

ASSUMPTION OF RISK AND RELEASE

**for Activities Sponsored By or Held on the
Property of Arlington Community Schools
(For Parents of Students under the age of 18)**

In consideration of being permitted to participate in the _____
(specify athletic activity)
conducted by **Arlington High School**:

I, _____, parent and/or guardian of
_____, do hereby agree to assume all the
risks and responsibilities relative thereto.

Further, I hereby represent to Arlington Community Schools that my child is physically capable of participating in this activity and understand that participants are strongly encouraged to consult a physician prior to any participation.

I hereby recognize the risks of illness and injury inherent in any athletic program and I am allowing my child to participate upon the express agreement and understanding that I do for myself, my heirs and personal representatives agree to defend, indemnify, hold harmless, release and forever discharge Arlington Community Schools, its Board Members, agents, representatives and employees from and against any and all rights, claims, demands and actions or causes of action, including attorney's fees and court costs, on account of any damage to personal property, personal injury or death which may result from my child's participation in this athletic activity.

By my signature below, I HEREBY CONFIRM my understanding of this Release holding Arlington Community Schools harmless. I understand that Arlington Community Schools does not provide health or accident insurance to cover participants of this athletic activity. I understand that parents are strongly encouraged to obtain full health and accident insurance for their student athlete prior to any participation in any athletic activity.

Parent's/Guardian's Signature: _____

Date: _____

CONSENT FOR ATHLETIC PARTICIPATION & MEDICAL CARE

(For parents of students under the age of 18)

ATHLETE INFORMATION:

Last Name:		First Name:		MI:
Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Grade:	Age:	DOB:	
Allergies:				
Medications:				
Insurance:		Policy Number:		
Group Number:		Insurance Phone Number:		

EMERGENCY CONTACT INFORMATION:

Home Address:		City:	, TN	ZIP:
Home Phone:	Mother's Cell:	Father's Cell:		
Mother's Name:		Work Telephone:		
Father's Name:		Work Telephone:		
Another Contact Person:				
Telephone Number:		Relationship:		

Legal/Parent/Guardian Consent

I/WE hereby give consent for (athlete's name) _____ to
represent **Arlington High School** in _____,

(specify athletic activity)

realizing that such activity involves potential for injury. I/WE acknowledge that *on rare occasions, injuries can be severe and result in disability, paralysis and even death. I/WE further grant permission to school personnel and/or coaches, the TSSAA, its physicians, athletic trainers and/or EMTs to render any aid, treatment, medical or surgical care deemed reasonably necessary to the health and well-being of the student athlete named above during or resulting from participation in the aforementioned athletic activity.* As Parents or Legal Guardian, **I/WE REMAIN FULLY RESPONSIBLE FOR ANY LEGAL OR FINANCIAL RESPONSIBILITY WHICH MAY RESULT FROM THE ABOVE-NAMED STUDENT ATHLETE'S PARTICIPATION IN THE AFOREMENTIONED ATHLETIC ACTIVITY.**

Signature of Parent/Guardian

Date

CONCUSSION

INFORMATION AND SIGNATURE FORM FOR STUDENT-ATHLETES & PARENTS/LEGAL GUARDIANS (Adapted from CDC “Heads Up Concussion in Youth Sports”)

Read and keep this Page Sign and Return Signature Page

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.

Did You Know?

- Most concussions occur **without** loss of consciousness
- Athletes who have, at any point in their lives, had a concussion have an increased risk for another concussion
- Young children and teens are more likely to get a concussion and take longer to recover than adults

WHAT ARE THE SIGNS AND SYMPTOMS OF CONCUSSION?

Signs and symptoms of concussion can show up right after the injury or may not appear to 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, she/he should be kept out of play the day of the injury and until a health care provider* says she/he is symptom-free and it’s okay 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 assignments 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 <i>prior</i> to hit or fall	Confusion
Can’t recall events <i>after</i> hit or fall	Just not “feeling right” or “feeling down”

**Health care provider means a Tennessee licensed medical doctor, osteopathic physician or a clinical neuropsychologist with concussion training.*

CONCUSSION DANGER SIGNS

In rare cases, a dangerous collection of blood (hematoma) may form on the brain after a bump, blow, or jolt to the head or body that may squeeze the brain against the skull. An athlete should receive immediate medical attention after a bump, blow or jolt to the head or body if she/he exhibits any of the following danger signs or call 9-1-1 right away, or take your child or teen to the Emergency Department if he or she has one or more of the following danger signs after a bump, blow, or jolt to the head or body:

Dangerous Signs & Symptoms of a Concussion

- One pupil larger than the other.
- Drowsiness or inability to wake up.
- A headache that gets worse and does not go away.
- Slurred speech, weakness, numbness, or decreased coordination.
- Repeated vomiting or nausea, convulsions or seizures (shaking or twitching).
- Unusual behavior, increased confusion, restlessness, or agitation.
- Loss of consciousness (passed out/knocked out). Even a brief loss of consciousness should be taken seriously.

WHY SHOULD AN ATHLETE REPORT HIS OR HER SYMPTOMS?

If an athlete has a concussion, his/her brain needs time to heal. While an athlete's brain is still healing, he/she 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 brains. *They can even be fatal.*

REMEMBER:

Concussions affect people differently. While most athletes with a concussion recover quickly and fully, some will have symptoms that last for days, or even weeks. A more serious concussion can last for months or longer.

WHAT SHOULD YOU DO IF YOU THINK YOUR ATHLETE HAS A CONCUSSION?

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 provider* says he/she is symptom-free and is okay 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 play 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.

****Health care provider means a Tennessee licensed medical doctor, osteopathic physician or a clinical neuropsychologist with concussion training.***

Student-Athlete & Parent/Legal Guardian Concussion Statement

Must be **signed and returned** to school or community youth athletic activity prior to participation in practice or play.

Student-Athlete Name: _____

Parent/Legal Guardian Name(s): _____

After reading the information sheet, **I AM AWARE OF THE FOLLOWING INFORMATION:**

Student-Athlete Initials		Parent/Legal Guardian Initials
	A concussion is a brain injury which should be reported to my parents, my coach(es) or a medical professional if one is available.	
	A concussion cannot be “seen”. Some symptoms might be present right away. Other symptoms can show up hours or days after an injury.	
	I will tell my parents, my coach and/or a medical professional about my injuries and illnesses.	
	I will not return to play in a game or practice if a hit to my head or body causes any concussion-related symptoms.	
	I will/my child will need written permission from a <i>health care provider</i> * to return to play or practice after a concussion.	
	Most concussions take days or weeks to get better. A more serious concussion can last for months or longer.	
	After a bump, blow or jolt to the head or body, an athlete should receive immediate medical attention if there are any danger signs, such as loss of consciousness, repeated vomiting or a headache that gets worse.	
	After a concussion, the brain needs time to heal. I understand that I am/my child is much more likely to have another concussion or more serious brain injury if return to play or practice occurs before the concussion symptoms go away.	
	Sometimes repeat concussions can cause serious and long-lasting problems and even death.	
	I have read the Concussion Symptoms on the Concussion Information Sheet.	

**Health care provider means a Tennessee licensed medical doctor, osteopathic physician or a clinical neuropsychologist with concussion training.*

Signature of Student-Athlete

Date

Signature of Parent/Legal Guardian

Date



TIGER ATHLETIC ACTIVITIES

Our School/District has selected the **Student Insurance Plan** from K&K Insurance Group to make insurance coverage available to parents. ***This plan is strongly recommended.*** Even if you have other insurance coverage, this plan can help fill expensive “gaps” caused by deductibles and co-pays. Coverage may be purchased at any time during the school year by visiting **www.studentinsurance-kk.com**.