

Inherent Risk Statement

We know and fully understand that any athletic activity or competitive sport, including, but not limited to, baseball, basketball, bass fishing, bowling, cross country, field hockey, football, golf, gymnastics, lacrosse, soccer, softball, spirit/cheerleading, swimming, tennis, track & field, volleyball, or wrestling, involves numerous risks, dangers, and hazards, both known and unknown, where serious accidents can occur, participants can sustain physical injuries, damage to their property, and even die. Regardless of whether the athletic activity involves physical contact or not, all athletic activities and sports have inherent risks of injury which are inseparable from the activity and cannot be entirely eliminated regardless of the care taken by players, coaches, trainers, or other staff. We acknowledge and willingly assume all risks and hazards of potential injury and death in this athletic activity, whether in practice, games, meets, or any other type of competition, including any transportation to or from any such event.

WHAT IS A CONCUSSION?

A concussion is a type of traumatic brain injury.

Concussions are caused by a bump or blow to the head. Even a “ding,” “getting your bell rung,” or what seems to be a mild bump or blow to the head can be serious.

You can't see a concussion. Signs and symptoms of concussion can show up right after the injury or may not appear or be noticed until days or weeks after the injury. If your child reports any symptoms of concussion, or if you notice the symptoms yourself, seek medical attention right away.

WHAT ARE THE SIGNS AND SYMPTOMS OF A CONCUSSION?

Signs Observed by Parents or Guardians

If your child has experienced a bump or blow to the head during a game or practice, look for any of the following signs and symptoms of a concussion:

- Appears dazed or stunned
- Is confused about assignment or position
- Forgets an instruction
- Is unsure of game, score, or opponent
- Moves clumsily
- Answers questions slowly
- Loses consciousness (even briefly)
- Shows mood, behavior, or personality changes
- Symptoms Reported by Athlete:
 - 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
- Just “not feeling right” or “feeling down”

HOW CAN YOU HELP YOUR CHILD PREVENT A CONCUSSION OR OTHER SERIOUS BRAIN INJURY?

- Ensure that they follow their coach's rules for safety and the rules of the sport.
- Encourage them to practice good sportsmanship at all times.
- Make sure they wear the right protective equipment for their activity. Protective equipment should fit properly and be well maintained.
- Wearing a helmet is a must to reduce the risk of a serious brain injury or skull fracture.
- However, helmets are not designed to prevent concussions. There is no “concussion-proof” helmet. So, even with a helmet, it is important for kids and teens to avoid hits to the head.

WHAT SHOULD YOU DO IF YOU THINK YOUR CHILD HAS A CONCUSSION?

1. SEEK MEDICAL ATTENTION RIGHT AWAY.

A health care professional will be able to decide how serious the concussion is and when it is safe for your child to return to regular activities, including sports.

2. KEEP YOUR CHILD OUT OF PLAY.

Concussions take time to heal. Don't let your child return to play the day of the injury and until a health care professional says it's OK. Children who return to play too soon—while the brain is still healing—risk a greater chance of having a repeat concussion. Repeat or later concussions can be very serious. They can cause permanent brain damage, affecting your child for a lifetime.

3. TELL YOUR CHILD'S COACH ABOUT ANY PREVIOUS CONCUSSION. Coaches should know if your child had a previous concussion. Your child's coach may not know about a concussion your child received in another sport or activity unless you tell the coach.

CONCUSSION STATEMENT

My student-athlete and I:

Have read, understand and agree that the athlete must report all injuries/illnesses to the athletic trainer and/or team physician. We have read the Concussion Fact Sheet and we understand:

- o A concussion is a brain injury and all brain injuries can be serious.
- o An athlete does NOT have to be knocked out to have a concussion.
- o Concussion symptoms may show up right away but can show up hours or days after the injury.
- o A concussion can affect reaction time, balance, sleep, classroom performance and the ability to perform every daily activities.
- o If an athlete suspects a teammate has a concussion, s/he is responsible for reporting the injury to the athletic trainer or team physician.
- o The athlete must not return to play in a game or practice if s/he has concussion-related symptoms.
- o Following concussion the brain needs time to heal. A repeat concussion is more likely if an athlete returns to play before symptoms resolve.
- o In rare cases, repeat concussions can cause permanent brain damage, and even death.

AUTHORIZATION AND CONSENT FOR ATHLETIC TRAINING SERVICES

I/we the parent/legal guardian(s), do hereby give consent for a Certified Athletic Trainer, contracted by the school, to provide sports medicine services for the above minor. I understand this sports medicine clinician is from Safe Sports Network and that sports medicine services include, but are not limited to: administering first aid, providing initial treatment and management of acute injuries, and assessing injuries at the request of the athlete, the athlete's coach, or the athlete's parent/guardian. The Athletic Trainer will perform only those procedures that are within his/her training and scope of professional practice to prevent, treat and rehabilitate athletic injuries.

I hereby authorize the Athletic Trainer to share information about the injury assessments and post-injury status as needed with the team physician, coaches, athletic director, school nurse and the athlete's physicians and/or any other treating healthcare provider.

I understand that there is no charge to me for the above-listed Athletic Training services. If the athlete is in need of further treatment by a physician or rehabilitation services for an injury, s/he may see the physician of his/her choice.

Injured athletes that have seen a physician must submit written clearance from that physician prior to being permitted to resume activity.

Permission for Medical Treatment

I give permission for a licensed medical authority to administer first aid or for a doctor to hospitalize, secure proper treatment, order medicine, injections, anesthesia, surgery or x-rays for my child following an athletic injury. I will not hold Goffstown High School responsible for any athletic injury or repercussion from medical attention. I also give permission to transport my child to a medical facility for the purpose of obtaining medical care following an athletic injury. Every attempt will be made to contact you prior to any decisions. I agree to be financially responsible for any athletic injury and the return of all athletic equipment issued.

Media Release

I give permission for any sports related picture taken of my child to be used by the Goffstown High School Athletic Department.

PARENTAL PERMISSION TO PARTICIPATE IN COCURRICULAR ATHLETICS

Having read, understand and agree with the Goffstown High School interscholastic athletic rules as stated [https://goffstownathletics.com/library/files/goffstownhighschool_bigteams_21520/files/UpdFinal%20GHS%20Student%20Parent%20Athletics%20Handbook\[8\].pdf](https://goffstownathletics.com/library/files/goffstownhighschool_bigteams_21520/files/UpdFinal%20GHS%20Student%20Parent%20Athletics%20Handbook[8].pdf) Our student and I/WE agree to abide by all rules and regulations. I/We understand that neither the Goffstown School District nor the Athletic Department assumes any financial responsibility in case of injury to my/our child. I/We understand that a school medical insurance plan is available and that it is recommended that the student enroll in the school medical insurance plan or obtain some other form of medical coverage. I/We understand and agree that our child must have some form of accident and/or medical insurance to be eligible to participate.

I/We fully understand and agree that my/our child is responsible for and must return any equipment or uniform issued by Goffstown High School District or make financial restitution for the same at current replacement cost. I/We understand and agree that in case of injury, the student should report to the coach immediately. I/We understand and agree that payment for medical treatments will be handled in one of the following ways and in this priority: Parent/guardian's insurance, other insurance carried through the district, personal payments by the parent or guardian.

Residency of Student-Athlete

I/We fully understand that in order to participate in Mountain View Middle School athletics the student must be a student at Mountain View Middle School or on a home-school status as a Goffstown resident.

COVID - 19 WAIVER

Assumption of the Risk and Waiver of Liability Relating to Coronavirus/COVID-19

The novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization, and has resulted in the declaration of a national emergency by the President of the United States and a state of emergency by Governor Sununu. COVID-19 is extremely contagious and is believed to spread mainly from person-to-person contact with carriers sometimes being asymptomatic. As a result, federal, state, and local governments and federal and state health agencies recommend social distancing and have, in many locations, prohibited the congregation of groups of people. The Goffstown School District has put in place preventative measures to reduce the spread of COVID-19; however, the Goffstown School District cannot guarantee that you or your child(ren) will not become infected with COVID-19. Further, attending Goffstown School District facilities and participating in school-sponsored functions, events, or programs, including but not limited to athletics and other extracurricular activities, could increase your risk and your child(ren)'s risk of contracting COVID-19.

By signing this agreement, I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that my child(ren) and I may be exposed to or infected by COVID-19 by attending Goffstown School District facilities and participating in school functions, events, or programs and that such exposure or infection may result in personal injury, illness, permanent disability, and death. I understand that the risk of becoming exposed to or infected by COVID-19 may result from the actions, omissions, or negligence of myself and others, including, but not limited to, Goffstown School District employees, agents, representatives, volunteers, and program participants and their families.

I voluntarily agree to assume all of the foregoing risks and accept sole responsibility for any injury to my child(ren) or myself (including, but not limited to, personal injury, disability, and death), illness, damage, loss, claim, liability, or expense, of any kind, that I or my child(ren) may experience or incur in connection with my child(ren)'s attendance at Goffstown School District facilities or participation in Goffstown School District functions, events, or programs ("Claims"). On my behalf, and on behalf of my children and our heirs, assigns, and personal representatives, I hereby release, covenant not to sue, and discharge, and agree to defend, indemnify, and hold harmless the Goffstown School District, its employees, agents, representatives, and volunteers, of and from the Claims, including all liabilities, claims, actions, damages, costs or expenses of any kind arising out of or relating thereto. I understand and agree that this release includes any Claims based on the actions, omissions, or negligence of the Goffstown School District, its employees, agents, representatives, and volunteers, whether a COVID-19 infection occurs before, during, or after attending any Goffstown School District facilities or participating in school functions, events, or programs.