



## LIABILITY/CONCUSSION WAIVER

BY REGISTERING YOUR CHILD/CHILDREN IN PROGRAMS AT THE CARROLL COUNTY RECREATION DEPARTMENT, YOU AGREE, UNDERSTAND AND ACKNOWLEDGE THE FOLLOWING:

### CCRD WAIVER OF LIABILITY

I, THE UNDERSIGNED, AM THE PARENT AND/OR LEGAL GUARDIAN OF THE CHILD/CHILDREN I AM REGISTERING. AS THE PARENT AND/OR LEGAL GUARDIAN OF THE CHILD/CHILDREN I AM REGISTERING, I UNDERSTAND AND AGREE THAT PARTICIPATION IN SPORTS ACTIVITIES HAS INHERENT RISK OF PERSONAL INJURY FOR THOSE PARTICIPATING. I AGREE THAT IN ALLOWING MY CHILD/CHILDREN TO PARTICIPATE THAT I, FOR MYSELF AND MY CHILD/CHILDREN, ASSUME ALL RISKS AND HAZARDS INCIDENTAL TO PARTICIPATION, INCLUDING TRANSPORTATION TO AND FROM ACTIVITIES, AND DO HEREBY, FOR MYSELF, ALL DEPENDENT CHILDREN, MY HEIRS, EXECUTORS AND ADMINISTRATOR, WAIVE, RELEASE, ABSOLVE, INDEMNIFY AND AGREE TO HOLD HARMLESS CARROLL COUNTY, CARROLL COUNTY RECREATION DEPARTMENT, AND ITS REPRESENTATIVES, SPONSORS, AFFILIATED ASSOCIATIONS, ORGANIZERS, OFFICERS, OFFICIALS AND PARTICIPANTS FOR ANY AND ALL DAMAGES AND/OR INJURIES SUFFERED BY MYSELF OR ANY CHILD OR OTHER PARTICIPANT THAT I MAY REGISTER IN CONNECTION WITH ANY ACTIVITY WITH CCRD. ALSO, I AGREE THAT MYSELF AND THE PERSON(S) REGISTERED FOR ANY ACTIVITY WITH CCRD WILL ABIDE BY ALL THE RULES AND POLICIES OUTLINED IN THE LOCAL, STATE, AND NATIONAL AS GOVERNING POLICIES AND RULES BY THE CCRD.

### CHILD/CHILDRENS NAME:

1. \_\_\_\_\_

3. \_\_\_\_\_

2. \_\_\_\_\_

4. \_\_\_\_\_

### PARENT/GUARDIAN:

NAME: \_\_\_\_\_ (PRINT)

DATE: \_\_\_\_\_

NAME: \_\_\_\_\_ (SIGNATURE)

ACTIVITY: \_\_\_\_\_

# **YOUTH CONCUSSION WAIVER**

## **CARROLL COUNTY RECREATION DEPARTMENT**

**IT IS THE POLICY OF THE CARROLL COUNTY RECREATION DEPARTMENT THAT ATHLETES CANNOT PRACTICE OR COMPETE IN ACTIVITIES UNTIL THIS FORM HAS BEEN SIGNED, OR COMPLETED ON-LINE WITH OUR DEPARTMENT. BY SIGNING THIS FORM, YOU ACKNOWLEDGE THAT YOU HAVE RECEIVED THE FACT SHEET ON CONCUSSIONS.**

**WHAT IS A CONCUSSION: IT IS A TYPE OF BRAIN INJURY CAUSED BY TRAUMA. IT CAN BE CAUSED BY A HARD BUMP OR BLOW TO OR AROUND THE HEAD, WHICH CAUSES THE BRAIN TO MOVE QUICKLY INSIDE THE SKULL. YOU DO NOT HAVE TO LOSE CONSCIOUSNESS TO HAVE A CONCUSSION. IF A CONCUSSION IS NOT PROPERLY TREATED, IT CAN MAKE SYMPTOMS LAST LONGER AND DELAY RECOVERY. A SECOND HEAD TRAUMA BEFORE RECOVERY COULD LEAD TO MORE SERIOUS INJURIES.**

**WHAT ARE THE SIGNS AND SYMPTOMS: THERE ARE MANY SIGNS AND SYMPTOMS LINKED WITH CONCUSSIONS. YOUR CHILD MAY NOT HAVE ANY SYMPTOMS UNTIL A FEW DAYS AFTER THE INJURY. SIGNS ARE CONDITIONS OBSERVED BY OTHER PEOPLE AND SYMPTOMS ARE FEELINGS REPORTED BY THE ATHLETE.**

### **SIGNS OBSERVED BY OTHERS:**

**APPEARS DAZED OR STUNNED**

**MOVES CLUMSILY**

**FORGETS PLAYS**

**ANSWERS QUESTIONS SLOWLY**

**IS UNSURE OF GAME OR OPPONENT**

**SHOWS BEHAVIOR OR PERSONALITY CHANGES**

### **SYMPTOMS REPORTED BY ATHLETES:**

**HEADACHE FUZZY VISION**

**NAUSEA FEELING FOGGY**

**DIZZINESS CONCENTRATION PROBLEMS**

### **WHAT SHOULD YOU DO IF YOU SUSPECT A CONCUSSION?**

- DO NOT LET YOUR CHILD PLAY WITH A HEAD INJURY.**
- CHECK ON YOUR CHILD OFTEN AFTER THE INJURY FOR NEW OR WORSENING SIGNS OR SYMPTOMS. IF THE SYMPTOMS ARE GETTING WORSE, TAKE THEM TO THE NEAREST EMERGENCY DEPARTMENT.**
- TAKE YOUR CHILD TO THE DOCTOR FOR ANY SYMPTOMS OF A CONCUSSION.**
- DO NOT GIVE YOUR CHILD PAIN MEDICATIONS WITHOUT TALKING TO YOUR CHILD'S DOCTOR.**
- YOUR CHILD SHOULD STOP ALL ATHLETIC ACTIVITY UNTIL THE DOCTOR SAYS IT'S OK. YOUR CHILD MUST STAY OUT OF PLAY UNTIL THEY ARE CLEARED BY A LICENSED HEALTHCARE PROVIDER. THEY MUST ALSO BRING A RELEASE FORM THAT THEY ARE CLEARED BY THE HEALTHCARE PROVIDER.**

- EDUCATE YOUR CHILD ON CONCUSSIONS AND WHY HE/SHE CANNOT PLAY UNTIL THE SYMPTOMS ARE GONE. YOUR CHILD WILL NEED A GRADUAL RETURN TO SCHOOL AND ACTIVITIES.
- TELL YOUR CHILD'S COACHES, SCHOOL NURSE AND TEACHERS IF HE/SHE HAS A CONCUSSION.
- IN CASE OF AN URGENT CONCERN OR EMERGENCY, CALL 911 OR GO TO THE NEAREST EMERGENCY DEPARTMENT RIGHT AWAY.

**WARNING SIGNS:**

CALL YOUR CHILD'S DOCTOR RIGHT AWAY IF NEW SIGNS THAT THE DOCTOR DOES NOT KNOW ABOUT.

CONTINUED VOMITING

EXISTING SIGNS THAT GET WORSE

TROUBLE KNOWING PEOPLE OR PLACES

HEADACHES THAT GET WORSE

SLURRED SPEECH

A SEIZURE

LOSS OF CONSCIOUSNESS

NECK PAIN

BLOOD OR FLUID FROM NOSE OR EAR

TIREDDNESS OR IS HARD TO WAKE

A LARGE BUMP OR BRUISE ON SCALP

WHERE CAN I FIND MORE INFORMATION: VISIT [CHOA.ORG/CONCUSSION](http://CHOA.ORG/CONCUSSION)

THIS IS GENERAL INFORMATION AND NOT SPECIFIC MEDICAL ADVICE. ALWAYS CONSULT WITH A DOCTOR OR HEALTHCARE PROVIDER IF YOU HAVE QUESTIONS OR CONCERNS ABOUT THE HEALTH OF A CHILD.

**CHILD/CHILDRENS NAME:**

1. \_\_\_\_\_

3. \_\_\_\_\_

2. \_\_\_\_\_

4. \_\_\_\_\_

**PARENT /GUARDIAN:**

NAME: \_\_\_\_\_ (PRINT)

DATE: \_\_\_\_\_

NAME: \_\_\_\_\_ (SIGNATURE)

**ACTIVITY:** \_\_\_\_\_