



MANITOWOC-TWO RIVERS YMCA  
205 Maritime Dr., Manitowoc, WI 54220  
www.mtrymca.org

# PARENT & ATHLETE AGREEMENT

## QUESTIONS AND CONTACT INFORMATION

Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_ County \_\_\_\_\_

Phone \_\_\_\_\_ E-mail \_\_\_\_\_

Age \_\_\_\_\_ School \_\_\_\_\_ School District \_\_\_\_\_

Check all that apply. I participate in:

- |  |  |  |  |
|--|--|--|--|
| <input type="checkbox"/> Football      | <input type="checkbox"/> Baseball/Softball | <input type="checkbox"/> Basketball        | <input type="checkbox"/> Hockey              |
| <input type="checkbox"/> Soccer        | <input type="checkbox"/> Golf              | <input type="checkbox"/> Volleyball        | <input type="checkbox"/> Wrestling           |
| <input type="checkbox"/> Track & Field | <input type="checkbox"/> Cross Country     | <input type="checkbox"/> Cheerleading      | <input type="checkbox"/> Skiing/Snowboarding |
| <input type="checkbox"/> Gymnastics    | <input type="checkbox"/> Tennis            | <input type="checkbox"/> Swimming & Diving |  |
| <input type="checkbox"/> Other _____   |  |  |  |

Name of Current Team \_\_\_\_\_

1. Have you ever had a concussion?  Yes  No If yes, how many? \_\_\_\_\_

2. Have you ever experienced concussion symptoms? \_\_\_\_\_ Did you report them? \_\_\_\_\_

### Emergency Contacts

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Phone Number \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Phone Number \_\_\_\_\_

Please complete this form and return to the person operating the youth athletic activity.



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## PARENT & ATHLETE AGREEMENT

As a Parent and as an Athlete it is important to recognize the signs, symptoms, and behaviors of concussions. By signing this form you are stating that you understand the importance of recognizing and responding to the signs, symptoms, and behaviors of a concussion or head injury.

### PARENT AGREEMENT

I \_\_\_\_\_ have read the Parent Concussion and Head Injury Information and understand what a concussion is and how it may be caused. I also understand the common signs, symptoms, and behaviors. I agree that my child must be removed from practice/play if a concussion is suspected.

I understand that it is my responsibility to seek medical treatment if a suspected concussion is reported to me.

I understand that my child cannot return to practice/play until providing written clearance from an appropriate health care provider to his/her coach.

I understand the possible consequences of my child returning to practice/play too soon.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

### ATHLETE AGREEMENT

I \_\_\_\_\_ have read the Athlete Concussion and Head Injury Information and understand what a concussion is and how it may be caused.

I understand the importance of reporting a suspected concussion to my coaches and my parents/guardian.

I understand that I must be removed from practice/play if a concussion is suspected. I understand that I must provide written clearance from an appropriate health care provider to my coach before returning to practice/play.

I understand the possible consequence of returning to practice/play too soon and that my brain needs time to heal.

Athlete Signature \_\_\_\_\_ Date \_\_\_\_\_



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## YOUTH ATHLETIC ACTIVITY HOLD HARMLESS AND INDEMNIFICATION AGREEMENT

**Caution: READ CAREFULLY BEFORE SIGNING**

I hereby certify that I am an authorized representative of \_\_\_\_\_ (hereinafter, "my group or organization"). I further certify and represent that I have on file a concussion and head injury information sheet, within the meaning of Sec. 118.293(3) of the Wisconsin Statutes, signed by each participant from my age group or organization, and, if that participant is under the age of 18, also signed by the participant's parent or guardian. I will not allow any person from my group or organization to participate in youth athletic activity unless I have a current concussion and head injury information sheet signed by that participant, and, if that participant is under the age of 18, signed by the participant's parent or guardian. I agree to indemnify and hold harmless the Manitowoc-Two Rivers YMCA and its respective agents, servants, officers, directors, employees, volunteers, and their successors and assigns, from any and all liability arising from Section 118.293 of the Wisconsin Statutes in connection with the participant's from my group or organization in this youth athletic activity.

Signed \_\_\_\_\_ Dated \_\_\_\_\_

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Printed Name and Title

# KNOW YOUR CONCUSSION

# ABCs

Assess the situation    Be alert for signs and symptoms    Contact a health care professional

## What is a concussion?

A concussion is a type of brain injury that changes the way the brain normally works. A concussion is caused by a bump, blow, or jolt to the head and can also occur from a blow to the body that causes the head and brain to move rapidly back and forth. Even what seems to be a mild bump to the head can be serious.

Concussions can have a more serious effect on a young, developing brain and need to be addressed correctly.

## What are the signs and symptoms of a concussion?

You can't see a concussion. Signs and symptoms of concussion can show up right after an injury or may not appear or be noticed until hours or days after the injury. It is important to watch for changes in how your child or teen is acting or feeling, if symptoms are getting worse, or if s/he just "doesn't feel right." Most concussions occur without loss of consciousness.

If your child or teen reports one or more of the symptoms of concussion listed below, or if you notice the symptoms yourself, seek medical attention right away. Children and teens are among those at greatest risk for concussion.

## SIGNS AND SYMPTOMS OF A CONCUSSION

### SIGNS OBSERVED BY PARENTS OR GUARDIANS

- Appears dazed or stunned
- Is confused about events
- Answers questions slowly
- Repeats questions
- Can't recall events prior to the hit, bump, or fall
- Can't recall events after the hit, bump, or fall
- Loses consciousness (even briefly)
- Shows behavior or personality changes
- Forgets class schedule or assignments

### SYMPTOMS REPORTED BY YOUR CHILD

#### Thinking/Remembering:

- Difficulty thinking clearly
- Difficulty concentrating or remembering
- Feeling more slowed down
- Feeling sluggish, hazy, foggy, or groggy

#### Physical:

- Headache or "pressure" in head
- Nausea or vomiting
- Balance problems or dizziness
- Fatigue or feeling tired
- Blurry or double vision
- Sensitivity to light or noise
- Numbness or tingling
- Does not "feel right"

#### Emotional:

- Irritable
- Sad
- More emotional than usual
- Nervous

#### Sleep\*:

- Drowsy
- Sleeps less than usual
- Sleeps more than usual
- Has trouble falling asleep

\*Only ask about sleep symptoms if the injury occurred on a prior day.

To download this fact sheet in Spanish, please visit: [www.cdc.gov/Concussion](http://www.cdc.gov/Concussion). Para obtener una copia electrónica de esta hoja de información en español, por favor visite: [www.cdc.gov/Concusion](http://www.cdc.gov/Concusion).