

Participation Waiver and Release of Liability

Athlete Information:

Name: _____ Date of Birth: ____/____/____
Gender _____ School _____ Sport _____
Grade Year _____ Address: _____
City: _____ State: _____ Zip Code: _____
Phone Number: _____
Email: _____

Emergency Contact:

Name: _____ Relationship: _____
Phone Number: _____

Acknowledgment of Risk

I, the undersigned parent or legal guardian, acknowledge that participating in soccer training with RTJathletes its directors, officers, employees, volunteers, coaches, and agents involves certain inherent risks. These risks include, but are not limited to, physical injury, emotional stress, or other unforeseen events. I understand that these activities may involve physical exertion and the potential for accidents or injuries.

Medical Conditions and Authorization

I confirm that my child, _____, is in good health and has no medical conditions that would prevent them from participating in these activities. In the event of an emergency where I am unable to provide consent due to my condition, I authorize RTJathletes and his directors, officers, employees, volunteers, coaches, and agents to seek medical treatment on my child's behalf. I agree to be responsible for any medical expenses incurred.

Release of Liability

In consideration of being allowed to participate in RTJathletes soccer training, I hereby release, waive, discharge, and covenant not to sue RTJathletes and his directors, officers, employees, volunteers, coaches, and agents from any and all liability for any injury, loss, or damage, including death, that may result from my child's participation in these activities, whether caused by negligence or otherwise.

Consent to Communication:

I, (Parent/Guardian) _____ consent to (RTJathletes mentor) _____ communicating with (Your Child) _____ via text messages, phone calls to schedule trainings if needed. *Most trainings scheduled through parents*

Communication Release of Liability

I release and hold harmless RTJathletes and its affiliates from any claims or liabilities arising from these communications. This includes any risks related to emotional distress or privacy concerns.

Acknowledgment

I understand the inherent risks of communication and agree that RTJathletes is not liable for any unintended consequences.

Indemnification

I agree to indemnify and hold harmless RTJathletes, his directors, officers, employees, volunteers, coaches, and agents from any claims, demands, actions, or causes of action arising out of or in connection with my child's participation in these activities.

Consent for Use of Likeness

I consent to the use of any photographs, video recordings, or other media taken of my child during activities for promotional, educational, or other purposes deemed appropriate by RTJathletes and its members.

Agreement:

I have read and fully understand the terms of this waiver. I understand that by signing this waiver, I am giving up certain legal rights, including the right to sue. I am signing this waiver voluntarily and of my own free will.

Participant's Signature: _____

Date: ____/____/____

Parent/Guardian's Signature (if participant is under 18): _____

Date: ____/____/____

Athlete/Parent Sudden Cardiac Arrest Awareness and Liability Waiver

Sudden Cardiac Arrest (SCA) is a rare but serious medical condition that can occur during athletic activity. While RTJathletes aims to foster a safe and supportive environment, we are not medical professionals and do not provide medical advice, diagnosis, or emergency care.

By signing this form, you acknowledge that you have been informed of the general risks associated with physical activity, including the potential for Sudden Cardiac Arrest. You understand that participation in training is voluntary and at your own risk.

RTJathletes, its trainers, staff, and affiliates are not responsible or liable for any incidents, injuries, or medical emergencies, including those related to Sudden Cardiac Arrest, that may occur during participation in training or related activities.

This form must be signed annually by both the athlete and parent/guardian prior to participation.

I understand and accept the risks associated with athletic training, including Sudden Cardiac Arrest, and agree not to hold RTJathletes liable in the event of a related incident.

_____/_____/_____
Athlete Name (Printed) Athlete Name (Signed) Date

_____/_____/_____
Parent Name (Printed) Parent Name (Signed) Date

Membership Registration and Consent Form

Concussion Information Sheet

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.

Adapted from the CDC and the 3rd International Conference on Concussion in Sport Document created 6/15/2009

Symptoms may include one or more of the following:

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| <ul style="list-style-type: none"> • Headaches • “Pressure in 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 • Amnesia • “Don’t feel right” • Fatigue or low energy • Sadness • Nervousness or anxiety • Irritability • More emotional • Confusion • Concentration or memory problems (forgetting game plays) | <ul style="list-style-type: none"> • Repeating the same question/comment • Signs observed by teammates, parents and coaches include: <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 uncoordinated movement ○ Answers questions slowly ○ 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 |
|--|---|

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 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.

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 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’s 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/>

Athlete Name Printed

Athlete Signature

Date

Parent or Legal Guardian Printed

Parent or Legal Guardian Signature

Date