

# Holmen Youth Basketball Club, Inc.

Player's name \_\_\_\_\_  
Last First Middle Initial Grade

Parent Cell Phone Number \_\_\_\_\_ Player's Date of Birth \_\_\_\_\_

Present Address \_\_\_\_\_

Parent/Guardian Names \_\_\_\_\_

Preferred Hospital \_\_\_\_\_

In case of emergency and we can't reach you, who should we notify?

Name	Relation	Phone Number
1. _____		
2. _____		

In the event reasonable attempts to contact me have been unsuccessful, I hereby give my consent for (1) the administration of any treatment deemed necessary by above-named medical center, or, in the event the designed preferred practitioner is not available, by another licensed physician or dentist: and (2) the transfer of the child to any hospital reasonably accessible. Facts concerning the child's medical history including allergies, medications being taken, and any physical impairments to which a physician should be alerted. HYBCI does not have an athletic trainer on staff at any time.

My child and I are aware that participating in sports such as basketball can be potentially hazardous activity. To the best of my knowledge, my child is physically able to participate in strenuous activities. I acknowledge it is my responsibility to seek a physicians opinion if this is uncertain. I assume all risks associated with participation in this sport, including but not limited to falls, contact with other participants, the effects of the weather, traffic, and other reasonable risks and condition associated with the sport. All such risks to my child are known and understood to me. I understand that the Holmen Youth Basketball Club, Inc. and it's volunteers cannot be held liable for injuries resulting from participation. I hereby agree to release and discharge from liability arising from negligence HYBCI and its directors, officers, agents, volunteers, participants and all other persons acting for them on behalf of myself, my children, parents, heirs, assigns, personal rep and estate. By signing this document, I agree that if my child is hurt or property is damaged during participation in this activity, then I may be found by a court of law to have waived my right to maintain a lawsuit against the parties being released on the basis of any claim for negligence.

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

## Parent and Athlete Concussion 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. See Concussion information at <http://hybbc.webs.com/Concussion%20Information/ConcussionAthletesInfo.pdf> and additional information can also be found at <https://www.cdc.gov/headsup/index.html> and <https://www.wiaawi.org/Health/Concussions.aspx>.

### 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 \_\_\_\_\_

#### Check all that apply

I participate in:

Football  Baseball/Softball  Basketball  Hockey  Soccer  Golf  Volleyball  Wrestling  
 Track & Field  Cross Country  Cheerleading  Skiing/Snowboarding  Gymnastics  Tennis  
 Swimming & Diving  Other \_\_\_\_\_

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

1. Have you ever had a concussion? \_\_\_\_\_, if yes, how many? \_\_\_\_\_

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