

Membership Registration and Consent Form

\*\*\* Retuning athletes please highlight any new/changed information.

Family Information		
Parent/Guardian Name	Relationship to Athlete(s)	Parent's Email address
Parent/Guardian Name	Relationship to Athlete(s)	Parent's Email address
Street Address		Other Email address (if any)
City	Zip	Home Phone
Cell Phone (Mother)		Cell Phone (Father)

Athlete's Name	Gender	Date of Birth (MM/DD/YYYY)	Season (spring, fall, winter)	USATF Number* Valid for one calendar year	Transfer Member?
1.					
2.					
3.					
4.					

\* USATF membership is NOT included in club dues and is required to participate in training. Register for your USATF membership at

<http://www.usatf.org/membership/?sc=TM>

Special Conditions**

\*\* Please describe any special conditions or situations that apply to the athlete listed above. Specify any allergies to food, medication, or insects; relevant custody concerns; medication and/or medical conditions. Please include any information that would help the coaches better aid your athlete.

Emergency Contact Information		
Other Non-parent Emergency Contact	Relationship	Phone
Other Non-parent Emergency Contact	Relationship	Phone

Athletic History
Event(s) & Personal Bests:
Define your Goal(s):
Other Sports Participating In?:

Volunteer/ Parent Attendance Expectations	
I/We understand that Speed Unlimited is primarily a volunteer organization and that it is the expectation that all families will take an active role in the running and operations of the club. I/We further understand that all athletes age 9 and under must have a parent/guardian present at practice or meets at all times.	
Parent/Guardian Signature	Date

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**Release**

I/We assume all risks and hazards incidental to such participation, including transportation to and from the activities, and do hereby waive, release, absolve, indemnify and agree to hold harmless the Speed Unlimited, coaches, club officers, assistants and persons transporting myself or my/our child, from any claim arising out of any injury to myself or my/our child.

Parent/Guardian Signature

Date

**Authorization**

I hereby authorize any Speed Unlimited Board Member, Officer and/or Coach to execute a waiver and release on behalf of my child and myself in consideration for participation in any program, event and activity in which Speed Unlimited participates.

Parent/Guardian Signature

Date

**Photo Release**

I hereby grant Speed Unlimited permission to publish photographs taken of any of my children listed above while engaged in Speed Unlimited activities for editorial, advertising, and promotional purposes for use in any print or electronic media. I agree that Speed Unlimited will own the copyrights to these materials and I will be able to order copies of any of these materials.

Parent/Guardian Signature

Date

**Consent for Emergency Medical Treatment**

In the event of an emergency involving the athlete listed above, I understand that every effort will be made to contact me. If I cannot be reached in a timely manner, I hereby give the Speed Unlimited staff the liberty to act on my behalf in seeking emergency medical treatment for my athlete in the event that such treatment is deemed necessary by Speed Unlimited staff. I give permission to those administering emergency treatment to do so, using measures deemed necessary. I absolve Speed Unlimited and its staff from liability in acting on my behalf.

Insurance Co.

Policy No.

Physician Name

Phone

Parent/Guardian Signature

Date

**Uniform Order and Registration Fees**

**There are no uniform requirements for athletes participating in fall or winter training-only sessions.** Please contact us directly with any special considerations. [uniforms@speedunlimited.us](mailto:uniforms@speedunlimited.us)

Uniform Order	Qty	Size	Price	Total**
<b>Winter Season Registration Fee*</b>		Includes all scheduled team-training days and meet registration fees.	<b>\$105</b>	
I would like to donate to the Speed Unlimited Scholarship Fund		Donations are tax deductible	Any amount	
<b>TOTAL DUE</b>				
Make checks payable to Speed Unlimited				

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**Concussion Information Sheet**

A concussion is a brain injury and all brain injuries are serious. They are caused by a bump, blow, or jolt to the head, or by a blow to another part of the body with the force transmitted to the head. They can range from mild to severe and can disrupt the way the brain normally works. 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. In other words, even a “ding” or a bump on the head can be serious. You can’t see a concussion and most sports concussions occur without loss of consciousness. Signs and symptoms of concussion may show up right after the injury or can take hours or days to fully appear. If your child reports any symptoms of concussion, or if you notice the symptoms or signs of concussion yourself, seek medical attention right away.

Adapted from the CDC and the 3rd International Conference on Concussion in Sport Document created 6/15/2009

Symptoms may include one or more of the following:

<ul style="list-style-type: none"> <li>• Headaches</li> <li>• “Pressure in head”</li> <li>• Nausea or vomiting</li> <li>• Neck pain</li> <li>• Balance problems or dizziness</li> <li>• Blurred, double, or fuzzy vision</li> <li>• Sensitivity to light or noise</li> <li>• Feeling sluggish or slowed down</li> <li>• Feeling foggy or groggy</li> <li>• Drowsiness</li> <li>• Change in sleep patterns</li> <li>• Amnesia</li> <li>• “Don’t feel right”</li> <li>• Fatigue or low energy</li> <li>• Sadness</li> <li>• Nervousness or anxiety</li> <li>• Irritability</li> <li>• More emotional</li> <li>• Confusion</li> <li>• Concentration or memory problems (forgetting game plays)</li> </ul>	<ul style="list-style-type: none"> <li>• Repeating the same question/comment</li> <li>• Signs observed by teammates, parents and coaches include:               <ul style="list-style-type: none"> <li>○ Appears dazed</li> <li>○ Vacant</li> <li>○ facial expression</li> <li>○ Confused about assignment</li> <li>○ Forgets plays</li> <li>○ Is unsure of game, score, or opponent</li> <li>○ Moves clumsily or displays uncoordinated movement</li> <li>○ Answers questions slowly</li> <li>○ Slurred speech</li> <li>○ Shows behavior or personality changes</li> <li>○ Can’t recall events prior to hit</li> <li>○ Can’t recall events after hit</li> <li>○ Seizures or convulsions</li> <li>○ Any change in typical behavior or personality</li> <li>○ Loses consciousness</li> </ul> </li> </ul>
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**What can happen if my child keeps on playing with a concussion or returns too soon?**

Athletes with the signs and symptoms of concussion should be removed from play immediately. Continuing to play with the signs and symptoms of a concussion leaves the young athlete especially vulnerable to greater injury. There is an increased risk of significant damage from a concussion for a period of time after that concussion occurs, particularly if the athlete 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 adolescent or teenage athlete will often under report symptoms of injuries. And concussions are no different. As a result, education of administrators, coaches, parents and students is the key for student- athlete’s safety.

Any athlete even suspected of suffering a concussion should be removed from the game or practice immediately. No athlete may return to activity after an apparent head injury or concussion, regardless of how mild it seems or how quickly symptoms clear, without medical clearance. Close observation of the athlete should continue for several hours. The new “Zackery Lystedt Law” in Washington now requires the consistent and uniform implementation of long and well-established return to play concussion guidelines that have been recommended for several years:

- ***“a youth athlete who is suspected of sustaining a concussion or head injury in a practice or game shall be removed from competition at that time”***

and

- ***“...may not return to play until the athlete is evaluated by a licensed health care provider trained in the evaluation and management of concussion and received written clearance to return to play from that health care provider”.***

You should also inform your child’s coach if you think that your child may have a concussion. Remember, it’s better to miss one game than miss the whole season. And when in doubt, the athlete sits out.

For current and up-to-date information on concussions you can go to: <http://www.cdc.gov/ConcussionInYouthSports/>

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**Athlete Name Printed** **Athlete Signature** **Date**

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**Parent or Legal Guardian Printed** **Parent or Legal Guardian Signature** **Date**