



**BRING THIS FORM THE FIRST DAY OF CAMP!**

**CONCUSSION AWARENESS RELEASE**

*(ADAPTED FROM THE CDC AND THE 3<sup>RD</sup> INTERNATIONAL CONFERENCE ON CONCUSSION IN SPORT)*

A concussion is a brain injury and all brain injuries are serious. They 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 may 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 may include one or more of the following:**

Headaches, neck pain, amnesia, nausea or vomiting “Pressure in the head,” drowsiness, feelings of Balance problems or dizziness Blurred, double, or fuzzy vision, sensitivity to light or noise Drowsiness, feeling sluggish or slowed down; foggy or groggy	Irritability, confusion, or emotional confusion “Don’t feel right” Fatigue or low energy, sadness, nervous, or anxiety Concentration or memory problems Repeating the same questions/comment
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**Signs observed by teammates, parents and coaches include:**

- |   |   |
|---|---|
| Appears dazed, answers questions slowly<br>Vacant facial expression<br>Confused about assignment or forgets plays<br>Moves clumsily or displays un-coordination<br>Is unsure of game, score or opponent | Slurred speech<br>Shows behavior or personality changes<br>Can’t recall events prior to hit or events after hit<br>Seizures, convulsions, or loss of consciousness<br>Any change in typical behavior or personality |
|---|---|

**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 under report symptoms of injuries; and concussions are no different. As a result, education of administrators, coaches, parents and students is the key for a 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 “Zachery Lystedt Law” in Washington State 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 is better to miss one game than to miss the whole season. 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/>

At Northwest Soccer Camp, concussions are taken very seriously and although this form is not required in all states at this time, our coaches and Certified Trainers have been educated on how to treat concussions while they participate in Northwest Soccer Camp events.

_____	_____	_____
Player’s name printed	Player’s signature	Date
_____	_____	_____
Parent/legal guardian’s name printed	Parent/legal guardian’s signature	Date

**CAMPER'S NAME:** \_\_\_\_\_

**NORTHWEST SOCCER CAMP  
HEALTH & RELEASE FORM**

**\*BRING THIS FORM WITH YOU THE FIRST DAY OF CAMP\***

(You will not be admitted to camp without this form, completed and signed on both sides!)

SPORT SOCCER      CAMP LOCATION \_\_\_\_\_      CAMP DATES \_\_\_\_\_

Gender: \_\_\_\_\_      Birthday: \_\_\_\_\_      Age: \_\_\_\_\_      Weight: \_\_\_\_\_      Height: \_\_\_\_\_

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

Home Phone (\_\_\_\_\_) \_\_\_\_\_      Work Phone (\_\_\_\_\_) \_\_\_\_\_      E-Mail \_\_\_\_\_

My Phone Number while named camper is at camp (if different from above) (\_\_\_\_\_) \_\_\_\_\_

Person to contact in the event I cannot be reached \_\_\_\_\_

Relation: \_\_\_\_\_      Phone number of emergency contact person (\_\_\_\_\_) \_\_\_\_\_

HEALTH & GENERAL HISTORY: If the camper should be restricted from any activity please note: \_\_\_\_\_

If the camper will be taking medication during camp, please indicate name of drug and dosage: \_\_\_\_\_

Please identify any medical condition or medical history that would require special attention: \_\_\_\_\_

I hereby certify that the named camper is in good health and fully able to participate in all activities of the Sports Camp and that I know of no restrictions, physical impairments, or any other facts, which in any manner limit his/her participation in such a program:

**Dated:** \_\_\_\_\_      **Parent or Guardian:** \_\_\_\_\_

Please circle those illnesses or conditions that the camper has had:

German Measles    Measles    Mumps    Asthma    Chicken Pox    Pneumonia    Diabetes    High Blood Pressure

IMMUNIZATIONS		ALLERGIES		DRUG REACTIONS	
TYPE	DATE	TYPE	YES/NO	TYPE	YES/NO
Tetanus Toxoid		Hay Fever		Sulfa	
Polio Vaccine		Asthma		Penicillin	
Tuberculin Test		Eczema		Antibiotics (Type)	
Measles		Insect Stings		Aspirin	
Rubella		Nuts		Other	
Mumps		Other		Other	

Physician's Name: \_\_\_\_\_      Telephone (\_\_\_\_\_) \_\_\_\_\_

**HEALTH INSURANCE INFORMATION**

Carrier Name: \_\_\_\_\_      Policy Number: \_\_\_\_\_

Policy Holder Name: \_\_\_\_\_      Policy Holder Date of Birth: \_\_\_\_\_

**I, the parent (guardian) of \_\_\_\_\_, give permission for the named camper to receive emergency medical or surgical treatment and hospitalization if necessary. I understand that every attempt will be made to contact me, or the emergency contact named above, before taking this action. I will be financially responsible for any medical attention needed during camp or resulting from an injury received at camp. My medical insurance shall be the insurance coverage for any medical treatment. I further agree that my child can receive over-the-counter remedies. (Tylenol, Sudafed, etc.) Please initial this box if you do not want your child to receive over-the-counter medications.**

**I HAVE READ THE POLICIES AND FULLY UNDERSTAND MY OBLIGATIONS STATED THEREIN AND ALSO THE RIGHTS OF NORTHWEST SOCCER CAMP, A LIMITED LIABILITY COMPANY FORMED UNDER THE LAWS OF THE STATE OF WASHINGTON, AND HEREBY AGREE TO ACT IN ACCORDANCE.** I further grant Northwest Soccer Camp and its employees the right to photograph or video my dependent and use the photo and/or other digital reproduction of him/her or other reproduction of his/her physical likeness for publication processes, whether electronic, print, digital or electronic publishing via the Internet. I also agree that my child may be transported by bus and/or camp vehicle to an off-site gymnasium or for emergency medical treatment.

The undersigned further expressly agrees that the attached waiver and assumption of risks agreement is intended to be as broad and inclusive as is permitted by law and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

**Dated:** \_\_\_\_\_      **Parent or Guardian:** \_\_\_\_\_

**RELEASE OF LIABILITY – READ BEFORE SIGNING**

In consideration of my minor child/ward \_\_\_\_\_ (“my child”) being allowed to participate in this sport camp program, its related events and activities, I, the undersigned, acknowledge, appreciate, and agree that:

1. The risk of serious injury from the sports activities involved in this program is always present due to the nature of the sport (s); and
2. FOR MYSELF, SPOUSE, AND CHILD, I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others, and assume full responsibility for my child’s participation; and
3. I willingly agree to comply with the program’s stated and customary terms and conditions for my child’s participation. If, however, I observe any unusual significant concern in my child’s readiness for participation and/or in the program itself, I will remove my child from participation and bring such to the attention of the nearest official immediately; and
4. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE, INDEMNIFY, AND HOLD HARMLESS the Camp, Northwest Soccer Camp, a limited liability company formed under the laws of the State of Washington, its affiliates, officers, officials, agents and/or employees, other participants, sponsoring agencies, sponsors, advertisers, and, if applicable, owners and lessors of premises used for activity (“Releases”), WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, OR LOSS OR DAMAGE TO PERSON OR PROPERTY, regarding my child and/or arising from his/her activities, WHETHER ARISING FROM NEGLIGENCE OF THE RELEASEES OR OTHERWISE, except for willful misconduct, or otherwise to the fullest extent of the law.

I HAVE READ THIS HEALTH FORM AND RELATED CERTIFICATIONS, THE RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND THEIR TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

**Dated:** \_\_\_\_\_ **Parent or Guardian:** \_\_\_\_\_

**AGREEMENT TO ARBITRATE DISPUTES**

IN THE EVENT OF ANY DISPUTE PERTAINING TO ANY PROVISION OF THIS AGREEMENT, OR PERTAINING TO THE SERVICES RENDERED PURSUANT TO THIS AGREEMENT, OR IN ANY WAY RELATED TO ATTENDANCE AT THIS CAMP, INCLUDING ANY CLAIM FOR PERSONAL INJURY OR OTHER LOSS, INCLUDING ANY CLAIM AGAINST NSC, USSC, INC, ANY DIRECTOR, EMPLOYEE OR AGENT OF THE CAMP OR OF ANY FOREGOING ENTITY, EACH PARTY HERETO AGREES TO SUBMIT TO BINDING ARBITRATION TO RESOLVE SUCH DISPUTES, BY CLAIM FILED, BEFORE JAMS IN SAN FRANCISCO, CALIFORNIA, TO BE ARBITRATED HERE OR SUCH OTHER VENUE AS DEEMED APPROPRIATE BY THE JAMS ARBITRATOR, SUCH ARBITRATION TO PROCEED UNDER THE JAMS RULES. In the event either party to this agreement incurs any expense as a result of the other party’s failure to comply with any provision of this agreement, the non-complying party shall be liable for reimbursement of any and all such expenses or attorney fees directly or indirectly related to failure to comply. In the event any legal action or proceeding occurs which is in any manner related to or pertaining to this agreement, attempting to challenge in a non-arbitral forum such as a court of law the validity or application of this agreement, the party who substantially prevails in that court or non-arbitral proceeding shall be entitled to receive reasonable costs of such action or proceeding including attorney’s fees. In the arbitration itself, each party shall bear its own attorneys’ fees. The following disclosures are intended to help you thoroughly understand the significance of agreeing to arbitrate any controversy, or claim, or issue in any controversy or claim which may arise between the undersigned client and the attorney:

- A) ARBITRATION SHALL BE FINAL AND BINDING ON THE PARTIES.
- B) THE PARTIES HERETO ARE WAIVING THEIR RIGHT TO SEEK REMEDIES IN COURT, INCLUDING THE RIGHT TO JURY TRIAL.
- C) PRE-ARBITRATION DISCOVERY IS GENERALLY MORE LIMITED THAN AND DIFFERENT FROM COURT PROCEEDINGS.
- D) THE ARBITRATOR’S (S) AWARD IS NOT REQUIRED TO INCLUDE FACTUAL FINDINGS OR LEGAL REASONING AND ANY PARTY’S RIGHT TO APPEAL OR TO SEEK MODIFICATION OF RULINGS BY THE ARBITRATOR (S) IS STRICTLY LIMITED.
- E) THE ARBITRATOR OR PANEL OF ARBITRATORS WILL TYPICALLY INCLUDE AN ATTORNEY OR JUDGE, ACTIVE OR RETIRED.

BY SIGNING BELOW, YOU ARE SIGNIFYING UNDERSTANDING AND ACCEPTANCE OF THE PROVISIONS OF THIS AGREEMENT. \_\_\_\_\_

I hereby certify that the above-mentioned participant is in good health and fully able to participate in all activities of the Camp. By signing below, I am stating that I am also aware of and accept the risk inherent in the program activity. By signing below, I agree as well to hold harmless and indemnify Northwest Soccer Camp, its affiliates, officers, agents and employees, from any and all liability, loss, damages, costs, refunds or expenses which are sustained, incurred or required out of the actions of my dependent in the course of the camp.

**Dated:** \_\_\_\_\_ **Parent or Guardian:** \_\_\_\_\_