



**GENERAL RELEASE AND AGREEMENT TO PARTICIPATE  
EASTMONT METROPOLITAN PARKS AND RECREATION**

I am aware that participating in Eastmont Parks and Recreation activities can be dangerous and involve **risk of injury**. I understand that the dangers and risks of participating in Eastmont Parks and Recreation activities include, but are not limited to potential injury to the muscular-skeletal system as well as potential injury or impairment to other aspects of my body, general health and well being, and the cardio-vascular system. Eastmont Parks and Recreation participation can result in joint related injuries, broken bones, cuts, bruises, dislocations, head-neck-and-back related injuries, etc. My team captain or manager has explained specific hazards for each Eastmont Parks and Recreation activity in which I am participating, to me.

In consideration for being permitted to participate in Eastmont Parks and Recreation activities, I hereby voluntarily assume all risks of bodily injury or property damage associated with participation and agree to release and discharge the State of Washington, Eastmont Parks and Recreation, its employees, Douglas County CCA, Wenatchee #246 and East Wenatchee #206 School Districts from any and all liability, claims, causes of action or demands of any kind and nature whatsoever which may arise by or in connection with my participation in any Eastmont Parks and Recreation activities except those which are caused solely by negligence of Release.

Further, I am in good health, and I know of no medical reason why I a not able to participate in Eastmont Parks and Recreation activities. Additionally, if I have an existing medical condition, I will obtain a release from my doctor to participate in Eastmont Parks and Recreation activities and I will present this release to participate to the Recreation Supervisor of Eastmont Parks and Recreation located at 255 N. Georgia Ave., prior to any participation in a Eastmont Parks and Recreation program or event. Also, I agree to abide by the rules set forth by Eastmont Parks and Recreation and their designated officials.

I hereby consent to first aid, emergency medical care and if necessary, admission to an accredited hospital when necessary for executing such care, for treatment of injuries that I sustain while participating in Eastmont Parks and Recreation activities.

I understand that it is my obligation to have a health insurance policy in effect while participating in any Eastmont Parks and Recreation activity and to otherwise be responsible for nay and all medical expenses which may be incurred as a result of an accident while participating or practicing in any Eastmont Parks and Recreation activity.

I understand and agree that this General Release is governed by laws of the State of Washington and is intended to be as broad and inclusive as permitted by law and that if any part of it is held to be invalid, the balance of this General Release and Agreement to Participate shall continue in full force and effect.

I certify that I have carefully read all of the foregoing provisions, that I know and understand the contents hereof, that I have had the opportunity to seek legal counsel prior to signing it, and voluntarily sign this General Release and Agreement to Participate as my own free act.

**PLEASE TURN OVER**

**Eastmont Parks and Recreation  
2010 CO-ED VOLLEYBALL LEAGUE ROSTER**

Team Name \_\_\_\_\_

Manager's Name \_\_\_\_\_ Manager's Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ E-mail \_\_\_\_\_

Asst. Manager's Name \_\_\_\_\_ Asst. Manager's Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ E-mail \_\_\_\_\_

(Signature on roster indicates that player has read and understood the General Release and Agreement to participate and the league rules. Participants must be at least 16 years old by January 31.)

<i>Player Name</i>	<i>Phone #</i>	<i>Emergency Contact &amp; Phone #</i>	<i>Signature (Parent/Guardian if under 18)</i>	<i>Date</i>
<b>Team Manager:</b>				
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12.				

**PLEASE TURN OVER**

# EASTMONT PARKS & RECREATION

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

- 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

# EASTMONT PARKS & RECREATION

## 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 "Zackery Lystedt Law" in Washington now requires the consistent and uniform implementation of long and well-established return to play concussion guidelines that have been recommended for several years:

"a youth 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

"...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 its 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/>

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Student-athlete Name Printed

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Student-athlete Signature

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Date

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Parent or Legal Guardian Printed

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Parent or Legal Guardian Signature

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Date