

Ski Team – Contact Form & Medical Information



Please provide the following information for your child. You (the parent) are responsible for providing the Leavenworth Winter Sports Club with the medical information on this document along with a Liability Release and Concussion Form for each child you have in our alpine or nordic programs.

Parent/Guardian Signature	Date
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Printed Name (Both Parents) _____

Skier Name _____

Address _____

City _____ State _____ Zip _____

Email 1 _____ Email 2 _____

Tel (Home) _____ Tel (Cell) _____

Jacket/Shirt Size _____

EMERGENCY INFORMATION

Name _____

Birthdate _____ Age _____

Allergies _____

Medications _____ Other Info _____

Physician _____ Phone _____

Medical Insurance _____ Policy Number _____

CONSENT FOR TREATMENT

I, the parent or legal guardian of the above-named minor, in the event of injury to my child while in the care of the Leavenworth Winter Sports Club, do hereby give my permission to seek medical attention for him/her and further I approve his/her being transported to a clinic or hospital for the purpose of having authorized licensed medical personnel treat such injury.

Parent/Guardian Signature	Date
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Printed Name (Both Parents) _____

The Leavenworth Winter Sports Club is a non-profit organization operating for the benefit of its members and the community. The Ski Programs are subsidized by the LWSC and funds for this program come directly out of the yearly operating budget.



LWSC SKI TEAM
WAIVER & RELEASE OF LIABILITY FORM

In consideration of being allowed to participate in the LWSC Alpine or Nordic Ski Teams, sponsored by the Leavenworth Winter Sports Club (LWSC), and on behalf of my heirs, assigns, personal representatives and next of kin, the undersigned:

1. Acknowledge and fully understand that I and/or the minor participant will be engaging in ski competition activities that involve risk of serious injury, including permanent disability and death, and severe social and economic losses that might result from not only my actions, the inactions or negligence of others, the rules of competition, the condition of the premises or any equipment used. Further, that there may be other risks not known to me or not reasonably foreseeable at this time.
2. Assume all the foregoing risks and accept personal responsibility for the damages following such injury, permanent disability or death.
3. I hereby **RELEASE, HOLD HARMLESS AND INDEMNIFY THE LEAVENWORTH WINTER SPORTS CLUB AND LEAVENWORTH SKI TEAM, ITS DIRECTORS, SUBSIDIARIES, OFFICERS, EMPLOYEES, COACHES, VOLUNTEERS AND AGENTS** from any and all claims, damages and medical expenses arising out of or in connection with participation in practices or events and the use of LWSC facilities, including but not limited to claims alleging negligence.
4. This is a binding contract that is intended to provide a comprehensive release of liability, but it is not intended to assert any defenses that are prohibited by law. If any part of this contract is deemed unenforceable, all other parts shall be given the full force and effect.

I/WE HAVE READ THE ABOVE WAIVER AND RELEASE, UNDERSTAND THAT I/WE HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, HAVE NOT CHANGED IT ORALLY AND SIGN IT VOLUNTARILY.

Signature _____ Date _____

Print Name: _____

FOR PARTICIPANTS OF MINORITY AGE

This is to certify that I, as parent/guardian with legal responsibility for this participant, do consent and agree to his/her release as provided above of the Releasees, and, for myself, my heirs, assigns, and next of kin, I release and agree to indemnify and hold harmless the Releasees from any and all liabilities incident to my minor child's involvement or participation in these programs as provided above, including failure on the part of the Releasees to take reasonable steps to safeguard or protect me from the risks, dangers and hazards of skiing competition. EVEN IF ARISING FROM THEIR NEGLIGENCE.

Parent's Signature _____

If user under 18, parent or guardian must sign

Athlete's Name _____

Parent/Athlete Concussion Information Sheet



A concussion is a type of traumatic brain injury that changes the way the brain normally works. A concussion is caused by 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.

WHAT ARE THE SIGNS AND SYMPTOMS OF CONCUSSION?

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

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.

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 (<i>even briefly</i>)	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”

The new “Zackery Lystedt Law” in Washington now requires the consistent and uniform implementation of long and well-established return to play concussion guidelines.

CONCUSSION DANGER SIGNS

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*)

WHY SHOULD AN ATHLETE REPORT THEIR SYMPTOMS?

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.*

It's better to miss one game than the whole season. For more information on concussions, visit: www.cdc.gov/Concussion.

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 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.

Student-Athlete Name Printed

Student-Athlete Signature

Date

Parent or Legal Guardian Printed

Parent or Legal Guardian Signature

Date