

**Player/Parent
Completes**

**Hortonville Football Club, Inc.
Athletic Liability Waiver**

We (I) the undersigned, have adequate insurance and am/are willing to take full financial responsibility for any and all injuries sustained by me and or our/my son(s)/daughter(s)

Name of Player 1 _____ Grade _____

Name of Player 2 _____ Grade _____

while participating, whether it be in a practice session or in actual competition, in a Hortonville Football Club, Inc (HFC) program.

My insurance carrier is _____ Policy Number _____

We (I) further knowingly and voluntarily waive any and all claims against and forever release HFC, its Board Members, Officers, Agents, Employees and Volunteers for any and all injuries sustained by me or our/my son/daughter while participating, whether it be in a practice session or in actual competition, in a Hortonville Football Club, Inc (HFC) program.

We (I) realize that the necessary physical examination information must be on file with the HFC Office prior to participating in any athletic practice.

Our/my signature below will allow a coach or designated school district official to admit our/my son/daughter to a medical facility and/or to the care of a physician, if our/my son's/daughter's condition warrants such action.

Our/my signature also indicates that we/I endorse and agree to have our/my child abide by any HFC policies as stated in the Codes of Conduct.

Parent/Legal Guardian Name

Parent/Legal Guardian Signature

Date

PARENT & ATHLETE 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.

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 _____

Questions and Contact Information

Name _____ Date _____

Address _____

City _____ Zip _____ County _____

Phone _____ Email _____

Age _____ School _____ School District _____

Check all that apply
I participate in:

- | | | | |
|--|--|--|--|
| <input type="checkbox"/> Football | <input type="checkbox"/> Baseball/Softball | <input type="checkbox"/> Basketball | <input type="checkbox"/> Hockey |
| <input type="checkbox"/> Soccer | <input type="checkbox"/> Golf | <input type="checkbox"/> Volleyball | <input type="checkbox"/> Wrestling |
| <input type="checkbox"/> Track & Field | <input type="checkbox"/> Cross Country | <input type="checkbox"/> Cheerleading | <input type="checkbox"/> Skiing/Snowboarding |
| <input type="checkbox"/> Gymnastics | <input type="checkbox"/> Tennis | <input type="checkbox"/> Swimming & Diving | |
| <input type="checkbox"/> 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? _____

Emergency Contacts:

Name: _____ Relationship: _____

Phone Number: _____

Name: _____ Relationship: _____

Phone Number: _____

Please complete this form and return to the person operating the youth athletic activity.