



DiscNW Youth Participation Agreement & Release

Revised December 2010. For all DiscNW youth players. This waiver may not be modified.

Child's Name:		Age:	
Name of School:		Grade:	
Emergency Phone(s):		Gender:	
List below any allergies or special medical conditions of which coaches should be aware:			

I agree freely to this waiver in consideration for the voluntary participation of my child, the abovementioned minor, in Ultimate Frisbee (hereafter referred to as "Ultimate") functions of the Northwest Ultimate Association (hereafter referred to as "DiscNW"). I accept my responsibility to be informed, to encourage my child's prudent and safe behavior and play, and to read and abide by all reasonable and available sources of information about the activities.

I understand Ultimate to be a physical activity that involves considerable running and jumping. Although it is a non-contact sport, I understand that collisions between players, collisions between players and sideline obstacles, and collisions between players and the ground can occur. I understand that participants in DiscNW activities range in age from 8 to 60 and that play often involves both genders on the field at the same time. I recognize that Ultimate is a dangerous activity with inherent risks, including but not limited to those identified above, and that such risks can lead to serious injury, disability, or death. I expressly assume and accept the risks related to my child's participation in said activities. I know my child's physical capabilities and believe him/her to be physically qualified to participate in DiscNW activities. In the event that my child becomes injured or ill during participation in an Ultimate activity, and I cannot be contacted, I give permission to qualified and licensed EMTs, physicians, paramedics, and/or other medical or hospital personnel to render treatment.

I agree to release, hold harmless, and indemnify DiscNW and its employees, trustees, agents, contractors, officers, organizers, volunteers, and other representatives from all claims for any injury or damage resulting from any cause, including negligence, which arise out of my child's participation in or travel to and from these activities. I accept full responsibility for all medical expenses and claims incurred as a result of my child's participation in or travel to and from DiscNW activities.

I understand that pictures, video, and audio recordings of my child may be taken at DiscNW events. I hereby agree that DiscNW may use those photographs and recordings for publicity, promotional, and educational materials. Examples include but are not limited to slideshow presentations about the sport to groups interested in sponsoring DiscNW initiatives, event programs, photo-sharing websites (for coach, player, and family use only), press releases to newspapers and magazines, and flyers distributed at community events. I understand that my child may be identified in the pictures or recordings, but only by first name, last initial, and school. I understand that DiscNW will not sell photos of my child without my express permission.

I, the undersigned, have read and fully understand this Youth Participation Agreement & Release, realize that I have given up substantial rights by signing it, and sign it freely and voluntarily without any inducement.

Parent or Guardian Signature: _____ Date: _____

Parent or Guardian Printed Name: _____

I understand that Ultimate can be dangerous and that I might get hurt playing it. I will follow the rules and play safely.

Player Signature: _____ Date: _____



DiscNW Concussion Information Sheet

What is a concussion?

A concussion is a brain injury, and all brain injuries are serious. Concussions are caused by a bump, blow, or jolt to the head, or by a blow to another part of the body with the force transmitted to the head. They can range from mild to severe and can disrupt the way the brain normally works. Even though most concussions are mild, **all concussions are potentially serious and may result in complications, including prolonged brain damage and death, if not recognized and managed properly.** In other words, even a “ding” or a bump on the head can be serious. You can’t see a concussion, and most sports concussions occur without loss of consciousness. Signs and symptoms of concussion might show up right after the injury or can take hours or days to fully appear. If your child reports any symptoms of concussion, or if you notice the symptoms or signs of concussion yourself, seek medical attention right away.

Symptoms experienced by the athlete might include one or more of the following:

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|---|---|
| <ul style="list-style-type: none">• Headaches• Sensation of pressure in the head• Nausea or vomiting• Neck pain• Balance problems or dizziness• Blurred, double, or fuzzy vision• Sensitivity to light or noise• Feeling sluggish or slowed down• Feeling foggy or groggy• Drowsiness• Change in sleep patterns | <ul style="list-style-type: none">• Amnesia• Not feeling “right”• Fatigue or low energy• Sadness• Nervousness or anxiety• Irritability• Feeling more emotional• Confusion• Concentration or memory problems (e.g., forgetting game plays)• Repeating the same question/comment |
|---|---|

Signs observed by teammates, parents, and coaches might include one or more of the following:

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|---|---|
| <ul style="list-style-type: none">• Appears dazed• Vacant facial expression• Confused about assignment• Forgets plays• Is unsure of game, score, or opponent• Moves clumsily or displays lack of coordination• Answers questions slowly | <ul style="list-style-type: none">• Slurred speech• Shows behavior or personality changes• Can’t recall events prior to hit• Can’t recall events after hit• Seizures or convulsions• Any change in typical behavior or personality• Loses consciousness |
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DiscNW Concussion Information Sheet

What can happen if my child keeps playing or returns too soon after a concussion?

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 athlete will often under-report symptoms of injuries. And concussions are no different. As a result, education of administrators, coaches, parents and students is the key for student-athletes' safety.

What do I do if I think my 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 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. A youth athlete who has been removed from play 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 receives 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, sit the athlete out.

For up-to-date information on concussions you can go to:

<http://www.cdc.gov/concussion/HeadsUp/youth.html>

*I have read all **two** pages of this Concussion Information Sheet and understand the nature and risk of head injury and concussion.*

Student-Athlete Printed Name

Student-Athlete Signature

Date

Parent or Legal Guardian Printed Name

Parent or Legal Guardian Signature

Date