

Ultimate Frisbee Waiver - Permission Form

Player Name _____ Age _____

Name of School Garfield High School

Players Primary Address: _____ Zip _____

Parent and student athlete must both read and sign

This Participation Agreement and Release must be signed before a player may participate in any practice, game, or activity on the HS team coached by the Garfield Ultimate Coaching Staff. Current staff assignments can be found at ghsultimate.org. If none of the Garfield Ultimate Coaching Staff listed are at the activity, then it is not an official team activity and the staff cannot be held liable for any injuries or damages that occur.

(Player's name) _____ would like to participate in youth ultimate Frisbee events for the high school team NOT officially recognized or insured by the high school listed above. I (we) recognize that ultimate is a hazardous and dangerous activity with inherent risks. I (we) recognize that such risks can lead to serious injury or death. I (we) have voluntarily made a choice to participate in these activities and expressly assume and accept the risks inherent in said activities. I (we) accept our (my) responsibility to be informed, to behave prudently, to conduct myself (ourselves) in a safe manner, and to read and abide by all reasonable and available sources of information about the activities. I (we) agree to release, hold harmless and indemnify the coaches and organizers of the team, the organizers of the contests, leagues, and tournaments, the other schools involved in the contests, leagues, and tournaments, and all of the other schools' employees, trustees, agents, contractors, officers, organizers, volunteers, and other representatives from all claims for any injury or damage resulting from any cause which arise out of participation in or travel to and from these activities. This release is binding as to any other persons, including family members, heirs, and executors.

If I am signing on behalf of a minor, I recognize that I may not release any claim the minor may have. However, I accept full responsibility for all medical expenses and claims incurred as a result of the minor's participation in or travels to and from ultimate activities. By signing below, I authorize the provision of medical or emergency treatment for my child if they should become injured while under the supervision of the afore mentioned coaching staff, in the event that a parent or guardian cannot be reached. I also agree to release, hold harmless and indemnify the coaches and organizers of the team, the organizers of the contests, leagues, and tournaments, the other schools involved in the league and all of the other schools' employees, trustees, agents, contractors, officers, organizers, volunteers, and other representatives for any claims brought by the minor.

I (we), the undersigned, have carefully read and understand the "Participation Agreement & Release" and agree it is binding upon me (us).

Player Agreement _____ Date _____

Parent Agreement _____ Date _____

What can happen if my child keeps on playing with a concussion or returns too 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 athletes will often fail to report symptoms of injuries. Concussions are no different. As a result, education of administrators, coaches, parents and students is the key to 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 it’s 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