

Waiver and Concussion Awareness

I hereby give permission to the New Albany Youth Soccer League, New Albany Little League, New Albany Softball, New Youth Football and Cheerleading Club, New Albany Youth Field Hockey League, New Albany Youth Basketball League, New Albany Adult Soccer League, New Albany Men's basketball League, New Albany Adult Softball League and the New Albany Plain Local Joint Parks District, to print/publish/display pictures of the above registrant or myself. I also agree there will be no compensation expected or due to the above registered player/myself or his/her family or personal representatives.

I will also provide proof of residency to the New Albany Plain Local Joint Parks District when asked so that the leagues can be accurate in its application of membership to the regional or national organization of that league.

Ohio Return to Play Concussion Law/Senate Bill 143

- As the parent/guardian/care-giver of the athlete named above, I acknowledge receiving a copy of the concussion and head injury information sheet prepared by the Ohio Dept. of Health as required by section 3313.539 of the Revised Code. This form is available on the parks website under "More Info", in the "Concussion Training" section.

- I understand concussions and other head injuries have serious and possible long-lasting effects.

- By reading the information sheet, I understand I have a responsibility to report and signs or symptoms of a concussion or head injury to coaches, administrators, and my athlete's doctor.

- I also understand that coaches, referees, and other officials have a responsibility to protect the health of student-athletes and may prohibit my student-athlete from further participation in athletic programs until my student-athlete has been cleared to return by a physician or other appropriate health care professional.

Waiver of Liability

The undersigned agrees that they are the legal guardians for the above mentioned minor (under 18 years of age), and they give their consent for minor to become a member of the league/program/camp included in this registration. In consideration of the recreation and information being provided to said minor, signer agrees to assume all risks associated with the participant's membership in this league/program/camp. Signer recognizes the league/program/camp is an active sport, which may result in harm or injury to the participants. By signing this agreement I (as

well as my heirs, executors or administrators) hereby waive, release and forever discharge the league/program/camp, its board, staff, employees, sponsors, contractors and the NAPLJPD and its board members from all rights and claim from damage, injury or loss to person or property which may be sustained or occurred during participation in the activity or while attending games/practices or coming from or going to games/practices, whether or not loss, damages or injury is due to negligence or any other reason.

I certify that, the above named minor is physically and mentally capable of participating in the league/program/camp and any related activities. I hereby give permission for any staff member, coach, employee or official to seek medical attention for the above mentioned minor during the course of the activity, in the event of an accident, injury, or illness. I will be responsible for any and all costs associated with the medical attention and treatment.