



2019 SPRING/SUMMER ATHLETIC WAIVER FORM

CAREFULLY READ AND COMPLETE BOTH PAGES

AGREEMENT REGARDING PARTICIPATION, ASSUMPTION OF RISK, WAIVER AND RELEASE OF LIABILITY, AND INDEMNIFICATION

Student name: _____ **Birth date:** _____ **Grade:** _____

The purpose of this Agreement is to enable parents and students to give informed consent for a student to participate in the 2019 spring/summer athletic program for Eastside Catholic School ("EC") and to confirm the agreement of the student and the parents regarding assumption of risks, waiver and release of liability, and indemnification, as a condition of the student's participation in EC's 2019 spring/summer athletic program. This agreement also provides for consent regarding photographs, publication, and media coverage of the 2019 spring/summer athletic program.

RISKS: I agree and understand that there are significant risks (some known and others unknown or unforeseeable) or death associated with participation in an athletic program. These risks include the possibility of very serious injuries which can occur for a variety of reasons and under a variety of circumstances related to the athletic program. Such risks include, but are not limited to, the risks of injury; disability; paralysis or even death resulting from causes including, without limitation, the physical condition and health (known or unknown) of the student; field/court conditions; actions of other participants; weather; improper techniques in executing the skills to participate in athletic; hazards inherent in an athletic program involving weight lifting program; improper or malfunctioning equipment; improper or inadequate training or coaching; negligence of EC employees, volunteers or others of the Releasees identified below.

INSURANCE: All students choosing to participate in EC's 2019 spring/summer athletic program are required to be covered by personal medical/accident insurance. As a condition of participation, EC requires all students choosing to participate in the 2019 spring/summer athletic program to have medical/accident insurance coverage providing, at a minimum, benefits covering medical services, hospitalization and related services, medications, equipment, etc.

I am confirming that my child/ward has current medical/accident insurance coverage and that such coverage will be maintained for the duration of my child's participation in EC's 2019 spring/summer athletic program.

I confirm my understanding and consent that by participating in EC's 2019 spring/summer athletic program, my child/ward may be photographed, identified and/or interviewed by people providing information for school publications or the media. I give my permission for EC to publish, on its website or in school publications, photographs and other information which may identify my child/ward related to my child's participation in EC's 2019 spring/summer athletic program.

EMERGENCY MEDICAL TREATMENT: I give my permission to EC staff to make decisions regarding emergency medical treatment for my child/ward in the event that neither of the child/ward's parents can be reached at a time when any such decisions need to be made, and I hereby consent to emergency medical treatment, hospitalization or other medical treatment as may be deemed necessary for the welfare of my child, in the event of injury or illness while my child/ward is participating in 2019 EC athletic program(s). I confirm that my child/ward is healthy and able to participate in EC's 2019 spring/summer athletic program and have had the opportunity to consult with a physician on this subject if I chose to do so. I confirm that my child/ward is healthy and able to participate in EC's 2019 spring/summer athletic program and have had the opportunity to consult with a physician on this subject if I chose to do so.



PERMISSION AND RELEASE - READ CAREFULLY BEFORE SIGNING:

Realizing that there are risks inherent in any athletic program(s), and in consideration of my or our child/ward's being allowed to participate in EC's 2019 spring/summer athletic program, I/we agree to assume all risks (whether known or unknown) of participation in EC's 2019 spring/summer athletic program, to release and hold harmless EASTSIDE CATHOLIC SCHOOL, together with its faculty, staff, employees, coaches, volunteers, trustees and other agents (collectively, the Releasees), from any and all claims, liabilities, and damages relating to any injury, sickness, death or destruction of any property which may arise out of, result from or be in any way connected with the participation of my child/ward in EC's 2019 spring/summer athletic program, , other than claims, liabilities or damages based on the gross negligence of EC or its employees. In addition, I/we agree to indemnify and hold the Releasees harmless from any and all claims for injuries or property damage brought on behalf of myself or our child/ward or alleged to have been caused by me or by our child/ward while our child/ward is participating in EC's 2019 spring/summer athletic program.

I/WE HAVE READ THIS PARTICIPATION, ASSUMPTION OF RISK, WAIVER AND RELEASE OF LIABILITY, AND INDEMNIFICATION AGREEMENT; FULLY UNDERSTAND ITS TERMS; UNDERSTAND THAT I/WE HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT; AND HAVE SIGNED IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT (OTHER THAN THE OPPORTUNITY TO PARTICIPATE IN EC's 2019 SPRING/SUMMER ATHLETIC PROGRAM), ASSURANCE OR GUARANTEE BEING MADE TO ME/US. I/WE INTEND MY/OUR SIGNATURE(S) TO EFFECT A COMPLETE AND UNCONDITIONAL RELEASE AND WAIVER OF ALL LIABILITY, INCLUDING ANY NEGLIGENCE OF THE RELEASEES IDENTIFIED IN THIS AGREEMENT, AND TO INDEMNIFY THE RELEASEES, TO THE GREATEST EXTENT ALLOWED BY LAW.

There are risks inherent in having my child/ward travel to and from EC's 2019 spring/summer athletic program in vehicles driven by students (including my own child/ward), or parents, including without limitation the risks caused by weather and/or road conditions, the risks of inexperienced or negligent drivers, either in the vehicle in which my child/ward will be riding or in other vehicles on the road, and the risks of mechanical failure of vehicles. I agree to assume all such risks. By signing this waiver, for myself and on behalf of my heirs, assigns, personal representatives, next of kin, and marital community (if any), I HEREBY RELEASE AND HOLD HARMLESS EASTSIDE CATHOLIC SCHOOL AND ITS COACHES, EMPLOYEES, TRUSTEES, VOLUNTEERS, AND AGENTS (HEREINAFTER "RELEASEES") FROM ANY AND ALL LIABILITY CLAIMS, CAUSES OF ACTION, OR DEMANDS OF ANY KIND OR NATURE WHATSOEVER, AS WELL AS ANY AND ALL INJURY, DISABILITY, DEATH OR LOSS OR DAMAGE TO PERSON OR PROPERTY, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES, OR OTHERWISE, INCIDENT TO MY CHILD'S/WARD'S TRANSPORTATION OF OR BY ANY INDIVIDUAL IDENTIFIED IN THE PARAGRAPHS ABOVE TO THE 2019 SPRING/SUMMER ATHLETIC PROGRAM AT EC.

I have obtained the consent of any other parent or guardian with custodial rights affecting this Agreement Regarding Participation, Assumption of Risks, Waiver and Release of Liability and Indemnification and have the full legal authority to enter into this Agreement on behalf of myself and such other parent or guardian.

Parent name(s) _____ Parent signature _____

Student Name _____ Student signature _____ Date _____

Home address _____ City _____ Zip _____

Primary phone _____ Secondary phone _____

In case of emergency call _____ at _____

Insurance Carrier _____ Group/Policy # _____ Subscriber # _____

Student's Physician _____ City _____ Physician phone _____

Does your child/ward have: Life threatening allergies _____ Asthma _____ Seizures _____ Diabetes _____ Other allergies _____



CONCUSSION INFORMATION SHEET 2019 SPRING/SUMMER

Student/Athlete: _____ Birth Date: _____ Grade: _____

A concussion is a brain injury and all brain injuries are serious. Concussions are often caused by an impact to the head, or to another part of the body, with the force transmitted to the head. Concussions disrupt the way the brain normally works and vary greatly in severity. 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.** You can't see a concussion, and most sports concussions occur without loss of consciousness. Signs and symptoms may show up right away or can take hours or days to fully appear. Seek medical attention immediately if you suspect your child/ward has suffered a concussion.

Signs observed by teammates, parents or coaches may include:

| | | |
|---------------------------|--|--|
| Appears dazed or confused | Has a vacant facial expression ("blank stare") | Is unsure of events of game, score, opponent |
| Confused about assignment | Moves clumsily/appears uncoordinated | Can't recall events from before the injury |
| Has slurred speech | Answers questions slowly or can't answer | Can't recall events from after the injury |
| Loses consciousness | Has seizures or convulsions | Shows behavior or personality changes |

Symptoms may include one or more of the following:

| | | | | |
|--------------------------|-----------------------------|-------------------|-----------|--------------------------------|
| Headaches | "Pressure in head" | Nausea/vomiting | Neck pain | Balance problems or dizziness |
| Blurred or double vision | Sensitive to light or noise | Drowsiness | Amnesia | Feels sluggish or slowed down |
| Feeling foggy or groggy | Changes in sleep patterns | Fatigue/no energy | Sadness | Mood/emotional changes |
| Nervousness or anxiety | Concentration problems | Memory problems | Confusion | Repeats same question/comments |

What happens if my child/ward keeps playing with a concussion or returns too soon?

Students with signs/symptoms of a concussion should be removed from play immediately. Continuing to play while experiencing signs or symptoms of a concussion leaves the student especially vulnerable to greater injury. There is increased risk of significant brain damage from a concussion for a period of time after that concussion occurs, particularly if the student 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 teenage students will often underreport symptoms of injuries - concussions are no different. We urge parents/guardians to be especially vigilant and watchful, as they know their child/ward best, and are best able to notice changes in the child/ward that may result from a concussion.

What should I do if I think my child/ward has suffered a concussion?

If you notice signs or symptoms of a concussion in your child/ward, seek immediate medical attention right away from a licensed healthcare provider, trained in the evaluation and management of concussions, or your hospital's Emergency Department. Any student suspected of suffering a concussion must be removed from the game or practice immediately and may not return until the student is evaluated (and cleared in writing) by a licensed healthcare provider trained in the evaluation and management of concussions (these include physicians (MD or DO), certified athletic trainers (ATC/L), nurse practitioners (ARNP) and physician assistants (PA)). Eastside Catholic's certified athletic trainer reviews the reporting from your healthcare provider, administers ImpACT testing at the school and will help coordinate with your child's/ward's coaches, academic counselor and teachers.

In the event my child/ward sustains a concussion, when can they return to play?

Keep in mind that each concussion is different and therefore no concussion will be managed in exactly the same manner. The step-wise process outlined below for returning to sports following a concussion is in place to ensure the health and safety of the student-athlete. This process is in line with the recommendations of the Seattle Sports Concussion Program (Harborview Medical Center & Seattle Children's Hospital).

Your child/ward may not return to play until the following steps have been completed:

- 1) He/she is completely symptom-free.
- 2) He/she has been evaluated using a standard concussion evaluation form and his/her scores are in the appropriate range.
- 3) He/she has taken the ImpACT test and his/her scores are back up to baseline levels.
- 4) He/she has been cleared to begin a step-wise return to play progression by a health care provider trained in the evaluation and management of concussions. This step-wise progression consists of four steps of progressive physical activity with only one step being completed each day. She/he must complete each step and remain symptom-free in order to receive final written clearance to return to athletic participation.

Please keep a copy of this sheet for your reference at home. Please sign this sheet, indicating you have read and understand the information it contains, and return it to the Eastside Catholic School attendance office. More information about concussions is available at www.cdc.gov/concussion/HeadsUp/youth.

Student/athlete signature

Date

Parent/guardian name (please print)

Parent/guardian signature

Date



AUTHORIZATION FORM FOR USE/DISCLOSURE OF PATIENT PROTECTED INFORMATION SPRING/SUMMER 2019

Student name: _____ **Birth date:** _____ **Grade:** _____

Effective April 2003, federal guidelines contained in the Health Insurance Portability and Accountability Act of 1996 (HIPAA) require that patients or parent/guardian, if the patient is a minor, give specific authorization to health care providers and health care organizations regarding certain uses and disclosures of the individually identifiable health information, also known as Protected Health Information. This authorization allows Eastside Catholic's Health Room and certified athletic trainer to use and disclose my student's Protected Health Information for the purpose of informing:

- My parents/guardian for the purpose of assisting me in making health care decisions while I am a student/athlete.
- Coaches, assistant coaches, athletic director, and other athletic department staff so that they may make decisions regarding my athletic ability and suitability to compete while I am a student/athlete.
- The school president, principal, dean of students, school nurse, attendance office personnel and other administrative staff for the purpose of making decisions regarding my ability and suitability to perform athletically while I am a student/athlete.
- The certified athletic trainer to assist and participate in the provision of health care to me while I am a student/athlete.
- Academic departments including Eastside Catholic Student Services and my teachers for the purpose of making decisions regarding my ability and suitability to perform academically while I am a student/athlete.
- The WIAA for the purpose of making a determination requiring my eligibility status while I am a student/athlete.
- Any physician, physician assistant, physical therapist or medical personnel of certified athletic trainer that is involved in my care as a student/athlete for the purpose of determining my athletic status.

Protected Health Information to be used or disclosed consists of all Protected Health Information contained in my Health Room/Training Room record, including, but not limited to, my Pre-Participation History and Physical Examination form and Emergency Information form, unless I have specified my Health Room/Training Room record be limited to the following that may be disclosed, such as nurse's/athletic trainer's notes, emergency information forms, accident reports, etc.

Please note: This Authorization Form for Use/Disclosure of Patient Protected Information allows Eastside Catholic to release private medical information that has already been provided and authorized by the student or parent/guardian, in addition to all health-related events that have occurred while the student is attending Eastside Catholic or school-sanctioned events. It does not give the school authorization to access private medical information without student and/or parent/guardian consent.

I hereby authorize the use or disclosure of any of my health information, including health information that identifies or could be used to identify me (or the student identified above, if I am signing this Authorization as the parent/guardian) as described below.

Please note: You may refuse to sign this authorization. Your refusal will **not** affect your ability to obtain treatment.

Once you sign this authorization, Eastside Catholic can rely on it until you revoke it or, if you have not revoked it, until it expires. Any revocation will not be effective as to information already disclosed in reliance on the authorization. You can revoke this authorization by delivering a dated and signed letter addressed to:

Eastside Catholic School
ATTN: Health Room
232-228th Ave SE
Sammamish, WA 98074

Student signature

Date

Parent/guardian (please print)

Parent/guardian signature

Date

This authorization will automatically expire on August 31, 2019

Retain for a minimum of 6 years



**Student/Parent Sudden Cardiac Arrest Awareness Form
2019 Spring/Summer**

Student name: _____ birthdate: _____ Grade: _____

The Eastside Catholic School believes participation in athletics improves physical fitness, coordination, self-discipline, and gives students valuable opportunities to learn important social and life skills.

With this in mind, it is important that we do as much as possible to create and maintain an enjoyable and safe environment. As a parent/guardian or student you play a vital role in protecting participants and helping them get the best from sport.

Player and parental education in this area is crucial which is the reason for the Sudden Cardiac Arrest Awareness pamphlet you received. Refer to it regularly.

This form must be signed annually by the parent/guardian and student prior to participation in Eastside Catholic Athletics. If you have questions regarding any of the information provided in the pamphlet, please contact Athletic Director Stacey Stoutt at [sstoutt@eastsidecatholic.org](mailto:ssoutt@eastsidecatholic.org).

I HAVE RECEIVED, READ AND UNDERSTAND THE INFORMATION PRESENTED IN THE SUDDEN CARDIAC ARREST AWARENESS INFORMATION SHEET.

Student name (Please print)

Student name (Signed)

Date

Parent name (Please print)

Parent name (Signed)

Date