

I the parent/guardian of, _____ (child's name).

We have read and understand the parent's agreement form and agree with the statements and agree to conduct ourselves in a manner consistent with each.

We understand that for the success of the program, we must follow these guidelines and furthermore, encourage my teammates/parents to do the same.

I have read and agree to the parents guidelines. I understand that failure to meet the requirements of the contract may result in loss of opportunities to continue with this program.

By signing this contract, I promise to abide by all of the rules of this program.

Athlete Signature: _____ Date: _____

Parent/Guardian's Signature: _____ Date: _____

Waiver and Release from Liability:

As parents or legal guardian of the minor (S) named herein. By filling out the registration form I certify that my child has my permission to participate with the Oconto Falls Park and Recreation summer programs in league, tournament or practice during this programs season. I understand and acknowledge that the minor(S) named herein may suffer injury by participating in the sport of base/softball. I agree to release, indemnify and hold harmless to the city of Oconto Falls or any of its members or volunteers from all liabilities, claims, suits, loss, injury or damage to my child's or his/her personal property arising from being involved in this program. I am responsible for the minor (S) behavior and assume responsibility for uniforms and equipment. I am aware that no refund will be given after the coaches meeting date.

Parent/Guardian's Signature: _____ Date: _____

Concussion agreement release:

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 parents concussion and head injury information 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 practice/play if a concussion is suspected. I understand that it is my responsibility to seek medical treatment if a suspected concussion is reported to me. I understand that my child cannot return to practice/play until providing written clearance from an appropriate health care provider to his/her coach. I understand the possible consequences of my child returning to practice/ play too soon.

Parent/Guardian's Signature: _____ Date: _____

Athlete Agreement: I _____ have read the Athlete Concussion and Head injury information 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 practice/play if a concussion is suspected. I understand that it is my responsibility to seek medical treatment if a suspected concuss ion is reported to me. I understand that my child cannot return to practice/play until providing written clearance from an appropriate health care provider to his.her coach. I understand the possible consequences of my child returning to practice/ play too soon.

Athlete Signature: _____ Date: _____

To learn more about concussions go to: www.cdc.gov/concussion ; or www.wiaawi.org or www.nfhs.org