



WAIVER & RELEASE OF LIABILITY



Program: Sisters Park & Recreation District (SPRD)

Shootout Basketball Tournament

Team Name: _____ Grade: _____ Gender: _____

Participant Name: _____ Birthdate: _____

Parent or Guardian Name: _____

Address: _____

Phone: _____ Email: _____

Medical Insurance Carrier: _____

Insured Member #: _____ Group # _____

Does your child have any disabilities, handicaps, present injuries or limitations, allergies, hemophilia, heart condition, history of respiratory illness or any other significant medical condition? [] Yes [] No

If yes, please explain: _____

I understand that any cost incurred for emergency medical, surgical, or dental treatment shall be my sole responsibility. If it becomes necessary for my child to have medical, surgical, or dental care while participating in any of the aforementioned activities, I hereby authorize the coaches, assistant coaches, parents or team members, acting in such capacities or as activity supervisors, as my agents to consent to medical, surgical, or dental examination and treatment. In case of such emergency, I hereby authorize treatment and care by any physician at any hospital. In case of an emergency for which I cannot be reached, please contact:

Emergency Contact: _____

Relationship: _____ Phone: _____

I am aware that basketball is a strenuous sport and that participation in basketball games, training, and conditioning can result in physical injury such as sprains, broken bones, head injuries, and on occasion, even death. I am fully familiar with my child's medical and physical condition. My child has no illness or other medical condition which prevents him or her from fully participating in a vigorous sport such as basketball or which would be aggravated or exacerbated by or otherwise result in a worsening of my child's medical or physical condition due to his or her participation in basketball games, training or conditioning. I understand the coaches, assistant coaches, parents and other team members acting in such capacities or the capacity of activity supervisors will rely on the foregoing representation.

For and in consideration of my child being permitted to participate in the Sisters Shootout and its affiliated organizations, and in their basketball games, training and conditioning, I, the undersigned parent or guardian, hereby voluntarily waive, release, discharge, and relinquish for myself and my family, including my child, our heirs, successors, and assigns, any and all liability, claims, suits, actions, or causes of actions, or causes of actions against the Sisters Park and Recreation District, coaches, assistant coaches, parents, and other team members, for personal injury, death, or property damage occurring to my child arising from my child's participation therein and in any activity incidental thereto wherever or however the same may occur, and whether the same may arise from the negligent acts or omissions of any of said persons, or otherwise.

CONCUSSION INFORMATION and ACKNOWLEDGEMENT

In order to ensure the health and safety of participants and to comply with Oregon Senate Bill 721, at least one parent or legal guardian of participants under 18 years of age must acknowledge the receipt and review of guidelines and materials related to concussions. These guidelines and materials must also be reviewed by participants 12 years of age and older. The following information from the CDC "Heads Up - Concussion in Youth Sports" program is provided to meet these guidelines.

A concussion is a type of traumatic brain injury that changes the way the brain normally works. A concussion is caused by a bump, blow, or jolt to the head or body that causes the head and brain to move rapidly back and forth. Even a “ding,” “getting your bell rung,” or what seems to be a mild bump or blow to the head can be serious. Signs and symptoms of concussion can show up right after the injury or may not appear or be noticed until days or weeks after the injury. If an athlete reports one or more symptoms of concussion listed below after a bump, blow, or jolt to the head or body, s/he should be kept out of play the day of the injury and until a health care professional, experienced in evaluating for concussion, says s/he is symptom-free and it’s OK to return to play.

SIGNS OBSERVED BY COACHING STAFF // SYMPTOMS REPORTED BY ATHLETES

- Appears dazed or stunned // Headache or “pressure” in head
- Is confused about assignment or position // Nausea or vomiting
- Forgets an instruction // Balance problems or dizziness
- Is unsure of game, score, or opponent // Double or blurry vision
- Moves clumsily // Sensitivity to light
- Answers questions slowly // Sensitivity to noise
- Loses consciousness (even briefly) // Feeling sluggish, hazy, foggy, or groggy
- Shows mood, behavior, or personality changes // Concentration or memory problems
- Can’t recall events prior to hit or fall // Confusion
- Can’t recall events after hit or fall // Just not “feeling right” or “feeling down”

In rare cases, a dangerous blood clot may form on the brain in a person with a concussion and crowd the brain against the skull. An athlete should receive immediate medical attention if after a bump, blow, or jolt to the head or body s/he exhibits any of the following danger signs:

- One pupil larger than the other
- Is drowsy or cannot be awakened
- A headache that not only does not diminish, but gets worse
- Weakness, numbness, or decreased coordination
- Repeated vomiting or nausea
- Slurred speech
- Convulsions or seizures
- Cannot recognize people or places
- Becomes increasingly confused, restless, or agitated
- Has unusual behavior
- Loses consciousness (even a brief loss of consciousness should be taken seriously)

If an athlete has a concussion, his/her brain needs time to heal. While an athlete’s brain is still healing, s/he is much more likely to have another concussion. Repeat concussions can increase the time it takes to recover. In rare cases, repeat concussions in young athletes can result in brain swelling or permanent damage to their brain. They can even be fatal.

If you suspect that an athlete has a concussion, remove the athlete from play and seek medical attention. Do not try to judge the severity of the injury yourself. Keep the athlete out of play the day of the injury and until a health care professional, experienced in evaluating for concussion, says s/he is symptom-free and it’s OK to return to play. Rest is key to helping an athlete recover from a concussion. Exercising or activities that involve a lot of concentration, such as studying, working on the computer, or playing video games, may cause concussion symptoms to reappear or get worse. After a concussion, returning to sports and school is a gradual process that should be carefully managed and monitored by a health care professional.

By registering for this activity, I acknowledge that I have received and reviewed the concussion information above. If the individual whom I am registering for is 12 years of age or older, I also acknowledge that he/she has reviewed this information.

I acknowledge that I have read, fully understand and accept the above provisions and I recognize that SPRD is relying on such acceptance in permitting participant to engage in SPRD programs.

Participant or Parent/Guardian Signature _____ Date _____