

**ASSUMPTION OF RISK AND RELEASE**

**for Activities Sponsored By or Held on the  
Property of Arlington Community Schools  
(For Parents of Students under the age of 18)**

Arlington Middle School Open-Gym March 19,  
April 2, 4, 16, and 18 AND/OR  
Pre-Try-Out Clinics on April 30 and May 2.

In consideration of being permitted to participate in the \_\_\_\_\_  
(specify athletic activity)  
conducted by Arlington Middle School (at Arlington High School).

I, \_\_\_\_\_, parent and/or guardian of  
\_\_\_\_\_, do hereby agree to assume all the  
risks and responsibilities relative thereto.

Further, I hereby represent to Arlington Community Schools that my child is physically  
capable of participating in this activity and understand that participants are strongly encouraged to  
consult a physician prior to any participation.

I hereby recognize the risks of illness and injury inherent in any athletic program and I am  
allowing my child to participate upon the express agreement and understanding that I do for  
myself, my heirs and personal representatives agree to defend, indemnify, hold harmless, release  
and forever discharge Arlington Community Schools, its Board Members, agents, representatives  
and employees from and against any and all rights, claims, demands and actions or causes of  
action, including attorney’s fees and court costs, on account of any damage to personal property,  
personal injury or death which may result from my child’s participation in this athletic activity.

By my signature below, I HEREBY CONFIRM my understanding of this Release holding  
Arlington Community Schools harmless. I understand that Arlington Community Schools does  
not provide health or accident insurance to cover participants of this athletic activity. I understand  
that parents are strongly encouraged to obtain full health and accident insurance for their student  
athlete prior to any participation in any athletic activity.

**Parent’s/Guardian’s Signature:** \_\_\_\_\_

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

**CONSENT FOR ATHLETIC PARTICIPATION & MEDICAL CARE**

**(For parents of students under the age of 18)**

**ATHLETE INFORMATION:**

Last Name:		First Name:		MI:
Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Grade:	Age:	DOB:	
Allergies:				
Medications:				
Insurance:		Policy Number:		
Group Number:		Insurance Phone Number:		

**EMERGENCY CONTACT INFORMATION:**

Home Address:		City:	, TN	ZIP:
Home Phone:	Mother's Cell:	Father's Cell:		
Mother's Name:		Work Telephone:		
Father's Name:		Work Telephone:		
Another Contact Person:				
Telephone Number:		Relationship:		

**Legal/Parent/Guardian Consent**

I/WE hereby give consent for **(athlete's name)** \_\_\_\_\_ to represent **Arlington High School** in \_\_\_\_\_,

(specify athletic activity)

realizing that such activity involves potential for injury. I/WE acknowledge that *on rare occasions, injuries can be severe and result in disability, paralysis and even death. I/WE further grant permission to school personnel and/or coaches, the TSSAA, its physicians, athletic trainers and/or EMTs to render any aid, treatment, medical or surgical care deemed reasonably necessary to the health and well-being of the student athlete named above during or resulting from participation in the aforementioned athletic activity.* As Parents or Legal Guardian, **I/WE REMAIN FULLY RESPONSIBLE FOR ANY LEGAL OR FINANCIAL RESPONSIBILITY WHICH MAY RESULT FROM THE ABOVE-NAMED STUDENT ATHLETE'S PARTICIPATION IN THE AFOREMENTIONED ATHLETIC ACTIVITY.**

\_\_\_\_\_  
**Signature of Parent/Guardian**

\_\_\_\_\_  
**Date**

# CONCUSSION

## INFORMATION AND SIGNATURE FORM FOR STUDENT-ATHLETES & PARENTS/LEGAL GUARDIANS (Adapted from CDC “Heads Up Concussion in Youth Sports”)

### Read and keep this Page Sign and Return Signature Page

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.

#### Did You Know?

- Most concussions occur *without* loss of consciousness
- Athletes who have, at any point in their lives, had a concussion have an increased risk for another concussion
- Young children and teens are more likely to get a concussion and take longer to recover than adults

#### WHAT ARE THE SIGNS AND SYMPTOMS OF CONCUSSION?

Signs and symptoms of concussion can show up right after the injury or may not appear to 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, she/he should be kept out of play the day of the injury and until a health care provider\* says she/he is symptom-free and it’s okay 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 assignments 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 <i>prior</i> to hit or fall	Confusion
Can’t recall events <i>after</i> hit or fall	Just not “feeling right” or “feeling down”

*\*Health care provider means a Tennessee licensed medical doctor, osteopathic physician or a clinical neuropsychologist with concussion training.*

## **CONCUSSION DANGER SIGNS**

In rare cases, a dangerous collection of blood (hematoma) may form on the brain after a bump, blow, or jolt to the head or body that may squeeze the brain against the skull. An athlete should receive immediate medical attention after a bump, blow or jolt to the head or body if she/he exhibits any of the following danger signs or call 9-1-1 right away, or take your child or teen to the Emergency Department if he or she has one or more of the following danger signs after a bump, blow, or jolt to the head or body:

### **Dangerous Signs & Symptoms of a Concussion**

- One pupil larger than the other.
- Drowsiness or inability to wake up.
- A headache that gets worse and does not go away.
- Slurred speech, weakness, numbness, or decreased coordination.
- Repeated vomiting or nausea, convulsions or seizures (shaking or twitching).
- Unusual behavior, increased confusion, restlessness, or agitation.
- Loss of consciousness (passed out/knocked out). Even a brief loss of consciousness should be taken seriously.

### **WHY SHOULD AN ATHLETE REPORT HIS OR HER SYMPTOMS?**

If an athlete has a concussion, his/her brain needs time to heal. While an athlete's brain is still healing, he/she 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 brains. *They can even be fatal.*

#### ***REMEMBER:***

Concussions affect people differently. While most athletes with a concussion recover quickly and fully, some will have symptoms that last for days, or even weeks. A more serious concussion can last for months or longer.

### **WHAT SHOULD YOU DO IF YOU THINK YOUR ATHLETE HAS A CONCUSSION?**

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 provider\* says he/she is symptom-free and is okay 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 play 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.

***\*Health care provider means a Tennessee licensed medical doctor, osteopathic physician or a clinical neuropsychologist with concussion training.***

## Student-Athlete & Parent/Legal Guardian Concussion Statement

Must be **signed and returned** to school or community youth athletic activity prior to participation in practice or play.

Student-Athlete Name: \_\_\_\_\_

Parent/Legal Guardian Name(s): \_\_\_\_\_

After reading the information sheet, **I AM AWARE OF THE FOLLOWING INFORMATION:**

Student-Athlete Initials		Parent/Legal Guardian Initials
	A concussion is a brain injury which should be reported to my parents, my coach(es) or a medical professional if one is available.	
	A concussion cannot be “seen”. Some symptoms might be present right away. Other symptoms can show up hours or days after an injury.	
	I will tell my parents, my coach and/or a medical professional about my injuries and illnesses.	
	I will not return to play in a game or practice if a hit to my head or body causes any concussion-related symptoms.	
	I will/my child will need written permission from a <i>health care provider</i> * to return to play or practice after a concussion.	
	Most concussions take days or weeks to get better. A more serious concussion can last for months or longer.	
	After a bump, blow or jolt to the head or body, an athlete should receive immediate medical attention if there are any danger signs, such as loss of consciousness, repeated vomiting or a headache that gets worse.	
	After a concussion, the brain needs time to heal. I understand that I am/my child is much more likely to have another concussion or more serious brain injury if return to play or practice occurs before the concussion symptoms go away.	
	Sometimes repeat concussions can cause serious and long-lasting problems and even death.	
	I have read the Concussion Symptoms on the Concussion Information Sheet.	

*\*Health care provider means a Tennessee licensed medical doctor, osteopathic physician or a clinical neuropsychologist with concussion training.*

\_\_\_\_\_  
Signature of Student-Athlete

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent/Legal Guardian

\_\_\_\_\_  
Date

## **Athlete/Parent/Guardian Sudden Cardiac Arrest Symptoms and Warning Signs Information Sheet and Acknowledgement of Receipt and Review Form**

### **What is sudden cardiac arrest?**

Sudden cardiac arrest (SCA) is when the heart stops beating, suddenly and unexpectedly. When this happens, blood stops flowing to the brain and other vital organs. SCA doesn't just happen to adults; it takes the lives of students, too. However, the causes of sudden cardiac arrest in students and adults can be different. A youth athlete's SCA will likely result from an inherited condition, while an adult's SCA may be caused by either inherited or lifestyle issues. SCA is NOT a heart attack. A heart attack may cause SCA, but they are not the same. A heart attack is caused by a blockage that stops the flow of blood to the heart. SCA is a malfunction in the heart's electrical system, causing the heart to suddenly stop beating.

### **How common is sudden cardiac arrest in the United States?**

SCA is the #1 cause of death for adults in this country. There are about 300,000 cardiac arrests outside hospitals each year. About 2,000 patients under 25 die of SCA each year. It is the #1 cause of death for student athletes.

### **Are there warning signs?**

Although SCA happens unexpectedly, some people may have signs or symptoms, such as:

- fainting or seizures during exercise;
- unexplained shortness of breath;
- dizziness;
- extreme fatigue;
- chest pains; or
- racing heart.

These symptoms can be unclear in athletes, since people often confuse these warning signs with physical exhaustion. SCA can be prevented if the underlying causes can be diagnosed and treated.

### **What are the risks of practicing or playing after experiencing these symptoms?**

There are risks associated with continuing to practice or play after experiencing these symptoms. When the heart stops, so does the blood that flows to the brain and other vital organs. Death or permanent brain damage can occur in just a few minutes. Most people who experience SCA die from it.

### **Public Chapter 325 – the Sudden Cardiac Arrest Prevention Act**

The act is intended to keep youth athletes safe while practicing or playing. The requirements of the act are:

- All youth athletes and their parents or guardians must read and sign this form. It must be returned to the school before participation in any athletic activity. A new form must be signed and returned each school year.

- The immediate removal of any youth athlete who passes out or faints while participating in an athletic activity, or who exhibits any of the following symptoms:
  - (i) Unexplained shortness of breath;
  - (ii) Chest pains;
  - (iii) Dizziness
  - (iv) Racing heart rate; or
  - (v) Extreme fatigue; and
- Establish as policy that a youth athlete who has been removed from play shall not return to the practice or competition during which the youth athlete experienced symptoms consistent with sudden cardiac arrest
- Before returning to practice or play in an athletic activity, the athlete must be evaluated by a Tennessee licensed medical doctor or an osteopathic physician. Clearance to full or graduated return to practice or play must be in writing.

*I have reviewed and understand the symptoms and warning signs of SCA.*

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Signature of Student-Athlete

Print Student-Athlete's Name Date

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Signature of Parent/Guardian

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Print Parent/Guardian's Name Date