

POYNETTE BASEBALL ORGANIZATION (PBO)

Player Membership/Registration Form

This form and concussion agreement(s) must be complete before any participation.

Player's Last Name _____ **Player's First Name** _____

Street/Mailing Address _____

City _____ State _____ Zip _____

Home Phone (_____) _____ Primary Cell Phone (_____) _____

Team Name _____ **Age Level** _____ **Birthdate** _____

Parent/Guardian(s) Residing at the Same Address as the Player

Parent/Guardian Name(s) _____

Primary Cell Phone (_____) _____ Secondary Cell Phone (_____) _____

Parent/Guardian's E-mail _____

Can we use this email address for correspondence? Yes _____ No _____

Parent/Guardian(s) Residing at a Different Address from the Player

Parent/Guardian Name(s) _____

Street/Mailing Address _____

City _____ State _____ Zip _____

Home Phone (_____) _____ Cell Phone (_____) _____

Parent/Guardian's E-mail _____

Can we use this email address for correspondence? Yes _____ No _____

Please note additional Parent/Guardian names(s) and contact information on the back of this form.

Doctor _____ Hospital _____

Insurance Carrier _____

Emergency Contact (if unable to reach parent) _____ Ph: _____

Waiver: As parent or guardian of the above named, I give my approval for their participation in any and all program activities during the current season. I hereby waive, release, absolve, indemnify, and agree to hold harmless the Poynette Baseball Organization (PBO), the officers, board members, organizers, sponsors, supervisors, participants and persons transporting this individual to or from activities, for any claim arising out of any injury to my son/daughter. Furthermore, I understand that the only health or accident insurance policy covering this individual is our own personal insurance policy. I have read the foregoing statement and fully understand its content and meaning and acknowledge this statement by my signature (only parents or legal guardian may sign).

(Parent/Guardian Signature)

(Date)

CONCUSSION FACT SHEET FOR ATHLETES



CONCUSSION FACTS

- A concussion is a brain injury that affects how your brain works.
- A concussion is caused by a bump, blow, or jolt to the head or body.
- A concussion can happen even if you haven't been knocked out.
- If you think you have a concussion, you should not return to play on the day of the injury and until a health care professional says you are OK to return to play.



CONCUSSION SIGNS AND SYMPTOMS

Concussion symptoms differ with each person and with each injury, and may not be noticeable for hours or days. Common symptoms include:

- Headache
- Confusion
- Difficulty remembering or paying attention
- Balance problems or dizziness
- Feeling sluggish, hazy, foggy, or groggy
- Feeling irritable, more emotional, or "down"
- Nausea or vomiting
- Bothered by light or noise
- Double or blurry vision
- Slowed reaction time
- Sleep problems
- Loss of consciousness

During recovery, exercising or activities that involve a lot of concentration (such as studying, working on the computer, or playing video games) may cause concussion symptoms to reappear or get worse.

WHY SHOULD I REPORT MY SYMPTOMS?

- Unlike with some other injuries, playing or practicing with concussion symptoms is dangerous and can lead to a longer recovery and a delay in your return to play.
- While your brain is still healing, you are much more likely to have another concussion.
- A repeat concussion in a young athlete can result in permanent damage to your brain. They can even be fatal.

[INSERT YOUR LOGO]

WHAT SHOULD I DO IF I THINK I HAVE A CONCUSSION?

DON'T HIDE IT. REPORT IT.

Ignoring your symptoms and trying to "tough it out" often makes symptoms worse. Tell your coach, parent, and athletic trainer if you think you or one of your teammates may have a concussion. Don't let anyone pressure you into continuing to practice or play with a concussion.

GET CHECKED OUT.

Only a health care professional can tell if you have a concussion and when it's OK to return to play. Sports have injury timeouts and player substitutions so that you can get checked out and the team can perform at its best. The sooner you get checked out, the sooner you may be able to safely return to play.

TAKE CARE OF YOUR BRAIN.

A concussion can affect your ability to do schoolwork and other activities. Most athletes with a concussion get better and return to sports, but it is important to rest and give your brain time to heal. A repeat concussion that occurs while your brain is still healing can cause long-term problems that may change your life forever.



▶ **"IT'S BETTER TO MISS ONE GAME,
THAN THE WHOLE SEASON."**



JOIN THE CONVERSATION AT www.facebook.com/CDCHeadsUp

TO LEARN MORE GO TO >> WWW.CDC.GOV/CONCUSSION

Content Source: CDC's Heads Up Program. Created through a grant to the CDC Foundation from the National Operating Committee on Standards for Athletic Equipment (NOCSAE).

CONCUSSION FACT SHEET FOR PARENTS



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 CONCUSSION?

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

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 is “feeling down”

SIGNS OBSERVED BY PARENTS/ GUARDIANS:

- 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



[INSERT YOUR LOGO]



DANGER SIGNS

Be alert for symptoms that worsen over time. Your child or teen should be seen in an emergency department right away if s/he has:

- One pupil (the black part in the middle of the eye) larger than the other
- Drowsiness or cannot be awakened
- A headache that gets worse and does not go away
- Weakness, numbness, or decreased coordination
- Repeated vomiting or nausea
- Slurred speech
- Convulsions or seizures
- Difficulty recognizing people or places
- Increasing confusion, restlessness, or agitation
- Unusual behavior
- Loss of consciousness (even a brief loss of consciousness should be taken seriously)

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 second 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.

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.

HOW CAN I HELP MY CHILD RETURN TO SCHOOL SAFELY AFTER A CONCUSSION?

Children and teens who return to school after a concussion may need to:

- Take rest breaks as needed
- Spend fewer hours at school
- Be given more time to take tests or complete assignments
- Receive help with schoolwork
- Reduce time spent reading, writing, or on the computer

Talk with your child's teachers, school nurse, coach, speech-language pathologist, or counselor about your child's concussion and symptoms. As your child's symptoms decrease, the extra help or support can be removed gradually.



JOIN THE CONVERSATION ➡ www.facebook.com/CDCHeadsUp

TO LEARN MORE GO TO >> [WWW.CDC.GOV/CONCUSSION](https://www.cdc.gov/concussion)

Content Source: CDC's Heads Up Program. Created through a grant to the CDC Foundation from the National Operating Committee on Standards for Athletic Equipment (NOCSAE).

Parent and Athlete Concussion 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 "Heads up Concussion in Youth Sports" parent fact sheet 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 play or practice if a concussion is suspected.

I understand it is my responsibility to seek medical treatment if a suspected concussion is reported to me.

I understand that my child cannot return to play or practice until providing written clearance from an appropriate health care provider to his/her coach.

I understand the possible consequences of my child returning to play or practice too soon.

Parent/
Guardian

Signature: _____ Date: _____

Athlete Agreement:

I, _____ have read the "Heads up Concussion in Youth Sports" athlete fact sheet 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 play or practice 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 play or practice.

I understand the possible consequences of returning to play or practice too soon and that my brain needs time to heal.

Athlete

Signature: _____ Date: _____