

# ***THUNDERSTRUCK ICE LLC***

## ***Concussion Information and Acknowledgement***

All sports and free play are associated with risk for a concussion, including playing, officiating or participating in ice or synthetic hockey and working out with gym equipment. It is important that all participants and parents learn about concussion prevention, recognition, treatment and return to play.

A concussion is a type of traumatic brain injury—or TBI— caused by a bump or blow to the head or by a hit to the body that causes the head and brain to move quickly back and forth. Bouncing or twisting of the brain in the skull can cause chemical changes and sometimes stretching of the brain cells. A concussion disrupts the way the brain normally works. Most concussions are mild, but all concussions should be taken seriously because permanent brain damage and death can occur from another injury. A concussion may be difficult to recognize. A person does not have to be “knocked-out” to have a concussion. Less than 10% of persons concussed actually lose consciousness. Signs and symptoms may show up right after the injury or can take hours or days to fully appear.

If a person reports one or more symptoms or demonstrates any signs of concussion after a blow to the head or body, s/he should be kept out of practice, play or training immediately and referred to a healthcare professional with experience in concussion management. A concussed brain needs time to heal and the person is much more likely to have another concussion if they return too soon. Repeat concussions are usually more severe and take longer to heal. Return to play, or officiating, is allowed only after the individual is without symptoms, has progressed through the THUNDERSTRUCK ICE LLC concussion protocol and is cleared by the health care professional.

THUNDERSTRUCK ICE LLC provides all participants with information and educational materials about concussions upon request, including the risk of sustaining a concussion, how to minimize these risks, concussion signs and

symptoms, and THUNDERSTRUCK ICE LLC's program for returning to play following a concussion.

By placing my initials in the box below, participant, and participant's parent(s) or legal guardian(s) if participant is a minor, hereby acknowledges (1) that I have had the opportunity to review information on concussions, including the signs and symptoms of a concussion, (2) that participating in the sport of hockey and off ice training involves the risk of sustaining a concussion and that I knowingly, freely and fully assume all such risks, (3) that any participant suspected of possibly sustaining a concussion will be removed from practice or competition (and that I will remove myself from practice or competition) and not return to practice or competition until cleared in writing by a licensed health care provider trained in the evaluation and management of concussions, and (4) that I shall follow THUNDERSTRUCK ICE LLC's Post-Concussion Return to Play Protocol and any applicable state law prior to returning to play.

I, \_\_\_\_\_ have read and accept the THUNDERSTRUCK ICE LLC Concussion Information and Acknowledgement

Participant: \_\_\_\_\_

Parent/ Guardian if under 18: \_\_\_\_\_

Date: \_\_\_\_\_

Thunderstruck Ice LLC: \_\_\_\_\_

Date: \_\_\_\_\_