

Department of Parks and Recreation
Hillsborough County, Florida
YOUTH SPORTS MEDICAL TREATMENT AUTHORIZATION FORM

Parents – Please read carefully and sign either Part I or Part II.

PART I

The undersigned, as parent or legal guardian of (print name of child) _____
hereby consents to the following in the event this child is injured during his or her participation in youth sports:

Agents or officials of the youth organization in which this child participates may administer first aid or arrange for transportation to a medical facility if the agent or official deems there to be an emergency. At that time, medical treatment may be given to this child including but not limited to anesthesia and emergency surgical treatments as deemed necessary by a qualified physician at the medical facility.

No action shall be taken until an attempt is made to contact me at the phone number(s) listed below.

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Parent or Guardian
Name (please print): _____

Parent or Guardian
Signature: _____

STATE OF FLORIDA)
)
COUNTY OF HILLSBOROUGH)

The foregoing instrument was acknowledged before me on
this, the ____ day of _____, 20____, by
_____ who is
personally known to me or who has produced
_____ as identification and who (did)
or (did not) take an oath.

Print Name

Notary Public

PART II

The undersigned, as parent or legal guardian of (print name of child) _____, I do not desire to sign the medical and release form above.

Parent or Guardian
Name (please print): _____

Parent or Guardian
Signature: _____

PLEASE NOTE: If Part I is not signed, the child will not be allowed to participate.

Department of Parks and Recreation Hillsborough County, Florida



INFORMED CONSENT / GENERAL RELEASE - YOUTH SPORTS PARTICIPANTS

This is a release of liability. Please read carefully before signing.

Since participation in youth sports activities can be dangerous, Hillsborough County requires all participants (and their adult parent(s) or guardians) to assume all risks associated with youth sports by signing this general release.

For and in consideration of my child being permitted to participate in HILLSBOROUGH COUNTY youth sports activities, I hereby voluntarily release, discharge, waive and relinquish any and all claims or actions for damages for personal injury, permanent disability, death, or property damage which I or my child may have, or which may hereafter accrue to me or my child, as a result of my participation in youth sports activities during play and while I am at the facility while others play or for any other reason. This release is intended to discharge, in advance, HILLSBOROUGH COUNTY, its officers, employees and agents, the Tampa Dynamo Futbol Club, its officers and agents, and the owners and maintainers of any facility used for the activities, from any and all liability arising out of or connected in any way with my child's participation in sports camp/clinic activities, even though that liability may arise out of negligence or carelessness on the part of HILLSBOROUGH COUNTY, its officers, agents or employees and the Tampa Dynamo Futbol Club, its officers and agents.

I further understand that serious accidents occasionally occur during youth sports activities, and that participants occasionally sustain serious personal injuries, death or property damage as a consequence thereof. Knowing the risks, I have voluntarily applied for my child to participate in the activity and thereby agree to assume those risks to release and hold harmless HILLSBOROUGH COUNTY, its officers, employees or agents and the Tampa Dynamo Futbol Club, its officers and agents used from the activity, who (through negligence or carelessness) might otherwise be liable to me or to my child (or my heirs or assigns) for damages.

I further understand and agree that this release, discharge, waiver, and assumption of risk is to be binding on my and my child's heirs, executors, administrators and assigns.

I further agree to indemnify and to hold harmless HILLSBOROUGH COUNTY, its officers, employees and agents and the Tampa Dynamo Futbol Club, its officers and agents for any loss, liability, damage, cost or expense which they may occur as a result of any injury or property damage I or my child may sustain while participating in the activity.

I agree to comply with the program's stated and customary terms and conditions for participation according to Tampa Dynamo Futbol Club. If I observe any significant changes with regard to my child's readiness for participation in the program, I will remove my child from the program immediately.

Signature of Parent: _____ Date: _____

Address: _____ City: _____ State: _____ Zip: _____

This document is a Release of Liability which affects the rights of you and your child.

Please read the document carefully before signing.

I have read this informed Consent/General Release and I understand the seriousness of the risks involved in participating in this program, my personal responsibilities for adhering to rules and regulations, and accept them as a participant.

Name of Participant (Print): _____ Date of Birth: _____

Participants Signature: _____ Date Signed: _____



Informed Consent about Concussions or Head Injuries

Effective July 1, 2012 Florida Statute 943.0438, requires the parent or guardian and the youth who is participating in athletic competition or who is a candidate for an athletic team to sign and return an informed consent that explains the nature and risk of concussion and head injury, including the risk of continuing to play after a concussion or head injury, each year before participating in athletic competition or engaging in any practice, tryout, workout, or other physical activity associated with the youth's candidacy for an athletic team.

The Facts:

- ✓ A concussion is a brain injury.
- ✓ All concussions are serious.
- ✓ Concussions can occur without loss of consciousness.
- ✓ Concussions can occur in any sport.
- ✓ Recognition and proper management of concussion when they first occur can help prevent further injury or even death.

What is a concussion? A concussion is an injury that changes how the cells in the brain normally work. A concussion is caused by a blow to the head or body that causes the brain to move rapidly inside the skull. Even a "ding", "getting your bell rung", or what seems to be a mild bump or blow to the head can be serious. Concussions can also result from a fall or from players colliding with each other or with obstacles, such as a goalpost, even if they do not directly hit their head.

To help recognize a concussion, you should watch for the following two things among your athletes:

1. A forceful blow to the head or body that results in rapid movement of the head. -and-
2. Any change in the athlete's behavior, thinking, or physical functioning.
3. Signs and symptoms of concussion that may be reported by a coach or other observer:
 - ✓ Appears dazed or stunned
 - ✓ Is confused about assignment or position
 - ✓ Forgets sports plays
 - ✓ Is unsure of game, score or opponent
 - ✓ Moves clumsily
 - ✓ Answers questions slowly
 - ✓ Loses consciousness (even briefly)
 - ✓ Can't recall events prior to hit or fall
4. Signs and symptoms that may be reported by the player:
 - ✓ Headache or —pressure in head
 - ✓ Nausea or vomiting
 - ✓ Balance problems or dizziness
 - ✓ Double or blurry vision
 - ✓ Sensitivity to light
 - ✓ Sensitivity to noise
 - ✓ Feeling sluggish, hazy, foggy, or groggy
 - ✓ Concentration or memory problems

- ✓ Confusion
- ✓ Does not —feel right

Both parents/guardians and players are advised to take the Center for Disease Control's free online concussion training at <http://www.cdc.gov/concussion/HeadsUp/Training/HeadsUpConcussion.html> .

Under Florida law this player who has a suspected concussion or head injury must be removed from play or practice. Before the player may return to practice or competition a written medical clearance to return stating that the youth athlete no longer exhibits signs, symptoms, or behaviors consistent with a concussion or other head injury must be received from an appropriate health care professional trained in the diagnosis, evaluation, and management of concussions. In Florida, an appropriate health-care professional (AHCP) is defined as either a licensed physician (MD, as per Chapter 458, Florida Statutes), a licensed osteopathic physician (DO, as per Chapter 459, Florida Statutes), a licensed physicians assistant under the supervision of a MD/DO (as per Chapters 458.347 and 459.022, Florida Statutes) or a health care professional trained in the management of concussions.

I have read and understand this consent form, and I volunteer to participate.

Player Name: _____

Signature: _____ Date: _____

As parent or guardian, I have read and understand this consent form and I give permission for my child, named above, to participate.

Parent/Legal Guardian Name: _____

Signature: _____ Date: _____

Valrico
1100 Sydney-Dover Road
Dover, FL 33527



Summerfield
11942 Big Bend Road
Riverview, FL 33579

PHOTOGRAPH/VIDEO WAIVER

Tampa Dynamo Fútbol Club (TDFC) has my permission to use my or my child's photograph/video publically to promote the club. I agree that the images may be used in print publications, online publications, presentations, websites, and social media. I understand that no royalty, fee or other compensation shall become payable to me by reason of such use.

I have read and understand the above.

_____ Yes, I give permission for my child's photograph and or video to be used by TDFC for promotional purposes.

_____ No, I DO NOT give permission for my child's photograph and or video to be used by TDFC for promotional purposes.

Player's First & Last Name

Parent/Guardian's Signature

Date

Print Parent/Guardian's Name