## **Sonic Boom Running Club Registration & Consent Form**

Athlete's Name					Grade	Grade School		100l	Paid	
Athlete Information										
Age										
Street					How did you learn about our program?					
City Zip					Primary Cell Phone					
			g •	1.0 114	•					
Special Conditions  Please describe any special conditions or situations that apply to the athlete listed above that we should be aware of. Specify any allergies to										
food, medication, or insec							louid be aw	are or. Specify any and	agies to	
Contact Information										
Cell Phone (Mother)			Contac	Name						
				NY.						
Cell Phone (Father)				Name	ne					
Other Emergency Contact			Relation	ship				Phone		
Athletic History										
Event(s) & Personal Best:										
Release										
I/We assume all risks and			ipation, i	ncluding						
hereby waive, release, abs									ints and	
persons transporting myself or my/our child, from any claim arisin				out of al	iy injury to	illy self of f	my/our chile			
Parent/Guardian Signature					Date			Date		
		Consent for	r Emerg	encv Me	edical Trea	ntment				
In the event of an emerge		g the athlete listed a	above, I	understa	nd that eve	ery effort w				
reached in a timely manner, I hereby give the SBRC staff the liberty to act on my behalf in seeking emergency medical treatment for my athlete in the event that such treatment is deemed necessary by SBRC staff. I give permission to those administering emergency treatment to										
do so, using measures dee								stering emergency treat	ment to	
Insurance Co.					Policy No.					
insurance Co.							Toney 110.			
Parent/Guardian Signature							Date			
1 meno Guardian Dignature					Date					
Photo Release										
I hereby grant Sonic Boom Running Club permission to publish photographs taken of any of my athlete listed above while engaged in SBRC activities for editorial, advertising, and promotional purposes for use in any print or electronic media. I agree that SBRC will own the										
copyrights to these materials and I will be able to order copies of any of these materials.										
Parent/Guardian Signature	<u> </u>					Date				

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## **Concussion Information Sheet**

Athletes with the signs and symptoms of concussion should be removed from practice or competition immediately. Continuing to practice/compete 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-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 practice or competition 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 heath 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, its 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/

Parent or Legal Guardian Printed	Parent or Legal Guardian Signature	Date

Adapted from the CDC and the 3<sup>rd</sup> International Conference on Concussion in Sport

Please see over