



Football Registration Required Forms

Several forms must be completed each season to participate in Issaquah Youth Football's tackle football program. This packet contains all of the necessary forms:

1. Physician's Exam
2. Informed Consent
3. Sudden Cardiac Arrest (SCA) Awareness
4. Concussion Awareness

Please complete these forms and hand deliver to IYF during the football equipment check-out and weigh-in session. If you are unable to attend this session (or need more time to schedule a physical exam), please mail the completed and signed original forms to:

Issaquah Youth Football

PO Box 307

Issaquah, WA 98027

Your child will not be allowed to practice until ALL of these documents have been received and verified by IYF.

Special Note for First Year Players

You are required to provide a **copy** of either a birth certificate or passport that we can keep on file for age verification with the league. The legal name that appears on this document must match the registered player name exactly.



PHYSICIAN'S EXAMINATION FORM

Players must undergo a thorough physical examination by a licensed medical authority prior to the first practice. **The physical exam is valid for 24 months, but a completed and signed form must be submitted to the Club EACH SEASON (i.e. If the player had a physical exam 12 months ago, the doctor just needs to complete this form and sign).**

Player's Name: _____ Home Phone: _____
Last *First*

Address: _____

City/State: _____ Zip: _____

Since the date of the last complete physical examination recorded above, my son/daughter has had no significant illness or injuries. In the belief that said physical examination reflects his/her continued fitness to participate in the Issaquah Youth Football program, I give my permission for him/her to participate. I understand that the Issaquah Youth Football Organization, its directors, coaches, and assistants will not be responsible for any injuries suffered in connection with participation in the program.

Date of last physical examination: _____

Parent / Guardian Name: _____

Parent / Guardian Signature: _____ Date: _____

Portion below the line is to be completed by licensed medical authority

PHYSICIAN'S EXAMINATION

Date of physical examination: _____ Child's Weight: _____

Medical Authority Certification

I have examined the above-named athlete and completed a pre-participation physical evaluation. The athlete does not present apparent clinical contraindications to practice and participate in the tackle football. A copy of the physical exam is on record in my office and can be made available to the Club at the request of the parents. If conditions arise after the athlete has been cleared for participation, the physician may rescind the clearance until the problem is resolved and the potential consequences are completely explained to the athlete (and parents/guardians).

Medical Authority Name: _____ Phone: _____

Medical Authority Signature: _____ Date: _____



FOOTBALL INFORMED CONSENT

We accept and understand that the sport of football involves certain inherent risks, dangers and hazards that may cause serious personal injury, including death, severe paralysis or brain injury necessitating long term care and significantly impairing enjoyment of life or life activities. We accept and understand that the above-described injuries and other injuries, including but not limited to: concussions; serious neck and spinal injuries potentially resulting in complete or partial paralysis; brain damage; blindness; serious injury to all internal organs; serious injury to all bones, joints, ligaments, muscles and tendons; contusions; dislocations; sprains; strains; and fractures, may occur as a result of participating in this sport. We accept and understand that certain activities such as the act of tackling carry with them a greater inherent risk of injury.

We understand that the inherent risks of this sport cannot be eliminated without jeopardizing the essential qualities of the sport. We have reviewed all of these risks and we understand and appreciate them and still desire to participate in the activity. **(Athlete Initial)** _____ **(Parent Initial)** _____

We certify that **(Athlete Name)** _____ has no medical or physical conditions which could interfere with or compromise his/her safety in participating in this activity. **(Athlete Initial)** _____ **(Parent Initial)** _____

I authorize qualified emergency medical professionals to examine, and in the event of an injury or serious illness, to administer emergency medical care to the above-named student. **(Parent Initial)** _____

In the event it becomes necessary for Issaquah Youth Football (IYF) volunteer staff to obtain emergency medical care for the above-named athlete, we understand that neither the volunteer staff member nor the IYF organization assumes financial liability for the expenses incurred because of the accident, injury, illness and/or unforeseen circumstances. **(Athlete Initial)** _____ **(Parent Initial)** _____

I certify that my household has sufficient medical insurance to facilitate any necessary medical care or resultant care for any injury that may be sustained by the above-named athlete. **(Parent Initial)** _____

HAVING READ AND INITIALED THE STATEMENTS ABOVE, I ACKNOWLEDGE THAT I HAVE READ THIS DOCUMENT AND FULLY UNDERSTAND THE RISKS ASSOCIATED WITH PARTICIPATING IN THIS VOLUNTARY ATHLETIC PROGRAM. BY SIGNING BELOW, I CERTIFY THAT I HAVE READ THE ABOVE, UNDERSTAND ITS CONTENT AND WISH TO PARTICIPATE.

Athlete Name (please print)	Athlete Signature	Date
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HAVING READ AND INITIALED THE STATEMENTS ABOVE, I ACKNOWLEDGE THAT I HAVE READ THIS DOCUMENT AND FULLY UNDERSTAND THE RISKS ASSOCIATED WITH PARTICIPATING IN THIS VOLUNTARY ATHLETIC PROGRAM. BY SIGNING BELOW, I CERTIFY THAT I HAVE READ THE ABOVE, UNDERSTAND ITS CONTENT AND GIVE MY PERMISSION FOR MY ATHLETE TO PARTICIPATE.

Parent/guardian name (please print)	Parent/guardian signature	Date
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Parent/Participant Sudden Cardiac Arrest Awareness Form

The Washington State Legislature has passed a requirement to inform coaches, parents and student athletes about the risk of Sudden Cardiac Arrest (SCA). This new requirement became effective July 24, 2015.

What is sudden cardiac arrest?

Sudden Cardiac Arrest (SCA) is the sudden onset of an abnormal and lethal heart rhythm, causing the heart to stop beating and the individual to collapse. SCA is the leading cause of death in the U.S. afflicting over 300,000 individuals per year. SCA is also the leading cause of sudden death in young athletes during sports.

What causes sudden cardiac arrest?

SCA in young athletes is usually caused by a structural or electrical disorder of the heart. Many of these conditions are inherited (genetic) and can develop as an adolescent or young adult. SCA is more likely during exercise or physical activity, placing student-athletes with undiagnosed heart conditions at greater risk. SCA also can occur from a direct blow to the chest by a firm projectile (baseball, softball, lacrosse ball, or hockey puck) or by chest contact from another player (called "commotio cordis").

What are the signs or symptoms of sudden cardiac arrest?

While a heart condition may have no warning signs, some young athletes may have symptoms but neglect to tell an adult. If any of the following symptoms are present, a cardiac evaluation by a physician is recommended:

- Passing out during exercise
- Chest pain with exercise
- Excessive shortness of breath with exercise
- Palpitations (heart racing for no reason)
- Unexplained seizures
- Family member had early onset heart disease or sudden death from a heart condition before the age of 40

How to prevent and treat sudden cardiac arrest?

Some heart conditions at risk for SCA can be detected by a thorough heart screening evaluation. However, all schools and teams should be prepared to respond to a cardiac emergency. Young athletes who suffer SCA are collapsed and unresponsive and may appear to have brief seizure like activity or abnormal breathing (gaspings). SCA can be effectively treated by immediate recognition, prompt CPR, and quick access to a defibrillator (AED). AEDs are safe, portable devices that read and analyze the heart rhythm and provide an electric shock (if necessary) to restore a normal heart rhythm.

I HAVE RECEIVED, READ AND UNDERSTAND THE INFORMATION PRESENTED IN THE SUDDEN CARDIAC ARREST AWARENESS DOCUMENT.

Athlete Name (printed)

Athlete Signature

Date

Parent or Legal Guardian Name

Parent or Legal Guardian Signature

Date



Parent/Participant Concussion Awareness Form

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.

Symptoms may include one or more of the following:

- Headaches
- “Pressure in head”
- Nausea or vomiting
- Neck pain
- Balance problems or dizziness
- Blurred, double, or fuzzy vision
- Sensitivity to light or noise
- Feeling sluggish or slowed down
- Feeling foggy or groggy
- Drowsiness
- Change in sleep patterns
- Amnesia
- “Don’t feel right”
- Fatigue or low energy
- Sadness
- Nervousness or anxiety
- Irritability
- More emotional
- Confusion
- Concentration or memory problems (forgetting game plays)
- Repeating the same question/comment

Signs observed by teammates, parents and coaches include:

<ul style="list-style-type: none"> • Appears dazed • Vacant facial expression • Confused about assignment • Forgets plays • Is unsure of game, score, or opponent • Moves clumsily or displays incoordination • Answers questions slowly 	<ul style="list-style-type: none"> • Slurred speech • Shows behavior or personality changes • Can’t recall events prior to hit • Can’t recall events after hit • Seizures or convulsions • Any change in typical behavior or personality • Loses consciousness
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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 athletes will often fail to report symptoms of injuries. Concussions are no different. As a result, education of administrators, coaches, parents and students is the key to student-athlete’s safety.

If you think your child has suffered a concussion

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:

1. “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

2. “...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/headsup/youthsports/index.html>

I HAVE RECEIVED, READ AND UNDERSTAND THE INFORMATION PRESENTED IN THE CONCUSSION AWARENESS DOCUMENT.

Athlete Name (printed)

Athlete Signature

Date

Parent or Legal Guardian Name

Parent or Legal Guardian Signature

Date