



BETHEL YOUTH FOOTBALL & CHEER

BOARD USE ONLY: FOOTBALL CHEER

TEAM AGE: _____

HEAD COACH: _____

ATHLETE NAME:	DOB:
STREET ADDRESS, CITY, STATE, ZIP CODE:	RESIDENT SCHOOL DISTRICT:
PARENT/GUARDIAN NAME:	PHONE:
STREET ADDRESS, CITY, STATE, ZIP CODE:	EMAIL:
PARENT/GUARDIAN NAME:	PHONE:
STREET ADDRESS, CITY, STATE, ZIP CODE:	EMAIL:

EMERGENCY CONTACT:	RELATIONSHIP:	PHONE:
STREET ADDRESS, CITY, STATE, ZIP CODE:		EMAIL:
EMERGENCY CONTACT:	RELATIONSHIP:	PHONE:
STREET ADDRESS, CITY, STATE, ZIP CODE:		EMAIL:

THIS INFORMATION WILL BE PROVIDED TO EMERGENCY MEDICAL PERSONELL IN THE EVENT OF ILLNESS/INJURY

EMERGENCY MEDICAL AUTHORIZATION

MEDICAL HISTORY

INITIAL: I GRANT CONSENT TO BYFC TO AUTHORIZE EMERGENCY MEDICAL TREATMENT OF MY CHILD.

ALLERGIES/CHRONIC ILLNESS		
INSURANCE:	COMPANY:	GROUP#
CURRENT MEDICATION		

IN THE EVENT REASONABLE ATTEMPTS TO CONTACT ME ARE UNSUCCESSFUL, I HERBY GIVE MY CONSENT FOR THE ADMINISTRATION OF NECESSARY MEDICAL CARE AND TRANSPORTATION TO LISTED HOSPITAL FOR THE IMMEDIATE MEDICAL CARE OF MY CHILD.

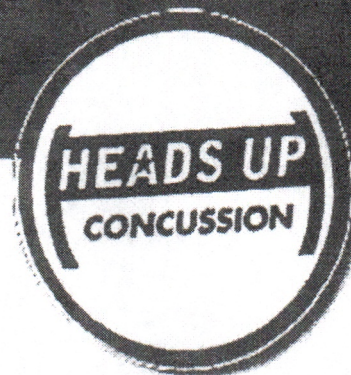
PHYSICIAN:	PHONE:
DENTIST:	PHONE:
PREFERRED HOSPITAL:	PHONE:
NOTES/INSTRUCTIONS:	

INITIAL: I DO NOT GRANT CONSENT FOR EMERGENCY TREATMENT OF MY CHILD.

IN THE EVENT OF INJURY OR ILLNESS REQUIRING EMERGENCY TREATMENT, I WISH THE BYFC AUTHORITIES TO TAKE NO ACTION.

PARENT/GUARDIAN SIGNATURE:	DATE:
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PARENT & ATHLETE CONCUSSION INFORMATION SHEET



WHAT IS A CONCUSSION?

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 quickly 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.

WHAT ARE THE SIGNS AND SYMPTOMS OF CONCUSSION?

Signs and symptoms of concussion can show up right after the injury or may not appear or be noticed until days or weeks after the injury.

If an athlete reports one or more symptoms of concussion after a bump, blow, or jolt to the head or body, s/he should be kept out of play the day of the injury. The athlete should only return to play with permission from a health care professional experienced in evaluating for concussion.

DID YOU KNOW?

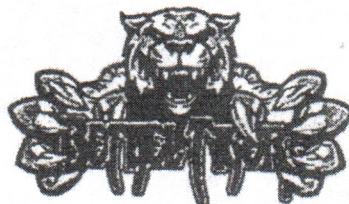
- Most concussions occur without loss of consciousness.
- Athletes who have, at any point in their lives, had a concussion have an increased risk for another concussion.
- Young children and teens are more likely to get a concussion and take longer to recover than adults.

SYMPTOMS REPORTED BY ATHLETE:

- Headache or "pressure" in head
- Nausea or vomiting
- Balance problems or dizziness
- Double or blurry vision
- Sensitivity to light
- Sensitivity to noise
- Feeling sluggish, hazy, foggy, or groggy
- Concentration or memory problems
- Confusion
- Just not "feeling right" or is "feeling down"

SIGNS OBSERVED BY COACHING STAFF:

- Appears dazed or stunned
- Is confused about assignment or position
- Forgets an instruction
- Is unsure of game, score, or opponent
- Moves clumsily
- Answers questions slowly
- Loses consciousness (even briefly)
- Shows mood, behavior, or personality changes
- Can't recall events prior to hit or fall
- Can't recall events after hit or fall



Youth Football & Cheer

▶ **"IT'S BETTER TO MISS ONE GAME THAN THE WHOLE SEASON"**

CONCUSSION DANGER SIGNS

In rare cases, a dangerous blood clot may form on the brain in a person with a concussion and crowd the brain against the skull. An athlete should receive immediate medical attention if after a bump, blow, or jolt to the head or body s/he exhibits any of the following danger signs:

- One pupil larger than the other
- Is drowsy or cannot be awakened
- A headache that gets worse
- Weakness, numbness, or decreased coordination
- Repeated vomiting or nausea
- Slurred speech
- Convulsions or seizures
- Cannot recognize people or places
- Becomes increasingly confused, restless, or agitated
- Has unusual behavior
- Loses consciousness (even a brief loss of consciousness should be taken seriously)

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

1. 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 professional, experienced in evaluating for concussion, says s/he is symptom-free and it's OK to return to play.
2. 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, and playing 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.
3. 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.

WHY SHOULD AN ATHLETE REPORT THEIR SYMPTOMS?

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

STUDENT-ATHLETE NAME PRINTED


STUDENT-ATHLETE NAME SIGNED

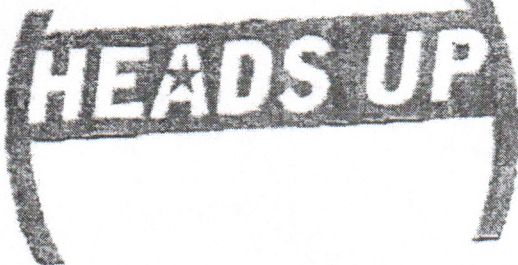
DATE

PARENT OR GUARDIAN NAME PRINTED

PARENT OR GUARDIAN NAME SIGNED

DATE

JOIN THE CONVERSATION  www.facebook.com/CDCHeadsUp



TO LEARN MORE GO TO  WWW.CDC.GOV/CONCUSSION

Content Source: CDC's Heads Up Program. Created through a grant to the CDC Foundation from the National Operating Committee on Standards for Athletic Equipment (NOCSAE).

BETHEL YOUTH FOOTBALL AND CHEER
Bethel, OH

**WAIVER/RELEASE FOR COMMUNICABLE DISEASES INCLUDING
COVID-19**

ASSUMPTION OF RISK / WAIVER OF LIABILITY / INDEMNIFICATION AGREEMENT

In consideration of being allowed to participate on behalf of Bethel Youth Football and Cheer athletic program and related events and activities, the undersigned acknowledges, appreciates, and agrees that:

1. Participation includes possible exposure to and illness from infectious diseases including but not limited to MRSA, influenza, and COVID-19. While particular rules and personal discipline may reduce this risk, the risk of serious illness and death does exist; and,
2. 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 participation; and,
3. I willingly agree to comply with the stated and customary terms and conditions for participation as regards protection against infectious diseases. If, however, I observe and any unusual or significant hazard during my presence or participation, I will remove myself 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 AND HOLD HARMLESS Bethel Youth Football and Cheer their officers, officials, agents, and/or employees, other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and lessors of premises used to conduct the event ("RELEASEES"), WITH RESPECT TO ANY AND ALL ILLNESS, DISABILITY, DEATH, or loss or damage to person or property, WHETHER ARISING FROM THE NEGLIGENCE OF RELEASEES OR OTHERWISE, to the fullest extent permitted by law.

This is to certify that I, as parent/guardian, with legal responsibility for this participant, have read and explained the provisions in this waiver/release to my child/ward including the risks of presence and participation and his/her personal responsibilities for adhering to the rules and regulations for protection against communicable diseases. Furthermore, my child/ward understands and accepts these risks and responsibilities. I for myself, my spouse, and child/ward do consent and agree to his/her release provided above for all the Releasees and myself, my spouse, and child/ward do release and agree to indemnify and hold harmless the Releasees for any and all liabilities incident to my minor child's/ward's presence or participation in these activities as provided above, EVEN IF ARISING FROM THEIR NEGLIGENCE, to the fullest extent provided by law.

Parent or Guardian Signature

Date

Parent or Guardian Printed Name

Athlete's name

Team

BETHEL YOUTH FOOTBALL AND CHEER
Bethel, OH

WAIVER OF LIABILITY AND RELEASE FOR USE OF PERSONAL
FOOTBALL HELMET FOR PRACTICES AND GAMES

The Bethel Youth Football and Cheer (BYFC) organization will provide shoulder pads for the players, but does not provide helmets for players. It is the responsibility of the parent/guardian to provide the helmet.

All of the following requirements must be met by the player's helmet:

1. The helmet must be rated for youth or adult
2. The purchase/receipt date must be provided prior to first day of use
3. Recertification must be provided when required and documentation provided for BYFC records
4. The helmet must be Xenith brand in metallic silver, with red facemask, black bumper, black chin strap, red chin cup

In consideration of _____ (athlete's name) using a personal football helmet, I hereby agree that I, on behalf of myself, my spouse and _____ (athlete's name) hereby expressly waive, disclaim, and release the Bethel Youth Football and Cheer, its trustees, and representatives from and against any and all claims, costs, liabilities, expenses and judgements related in any way to any injury sustained by _____ (athlete's name) as a result of his/her use of a personal football helmet. I also agree to have the helmet recertified as required in accordance with Xenith recertification policy. Verification of this recertification will be provided to the head football coach of child's team no later than the first day of practice in July. BYFC is not responsible for lost or stolen personal helmets.

Parent or Guardian Signature

Date

Parent or Guardian Printed Name

Athlete's name

Team