those at greatest risk for concussion.

**Signs And Symptoms Of A Concussion?**

SIGNS OBSERVED BY OTHERS	SYMPTOMS REPORTED BY YOUR CHILD	
<ul style="list-style-type: none"> <li>• Appears dazed or stunned</li> <li>• Is confused about events</li> <li>• Answers questions slowly</li> <li>• Repeats questions</li> <li>• Can't recall events prior to the hit, bump, or fall</li> <li>• Can't recall events after the hit, bump, or fall</li> <li>• Loses consciousness (even briefly)</li> <li>• Shows behavior or personality changes</li> <li>• Forgets class schedule or assignments</li> </ul>	<p><b>Thinking/Remembering:</b></p> <ul style="list-style-type: none"> <li>• Difficulty thinking clearly</li> <li>• Difficulty concentrating or remembering</li> <li>• Feeling more slowed down</li> <li>• Feeling sluggish, hazy, foggy, or groggy</li> </ul> <p><b>Physical:</b></p> <ul style="list-style-type: none"> <li>• Headache or "pressure" in head</li> <li>• Nausea or vomiting</li> <li>• Balance problems or dizziness</li> <li>• Fatigue or feeling tired</li> <li>• Blurry or double vision</li> <li>• Sensitivity to light or noise</li> <li>• Numbness or tingling</li> <li>• Does not "feel right"</li> </ul>	<p><b>Emotional:</b></p> <ul style="list-style-type: none"> <li>• Irritable</li> <li>• Sad</li> <li>• More emotional than usual</li> <li>• Nervous</li> </ul> <p><b>Sleep*:</b></p> <ul style="list-style-type: none"> <li>• Drowsy</li> <li>• Sleeps less than usual</li> <li>• Sleeps more than usual</li> <li>• Has trouble falling asleep</li> </ul> <p><small>*Only ask about sleep symptoms if the injury occurred on a prior day.</small></p>

**DANGER SIGNS:** Be alert for symptoms that worsen over time. Your child or teen should be seen in an emergency department right away if s/he has:

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| <ul style="list-style-type: none"> <li>• One pupil (the black part in the middle of the eye) larger than the other</li> <li>• Difficult to arouse</li> <li>• Severe headache or worsening headache</li> <li>• Weakness, numbness, or decreased coordination</li> <li>• Repeated vomiting or nausea</li> <li>• Slurred speech</li> </ul> | <ul style="list-style-type: none"> <li>• Convulsions or seizures</li> <li>• Difficulty recognizing people or places</li> <li>• Increasing confusion, restlessness, or agitation</li> <li>• Unusual behavior</li> <li>• Loss of consciousness (even a brief loss of consciousness should be taken seriously)</li> </ul> |
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Children and teens with a concussion should NEVER return to sports or recreation activities on the same day the injury occurred. They cannot return to their activities until a health care provider experienced in evaluating for concussion says they are symptom-free and provide written clearance to your coach in order to return to activity.

**What should I do if my child or teen has a concussion?**

1. **Seek medical attention.** A health care provider experienced in evaluating for concussions can direct concussion management and review when it is safe for your child to return to normal activities, including school (concentration and learning activities) and physical activity. If your child or teen has been removed from a youth athletic activity because of a suspected concussion or head injury, they may not participate again until he/she is evaluated by a health care provider and receives written clearance to participate in the activity from the health care provider.
2. Help them take time to get better. If your child or teen has a concussion, her or his brain needs time to heal. Your child or teen should limit activities while he/she is recovering from a concussion. Exercising or doing activities that involve a lot of concentration, such as studying, using a computer, texting, or playing video games may worsen or prolong concussion symptoms (such as headache or tiredness). Rest will help your child recover more quickly. Your child may become upset that he/she cannot participate in activities.
3. Together with your child or teen, learn more about concussions. Talk about the potential long-term effects of concussion and the problems caused by returning to daily activities too quickly (especially physical activity and learning/concentration).
4. Help your child or teen get support by contacting school officials and/or health care provider during the transition of recovery.

**Sources:** adapted materials from the WIAA, WI Department of Public Instruction, and U.S. Department of Health and Human Services Centers for Disease Control and Prevention.