



CONCUSSION INFORMATION and ACKNOWLEDGEMENT

In order to ensure the health and safety of participants and to comply with Oregon Senate Bill 721, at least one parent or legal guardian of participants under 18 years of age must acknowledge the receipt and review of guidelines and materials related to concussions. These guidelines and materials must also be reviewed by participants 12 years of age and older. The following information from the CDC “Heads Up - Concussion in Youth Sports” program is provided to meet these guidelines.

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 rapidly 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. 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 listed below after a bump, blow, or jolt to the head or body, s/he should be kept 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.

SIGNS OBSERVED BY COACHING STAFF // SYMPTOMS REPORTED BY ATHLETES

Appears dazed or stunned // Headache or “pressure” in head

Is confused about assignment or position // Nausea or vomiting

Forgets an instruction // Balance problems or dizziness

Is unsure of game, score, or opponent // Double or blurry vision

Moves clumsily // Sensitivity to light

Answers questions slowly // Sensitivity to noise

Loses consciousness (even briefly) // Feeling sluggish, hazy, foggy, or groggy

Shows mood, behavior, or personality changes // Concentration or memory problems

Can't recall events prior to hit or fall // Confusion

Can't recall events after hit or fall // Just not "feeling right" or "feeling down"

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 not only does not diminish, but 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)

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.

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. 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, or 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.

By registering for this activity, I acknowledge that I have received and reviewed the concussion information above. If the individual whom I am registering for is 12 years of age or older, I also acknowledge that he/she has reviewed this information. A copy of the CDC Parent/Athlete Concussion Information Sheet is attached to your printed receipt and additional information can be found on our website at www.sistersrecreation.org. Together we can help ensure better outcomes from athletes who sustain concussions.

INFORMED CONSENT/PARTICIPANT RELEASE

By registering for the above activities, I, the participant or the parent/guardian of the above named participant understand the possibility of injuries resulting from the activities indicated above or other activities sponsored by the Sisters Park and Recreation District ("District"). I hereby acknowledge and accept all risks and hazards incidental to participation in such activities. I hereby release, absolve, indemnify and hold harmless the District and its directors, employees and agents from any injury, whether to person or property, of the participant resulting from such activities. In case of personal injury to participant, I hereby waive any and all claims against the District, its directors, employees and agents. I understand there is no insurance coverage provided by District for participant and that such coverage constitutes a responsibility of the participant and/or the undersigned. I hereby release from liability and waive any and all claims against any person who, on behalf of District, is involved in the transportation of participant in connection with District activities. I hereby consent to emergency medical treatment of participant to assure prompt treatment and prevention of undue delay, and I understand that such treatment may be provided by either a licensed physician or trained emergency care technician. I agree that the District may use, reproduce, disclose and distribute participant's name and/or likeness for District marketing purposes. I acknowledge that I have read, fully understand and accept the above provisions and I recognize that the District is relying on such acceptance in permitting participant to engage in District activities.

BY ENROLLING IN THIS PROGRAM YOU HAVE ACKNOWLEDGED RECEIVING AND REVIEWING THE ABOVE INFORMATION.