

RIDGECREST INTERMEDIATE SCHOOL BOOSTER CLUB EMERGENCY CARD

Club/Sport you are signing up for: _____

Student Name (please print): _____ Grade: _____ School Year: _____

I HAVE READ THE WAIVER AND RELEASE BELOW. I UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT AND SIGNING IT VOLUNTARILY.

Parent/Guardian Signature _____

Student Participant Signature _____

Parent E-Mail: _____

Printed Name of parent and guardian _____ Date _____

Emergency Information: In case of emergency, please print the name and telephone number of two contact people.

1. Name _____ Relationship _____ Telephone _____

2. Name _____ Relationship _____ Telephone _____

Please list your personal physician, dentist and telephone numbers.

Doctor _____ Dentist _____ Hospital _____

Telephone _____ Telephone _____ Telephone _____

Student wears contacts? Yes _____ No _____

**** Allergies, special medications or pertinent information:** _____

In the event the parent/guardian can not be reached, permission is hereby given for the physician, dentist, and/or hospital designated above to provide emergency care for my child should serious illness or injury occur during any Booster Club activity.

Parent/Guardian Signature _____ Date _____

Mother Name _____ Address _____ Home phone _____ Work phone _____

Father Name _____ Address _____ Home phone _____ Work phone _____

Student Name _____ Address _____ Home phone _____

MY CHILD IS INSURED THROUGH MYERS & STEVENS STUDENT ACCIDENT & HEALTH INSURANCE PLANS (Available for purchase)
No () Yes () Date Purchased _____

MY CHILD IS INSURED THROUGH MY OWN PERSONAL INSURANCE COMPANY:
No () Yes () Name of Insurance Company _____

The Ridgecrest Intermediate School Booster Club works hard to insure the safest experience for all participants, but insuring absolute safety is not possible. Be aware that there are risks and hazards, minor and serious, associated with participation in intermural and intramural sports (athletic/recreation) activities. Participants and their parents voluntarily assume all responsibility and risk of loss, damage, illness, and/or injury to person or property associated with participation in sports activities. The Ridgecrest Intermediate School Booster Club, its officers, and instructors are not responsible for any loss, damage, illness, or injury to persons or property arising out of or relating to participation in club or sports activities, including the use of intermural and intramural facilities and equipment. The Ridgecrest Intermediate School Booster Club does not provide medical, health, or other insurance for sports participants. Purchasing adequate health/medical insurance prior to participation is strongly recommended.

I have read and understood this Health/Safety Message in its entirety.

Parent/Guardian Signature _____ Date _____

Student Name _____

PALOS VERDES PENINSULA UNIFIED SCHOOL DISTRICT
Concussion Information Sheet

What can happen if my child keeps on playing with a concussion or returns to soon?

Athletes with the signs and symptoms of concussion should be removed from play immediately. Continuing to play with the signs and symptoms of a concussion leaves the young athlete especially vulnerable to greater injury. There is an increased risk of significant damage from a concussion for a period of time after that concussion occurs, particularly if the athlete suffers another concussion before completely recovering from the first one. This can lead to prolonged recovery, or even to severe brain swelling (second impact syndrome) with devastating and even fatal consequences. It is well known that adolescent or teenage athlete will often under report symptoms of injuries. And concussions are no different. As a result, education of administrators, coaches, parents and students is the key for student-athlete's safety.

If you think your child has suffered a concussion

Any athlete even suspected of suffering a concussion should be removed from the game or practice immediately. No athlete may return to activity after an apparent head injury or concussion, regardless of how mild it seems or how quickly symptoms clear, without medical clearance. Close observation of the athlete should continue for several hours. The new CIF Bylaw 313 now requires implementation of long and well-established return to play concussion guidelines that have been recommended for several years:

“A student-athlete who is suspected of sustaining a concussion or head injury in a practice or game shall be removed from competition at that time and for the remainder of the day.”

and

“A student-athlete who has been removed may not return to play until the athlete is evaluated by a licensed health care provider trained in the evaluation and management of concussion and received written clearance to return to play from that health care provider”.

You should also inform your child's coach if you think that your child may have a concussion. Remember it's better to miss one game than miss the whole season. And when in doubt, the athlete sits out.

For current and up-to-date information on concussions you can go to:
<http://www.cdc.gov/ConcussionInYouthSports/>

Student-athlete Name Printed

Student-athlete Signature

Date

Parent or Legal Guardian Printed

Parent or Legal Guardian Signature

Date

PALOS VERDES PENINSULA UNIFIED SCHOOL DISTRICT
Concussion Information Sheet

A concussion is a brain injury and all brain injuries are serious. They are caused by a bump, blow, or jolt to the head, or by a blow to another part of the body with the force transmitted to the head. They can range from mild to severe and can disrupt the way the brain normally works. Even though most concussions are mild, **all concussions are potentially serious and may result in complications including prolonged brain damage and death if not recognized and managed properly.** In other words, even a “ding” or a bump on the head can be serious. You can’t see a concussion and most sports concussions occur without loss of consciousness. Signs and symptoms of concussion may show up right after the injury or can take hours or days to fully appear. If your child reports any symptoms of concussion, or if you notice the symptoms or signs of concussion yourself, seek medical attention right away.

Symptoms may include one or more of the following:

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| <ul style="list-style-type: none"> • Headaches • “Pressure in head” • Nausea or vomiting • Neck pain • Balance problems or dizziness • Blurred, double, or fuzzy vision • Sensitivity to light or noise • Feeling sluggish or slowed down • Feeling foggy or groggy • Drowsiness • Change in sleep patterns | <ul style="list-style-type: none"> • Amnesia • “Don’t feel right” • Fatigue or low energy • Sadness • Nervousness or anxiety • Irritability • More emotional • Confusion • Concentration or memory problems (forgetting game plays) • Repeating the same question/comment |
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Signs observed by teammates, parents and coaches include:

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| <ul style="list-style-type: none"> • Appears dazed • Vacant facial expression • Confused about assignment • Forgets plays • Is unsure of game, score, or opponent • Moves clumsily or displays incoordination • Answers questions slowly • Slurred speech • Shows behavior or personality changes • Can’t recall events prior to hit • Can’t recall events after hit • Seizures or convulsions • Any change in typical behavior or personality • Loses consciousness |
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