# Sonic Boom Running Club Registration & Consent Form

Athlete's Name	Gender	Grade	School	Paid

Athlete Information				
Age	Date of Birth	Parent's Email address		
Street		How did you learn about our program?		
City	Zip	Primary Cell Phone		

#### **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 insects; medication; relevant custody concerns (will remain confidential); etc.

Contact Information				
Cell Phone (Mother)		Name		
Cell Phone (Father)		Name		
Other Emergency Contact	Relationship	)	Phone	

Event(s) & Personal Best:

Athletic History

Release

I/We assume all risks and hazards incidental to such participation, including transportation to and from the winter conditioning clinic, and do hereby waive, release, absolve, indemnify and agree to hold harmless the Sonic Boom Running Club, its coaches, club officers, assistants and persons transporting myself or my/our child, from any claim arising out of any injury to myself or my/our child.

Parent/Guardian Signature

### **Consent for Emergency Medical Treatment**

In the event of an emergency involving the athlete listed above, I understand that every effort will be made to contact me. If I cannot be 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 deemed necessary. I absolve SBRC and its staff from liability in acting on my behalf.

Insurance Co.	Policy No.
Parent/Guardian Signature	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
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Date

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: <u>http://www.cdc.gov/ConcussionInYouthSports/</u>

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