

WESTCHASE SOCCER ASSOCIATION PARTICIPATION WAIVER & AGREEMENT
 Please complete information below. This form must be signed by the parent or legal guardian.

PARTICIPANT'S Last Name	PARTICIPANT'S First Name	Gender	PARTICIPANT'S Date of Birth (MM/DD/YYYY)

I, the undersigned PARENT or LEGAL GUARDIAN of the above-named child, a minor ("Player"), on behalf of myself, Player and our heirs, assigns and next of kin, hereby agree as follows:

EMERGENCY AUTHORIZATION: I hereby authorize the coaches, the identified Emergency Contact and/or other Westchase Soccer Association (WSA) officials and representatives to act as my agents in the capacity of activity supervisors and vehicle drivers, and to consent to medical, surgical or dental examination and/or treatment.

DISCLAIMER, ASSUMPTION OF RISK AND WAIVER: I acknowledge that participation in soccer necessarily involves travel, play in adverse field conditions, contact with considerable force, and risk of severe, permanent physical injury including bruises, scrapes, strained, sprained or torn muscles, tendons or ligaments, broken bones, dislocation of joints, concussion, brain damage, nerve and spinal cord injury, paralysis and death. For myself, and on behalf of the Player, our heirs, assigns and next of kin, we willingly and voluntarily accept and assume all such risk.

I willingly and voluntarily agree to comply with the stated and customary terms and conditions for participation and, if he/she or I observe any unusual significant concern in his/her readiness for participation and/or in the program itself, I will remove him/her from participation and bring such concern to the attention of the nearest official immediately and also to WSA as soon as possible thereafter. **I acknowledge that the Player must abide by WSA rules for participation which includes wearing the full uniform kit issued this season for all games and soccer cleats and shin-guards during games and practices.**

For myself and on behalf of the Player, I further acknowledge that WSA is primarily administered by volunteers rather than paid professionals. I understand that enrollment in WSA programs may be limited based on the availability of volunteers and facilities to run WSA programs and there is no guarantee Player will be assigned to a team.

I further acknowledge and accept that this Disclaimer, Assumption of Risk and Waiver is intended to be as broad and inclusive as permitted by the laws of the state in which we live and agree that if any portion of this Disclaimer, Assumption of Risk and Waiver is deemed to be invalid, the remainder will continue in full legal force and effect.

WAIVER OF NEGLIGENCE: In consideration of accepting the registration and permitting the voluntary participation of Player in WSA programs, I hereby release, discharge and agree to hold harmless to the fullest extent permitted by law, WSA, its coaches, players, employees, volunteers, officials, directors, officers, sponsors and other representatives from any and all present and future claims, demands, costs, expenses and compensation arising out of or in any way related to any bodily injury, death or property damage that may result to said participant or to members of my family or my household or individuals I invite or for whom I am otherwise responsible, while participating in or present at any WSA sponsored event, including any bodily injury or damage caused by the negligence of any such person while performing his/her duties at any time. **In the event of negligence by WSA agents, directors, officers, employees, coaches, volunteers, sponsors and any other WSA representatives, the WSA shall not be liable for any bodily injuries or property damage resulting from such negligence to anyone (adult or child).**

ACKNOWLEDGEMENT AND CONCUSSION CONSENT: I understand the terms of the WSA Soccer Accident Insurance Plan, as the same may be amended from time to time, and either I have read and understand the terms or I will do so before participating. For both internal and external use, I acknowledge that WSA and the coaches may compile and use addresses and soccer photographs and video of Player for use on public social media sites and internal team social media sites. I consent to such uses and hereby waive all rights to compensation. I understand and agree that any and all officers of Westchase Soccer Association may remove and/or ban any person, including, but not limited to, players, their parents and/or guardians, from participation in soccer and/or other events conducted by Westchase Soccer Association and/or from premises owned or leased by Westchase Soccer Association. This action can be taken without any warning and such decisions shall be made in the sole discretion of Westchase Soccer Association officers and are not subject to appeal. **I HAVE READ THE CONCUSSION INFORMED CONSENT WAIVER AND GIVE PERMISSION FOR THE ABOVE-NAMED CHILD TO PARTICIPATE.**

I HAVE READ THE ABOVE EMERGENCY AUTHORIZATION, DISCLAIMER, ASSUMPTION OF RISK AND WAIVERS, AND ACKNOWLEDGEMENT AND CONCUSSION CONSENT AGREEMENTS, FULLY UNDERSTAND THE TERMS OF EACH, UNDERSTAND THAT I AND PLAYER HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT AND AGREEING TO THESE TERMS FREELY AND WITHOUT INDUCEMENT, ASSURANCE OR GUARANTEE BEING MADE TO ME AND INTEND MY SIGNATURE TO BE A COMPLETE AND UNCONDITIONAL RELEASE OF LIABILITY, FOR MYSELF AND ON BEHALF OF PLAYER AND OTHERS FOR WHOM I AM RESPONSIBLE, TO THE GREATEST EXTENT OF THE LAW. I ACKNOWLEDGE THERE WILL BE NO REFUNDS OR CREDITS (including for inclement weather, illnesses, injuries or other circumstances beyond WSA's control).

 SIGNATURE of CUSTODIAL PARENT OR LEGAL GUARDIAN

 Date

 PRINT Parent/Guardian NAME (whose signature appears above)

**READ CONCUSSION INFORMED CONSENT WAIVER
 ON REVERSE BEFORE SIGNING.**

INFORMED CONSENT ABOUT CONCUSSIONS OR HEAD INJURIES



In partnership with
**Hillsborough
County Florida**

Effective July 1, 2012, Florida Statute 943.0438 requires the parent or guardian and the youth who is participating in athletic competition or who is a candidate for an athletic team to sign and return an informed consent that explains the nature and risk of concussion and head injury (including the risk of continuing to play after a concussion or head injury) each year before participating in athletic competition or engaging in any practice, tryout, workout, or other physical activity associated with the youth's candidacy for an athletic team.

The facts:

- A concussion is a brain injury
- Concussions can occur without loss of consciousness
- All concussions are serious
- Concussions can occur in any sport
- Recognition and proper management of concussion when they first occur can help prevent further injury or even death

What is a concussion? A concussion is an injury that changes how the cells in the brain normally work. A concussion is caused by a blow to the head or body that causes the brain to move rapidly inside the skull.

Even a "ding", "getting your bell rung", or what seems to be a mild bump or blow to the head can be serious. Concussions can also result from a fall or from players colliding with each other or with obstacles, such as a goalpost, even if they do not directly hit their head.

To help recognize a concussion, you should watch for the following things among your athletes:

1. A forceful blow to the head or body that results in rapid movement or the head
2. Any change in the athlete's behavior, thinking, or physical functioning

Signs or symptoms of concussion that may be reported by a coach or other observer:

- a. Appears dazed or stunned
- b. Is confused about assignment or position
- c. Forgets sports plays
- d. Is unsure of game, score or opponent
- e. Moves clumsily
- f. Answers questions slowly
- g. Loses consciousness (even briefly)
- h. Can't recall events prior to hit or fall

Signs and symptoms that may be reported by the player:

- a. Headache or pressure in the head
- b. Nausea or vomiting
- c. Balance problems or dizziness
- d. Double or blurry vision
- e. Sensitivity to light
- f. Sensitivity to noise
- g. Feeling sluggish, hazy, foggy, or groggy
- h. Concentration or memory problems
- i. Confusion
- j. Does not feel right

INFORMED CONSENT WAIVER:

Under Florida law, this player who has suspected concussion or head injury must be removed from play or practice. Before the player may return to practice or competition a written medical clearance to return stating that the youth athlete no longer exhibits signs, symptoms, or behaviors consistent with a concussion or other head injury must be received from an appropriate health care professional trained in the diagnosis, evaluation, and management of concussions. In Florida, an appropriate health-care professional (AHCP) is defined as either a licensed physician (MD, as per Chapter 458, Florida Statutes), a licensed osteopathic physician (DO, as per Chapter 459, Florida Statutes), a licensed physician's assistant under the supervision of a MD/DO (as per Chapters 458.347 and 459.022, Florida Statutes) or health care professional trained in the management on concussions.

As a parent or guardian, I have read and understand this concussion informed consent waiver and I give permission for my child to participate, by signing the Westchase Soccer Association Registration form/Participation Waiver and Medical Release for the named participant.