



PARTICIPATION AGREEMENT AND AUTHORIZATION FOR MEDICAL CARE

PROGRAM/EVENT INFORMATION

Parents and legal guardians are responsible for carefully reviewing all program materials and for selecting programs that are appropriate for their child. Information regarding University of Michigan sponsored programming for children and teens is available at <http://childrenoncampus.umich.edu/>.

Program/Event Name _____ (hereafter Program/Event)

Date(s): _____

Location: _____

PARTICIPANT INFORMATION

Name _____ Sex _____ Birth Date _____

Mailing Address _____ City/State _____ Zip _____

HEALTH HISTORY

Has the participant ever been diagnosed with asthma or exercise-induced asthma? Yes No

Has the participant ever been dizzy, passed out, had chest pain, complained of being tired out more quickly than their friends, had trouble breathing or cough during or after exercise? Yes No

Has the participant ever been told he/she has a heart murmur, racing heart, or skipped heartbeats? Yes No

Has the participant had any injuries of any bones/joints (head, chest, shoulder, elbow, wrist, hip, knee, ankle, neck, back, etc.) or skin problems (itching, rashes, acne, etc.) during the past 12 months? Yes No

Has the participant been hospitalized or had surgery during the last 12 months? Yes No

Does the participant have allergies (foods, bees or other stinging insects)? Yes No

Has the participant been advised by a physician during the last 12 months not to participate in physical activities? Yes No

Has the participant ever been diagnosed with a seizure disorder? Yes No

Has the participant had a head injury, been knocked unconscious or been diagnosed with a concussion during the last three years? Yes No

Does the participant currently take any medications? If so, please list the reason, medication and dosage? Yes No

Has the participant ever had a reaction to medications? If so, please list the medication and describe the reaction? Yes No

Does the participant have a history of, or currently suffer from, medical conditions(s) that your or your doctor feel may limit participation or about which we need to be aware? Yes No

If you answered yes to any of the above questions, please identify and explain:



PRESCRIPTION MEDICATIONS

OVER-THE-COUNTER MEDICATIONS

Select Over-the-Counter (OTC) medication may be administered if we have permission from the child/participant's parent/guardian. **Unless we have parental authorization, we will not administer ANY medications or make OTC medications available to participants unless necessary as part of general first-aid treatment.**

I give permission for the Program/Event staff to administer the following medications to my child/participant consistent with medication directions, if the need arises. Check all that apply.

- | | |
|---|---|
| <input type="checkbox"/> Antihistamines (hives, swelling, allergic reaction, etc.) | <input type="checkbox"/> Ibuprofen |
| <input type="checkbox"/> Bug Repellant | <input type="checkbox"/> Sunscreen |
| <input type="checkbox"/> Decongestants | <input type="checkbox"/> Topical ointments or powders (sunburn, anti-fungal, itch, sting, etc.) |
| <input type="checkbox"/> Eye drops for minor eye irritation | <input type="checkbox"/> Throat lozenges or spray for sore throat |
| <input type="checkbox"/> Gastrointestinal distress (upset stomach, heartburn, diarrhea, etc.) | <input type="checkbox"/> Other |

Do not provide any OTC that contains the following:

EMERGENCY CONTACTS

Emergency Contact #1 Name	Home Phone #	Work Phone #	Cell Phone #	Relation
Emergency Contact #2 Name	Home Phone #	Work Phone #	Cell Phone #	Relation

By revealing or disclosing the above medical information it will not be used by University personnel or employees to determine Participant's ability to participate safely in activities. I understand that, if Participant chooses to participate in activities, he/she do so voluntarily and of his/her own accord and the final decision regarding participation is solely the responsibility of myself and Participant

Parent/Guardian Initial _____

MEDICAL INSURANCE (optional)

The University of Michigan does not offer any form of health, liability or other types of insurance for the participant while participating in the Program/Event. If you have insurance, please provide the following information to be used only in the event that medical care for your child/participant is needed.

Company Name / Address

Policy # _____ Group # _____



PARTICIPATION AGREEMENT AND AUTHORIZATION FOR MEDICAL CARE

To the best of my knowledge, my child/participant is capable of participating safely in the Program/Event and that any activity restrictions, allergies, and medications are listed on this form. As a participant, parent, or guardian I understand and acknowledge that my failure to disclose relevant information may result in harm to participant and/or others during this program/event. By signing my name I represent and warrant that I have provided all materials and important information to the University of Michigan pertaining to Participant's medical, mental and physical condition and that it is accurate and complete. I agree to notify the University of Michigan of any changes in my child's mental, physical or medical condition prior the scheduled program/event.

AUTHORIZATION FOR MEDICAL CARE

I give permission to Program/Event staff to provide routine first aid care and in the event of serious illness or injury, I give Program/Event staff permission to seek and authorize emergency medical treatment. I hold harmless and agree to indemnify the Program/Event and the University of Michigan from any claims, causes of action, damages and/or liabilities arising out of or resulting from said medical treatment. I further agree to accept full responsibility for any and all expenses, including medical expenses that may derive from any injuries to my child that may occur during his/her participation in this Program/event.

Parent/Guardian Initial _____

PARTICIPATION AGREEMENT AND WAIVER

I understand that my child's participation in the Program is voluntary and that as I condition of my child's participation, I agree to comply with all Program requirements including, but not limited to: (a) accurately completing all registration forms in a timely manner, (b) ensuring that my child is aware of the Program's standards of conduct; (c) and immediately notifying the Program Administrator of any concerns related to the health, safety or security of my child, other participants, or Program staff.

I understand that as part of my child's participation in the Program that there are dangers, hazards and inherent risks to which my child may be exposed, including the risk of serious physical injury, temporary or permanent disability, and death, as well as economic and property loss. I further realize that participating in the Program may involve risks and dangers, both known and unknown, and I have chosen to allow my child to take part in the Program. Therefore, I, and on behalf of my child, have determined that it is reasonable to accept all risk of injury, loss of life or damage to property arising out of training, preparing, participating, and traveling to or from the Program and I do voluntarily accept and assume those risks.

I release the University of Michigan, its Board of Regents, Administration, Faculty, Staff, Graduate Students, and all other officers, directors, employees, volunteers and agents from any claims or liability arising from my child's participation in the Program, provided that such claim is not due to the gross and sole negligence of the released parties. I also agree to indemnify the University and all of its employees and agents from any financial obligations or liabilities that my child may cause while participating in the Program, including attorney's fees and court costs resulting from his/her misconduct, errors, or omissions.

I acknowledge that University employees have undergone criminal background checks, but other participants of the event may not have undergone background check screening. As such, the University makes no assertions or assurances with respect to other participants.

This Agreement is governed by and construed under the laws of the State of Michigan without regard for principles of choice of law. Any claims, demands, or actions arising under this Agreement must be brought in the Michigan Court of Claims or a court with applicable subject matter jurisdiction sitting in the state of Michigan and I consent to the jurisdiction of a Michigan court with appropriate subject matter jurisdiction. I agree that the terms and conditions of this Agreement are binding on my representatives, heirs and assigns.

Parent/Guardian Signature _____ Date _____



STATE OF MICHIGAN PARENT AND ATHLETE CONCUSSION INFORMATION

Michigan State Law requires operators of athletic activities for youth athletes to provide Sports Concussion Awareness Training through the following educational materials on the signs/symptoms and consequences of concussions to each youth athlete and their parents/guardians. Please sign below acknowledging receipt of the information. To learn more go to <https://www.cdc.gov/headsup/index.html>. (Content Source: CDC's Heads Up Program.)

WHAT IS A CONCUSSION?

A concussion is a type of traumatic brain injury that changes the way the brain normally works. A concussion is caused by a bump, blow, or jolt to the head or body that causes the head and brain to move quickly back and forth. Even a "ding," "getting your bell rung," or what seems to be a mild bump or blow to the head can be serious.

WHAT ARE THE SIGNS AND SYMPTOMS OF 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 an athlete reports one or more symptoms of concussion after a bump, blow, or jolt to the head or body, s/he should be kept out of play the day of the injury. The athlete should only return to play with permission from a health care professional experienced in evaluating for 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 COACHING STAFF:

- ✓ 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
- ✓ Can't recall events prior to hit or fall
- ✓ Can't recall events after hit or fall



CONCUSSION DANGER SIGNS

In rare cases, a dangerous blood clot may form on the brain in a person with a concussion and crowd the brain against the skull. An athlete should receive immediate medical attention if after a bump, blow, or jolt to the head or body s/he exhibits any of the following danger signs:

- ✓ One pupil larger than the other
- ✓ Is drowsy or cannot be awakened
- ✓ A headache that gets worse
- ✓ Weakness, numbness, or decreased coordination
- ✓ Repeated vomiting or nausea
- ✓ Slurred speech
- ✓ Convulsions or seizures

- ✓ Cannot recognize people or places
- ✓ Becomes increasingly confused, restless, or agitated
- ✓ Has unusual behavior
- ✓ Loses consciousness (even a brief loss of consciousness should be taken seriously)

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

1. If you suspect that an athlete has a concussion, remove the athlete from play and seek medical attention. Do not try to judge the severity of the injury yourself. Keep the athlete out of play the day of the injury and until a health care professional, experienced in evaluating for concussion, says s/he is symptom-free and it's OK to return to play.
2. Rest is key to helping an athlete recover from a concussion. Exercising or activities that involve a lot of concentration, such as studying, working on the computer, and playing video games, may cause concussion symptoms to reappear or get worse. After a concussion, returning to sports and school is a gradual process that should be carefully managed and monitored by a health care professional.
3. Remember: Concussions affect people differently. While most athletes with a concussion recover quickly and fully, some will have symptoms that last for days, or even weeks. A more serious concussion can last for months or longer.

WHY SHOULD AN ATHLETE REPORT THEIR SYMPTOMS?

If an athlete has a concussion, his/her brain needs time to heal. While an athlete's brain is still healing, s/he is much more likely to have another concussion. Repeat concussions can increase the time it takes to recover. In rare cases, repeat concussions in young athletes can result in brain swelling or permanent damage to their brain. They can even be fatal.

Parent/Guardian Signature:

Date:

Participant Signature:

Date: