



Camp Policy, Medical Release & Concussion Compliance Form

Name: _____ School: _____

Address: _____ City: _____ State: _____

Phone _____ : Email: _____

I verify that my child has been checked by a licensed physician and is physically able to participate in the BNB Team camp. I hereby agree and promise that I will not hold BNB Camps, Ocean Beach School District, Newport School District, or its employees responsible for any loss, damages, or personal injury received as a result of participation. I hereby authorize the directors of BNB Camps to act for my child according to their best judgment in an emergency requiring medical attention. I agree to allow my child to be treated by a certified athletic trainer or licensed physician (if necessary) and to assume costs related to such treatment. I authorize my insurance company to pay benefits to attending physicians. Also, I authorize the disclosure of medical information to my insurance for the purpose of a claim. By signing this form I acknowledge that I have read this entire agreement.

ASSUPTION OF RISK : It is the intent of BNB Camps to provide any athlete with good instruction, safe equipment and safe transportation, but we cannot eliminate all risks involved in sports participation. ACCIDENTAL INJURY, COMPLETELY UNRELATED TO ANY PREVENTABLE CAUSE, IS ALWAYS POSSIBLE. This ASSUMPTION OF RISK portion of the form is designed to provide BNB Camps with a degree of protection. It is not designed to deny the rights of an injured athlete. Participating in this camp and its activities are voluntary. As a condition of participation, the athlete and their parents/guardian must understand the RISK involved in these kinds of activities.

WARNING : Participation in any athletic activity may involve injury of some type to either yourself or a fellow athlete. Such injury can include direct physical, and possible, crippling injury to one's body and the possibility of emotional injury experienced as a result of witnessing or actually inflicting injury to another. The severity of such an injury can range from minor to catastrophic injury such as complete paralysis or even one's future to ability to earn a living, or to generally enjoy life.

Activity injuries can result from the incorrect or correct performance of playing techniques used in tryouts, practices, warm-ups, games, drills exercise, and other similar undertakings. Injury can also result from failing to follow game training, safety, or other team or camp rules. Injury can result from the use of transportation to and from the camp.

Therefore, the purpose of this WARNING is to aid you in making an informed decision whether you/your child or ward should participate in these activities. In addition, its purpose is to make you aware that as a student participant, or as a parent/guardian of a student participant, it is your responsibility to learn about and/or inquire of coaches, physicians, and other knowledgeable persons about any concerns that you might have regarding a participant's safety.

In consideration of the BNB Camps LLC permitting _____ to participate in the camp activities and to engage in all areas of these activities, I the participant, and we the parents/guardian, hereby agree to ASSUME THE RISKS OF INJURY OR DEATH associated with the camp as outlined in the WARNING above.

SUPERVISION AND CONDUCT: All campers are expected to conduct themselves responsible and follow all camp rules. Teams are expected to be on time for all sessions. No alcohol, smoking or drugs are allowed. If campers are caught using or in possessions of any of these substances, they will no longer be allowed to participate in camp. Always let your team coach know of any changes to your roster. The team coach/chaperone is in charge of supervision for all attending team members at all times. Supervision will NOT be provided for by BNB Camps between sessions. If you have questions or special needs, please email hoops@bnbcamps.com.

AUTHORIZATION TO USE WRITTEN MATERIALS / PHOTOGRAPHS / VIDEO I hereby authorize BNB Camps, LLP to use, reproduce, and/or publish all written and/or visual materials, including photographs and video that may pertain to my child. I understand that this material may be used in various publications, public affairs releases, recruitment materials, or for other related endeavors. This material may also appear on BNB Camps Internet Web Page. This authorization is continuous and may only be withdrawn by my specific rescission of this authorization. Consequently, BNB Camps may publish materials, use my child's name, photograph, video and/or make reference to him/her in any manner that the BNB Camps deems appropriate in order to promote/publicize service opportunities

Non-Discrimination Statement: At BNB Camps, we are committed to fostering an inclusive and welcoming environment for all coaches and players. We believe that every individual deserves to participate in our camp free from discrimination, harassment, or prejudice of any kind. We strictly prohibit discrimination or harassment based on race, religion, disability, or any other characteristic protected by law. Discriminatory behavior, including but not limited to offensive language, gestures, or actions, will not be tolerated. If anyone experiences or witnesses discrimination or harassment, we encourage them to speak up and report it immediately to a camp organizer or staff member. We are committed to addressing and resolving any such incidents promptly and effectively. Together, we can create a positive and inclusive environment where everyone feels valued and respected, regardless of their background or identity. Thank you for joining us in upholding these principles and making BNB Camps a place where everyone can thrive.

Parent or Guardian signature _____

Print Name _____

AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT

As legal custodian of _____, a minor, I hereby authorize the camp director, coach or their designee, into whose care the after mentioned minor pupil has been entrusted, to consent to X-ray, examination, anesthetic, medical or surgical diagnosis, treatment, and/or hospital care to be rendered to said minor upon the advice of any licensed physician and/or dentist.

I understand that this authorization is given in advance of any required diagnosis, treatment, or hospital care and provides authority and power to the aforementioned agents to give specific consent to any and all such diagnosis, treatment, or hospital care which a licensed physician or dentist may deem necessary.

I understand that BNB Camps LLP, and its employees assume no liability of any nature in relationship to the transportation or treatment of the said minor. I further understand that all costs of paramedic transportation, hospitalization, and any examination, x-ray or treatment provided in relation to this authorization shall be my responsibility.

I understand that BNB Camps LLP does not provide accident medical insurance for the participants of the camp.

Medical Release Approval

Name of Camper: _____ Male / Female (circle one)

Parent Name: _____ Phone# _____

Present Medication: _____

Family Doctor & Phone: _____

Insurance Co. Policy # _____

Policy Holder _____

BNB CAMPS

Lystedt Law Compliance Form

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
- “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)
- Repeating the same question/comment

Signs observed by teammates, parents/guardians, and coaches include:

- Appears dazed
- Vacant facial expression
- Confused about assignment
- Forgets plays
- Is unsure of game, score, or opponent
- Moves clumsily or displays lack of coordination
- 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 to 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 underreport symptoms of injuries, and concussions are no different. As a result, education of administrators, coaches, parents/guardians, and students is the key for student athletes' 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 "Zackery Lystedt Law" in Washington now requires the consistent and uniform implementation of long and well-established return-to-play concussion guide lines 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."

"[He or she]...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 has 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.

Additional current information regarding concussion management is available from the Centers for Disease Control and Prevention (CDC) at: <http://www.cdc.gov/ConcussionInYouthSports/>.

Lystedt Law Compliance Form: By signing below, I indicate that I have reviewed the information regarding concussions outlined in this document.

Student-athlete Name Printed

Student-athlete Signature

Date

Parent Name Printed

Parent Signature

Date