

**Bainbridge Island Metropolitan Parks and Recreation
Gymnastics Team
Acknowledgment of Participation and Consent**

I, _____, as a current member of the Bainbridge Island Gymnastics Club, a recognized organization and affiliated with the Bainbridge Island Metro Parks and Recreation District, affirm that I am aware of my physical condition, that I am voluntarily participating as a member of the gymnastics club, and I am aware that such participation may result in possible injury as this is the nature of the sports of gymnastics. I have also read the team handbook and discussed it with my parent/guardian and understand that at any time I do not abide by the rules and policies put forth by the handbook and the head coach, that my spot on the team may be terminated.

Signature of Gymnast: _____ Date: ___/___/___

I/We, _____, parent(s) or guardian(s) of _____, assume all risk and hazards incidental to such participation including transportation to and from team activities and do hereby waive, release, absolve, indemnify and agree to hold harmless the Bainbridge Island Metro Parks and Recreation District, it's officers, employees, volunteers, agents and persons transporting myself or my/our child from any claim arising out of any injury to myself or my/our child as a result of my/our participation in the Bainbridge Island Gymnastics Club. I/we understand that certain risk of bodily harm to my/our child; either minor, catastrophic or death are inherent in the sport of gymnastics and may occur during his/her participation.

I/we further acknowledge that I/we am/are aware of the insurance policies that are available to us through private or institutional means and the Bainbridge Island Metro Parks and Recreation is not responsible for any insurance claims. I/we will also encourage my/our child to follow all the rules and coaches instructions and will warn my/our child of the possible injuries, minor or serious in such participation in gymnastics. I/we have read the team handbook and have gone over the rules with my son/daughter and understand that any time my son/daughter or I/we do not abide by the rules and policies set forth in the handbook or by the head coach, my/our participation with the team will be terminated.

I/we have read and understand the above statements and will carry them out to the best of my/our abilities and will represent the Bainbridge Island Metropolitan Park & Recreation Gymnastics Team in such a manner that is expected.

Parent/Guardian Signature: _____ Date: ___/___/___

Parent/Guardian Signature: _____ Date: ___/___/___



Youth Recreation Programs

Release, Indemnification & Medical Form

(For Participants Under 18 Years of Age)

I understand that my child's participation in Bainbridge Island Metropolitan Park & Recreation District classes and programs (including virtual and online offerings) (District classes) involves inherent risk and possible injury because of the nature of the activities, even when conducted in a safe manner. Injuries to participants in active recreation programs may occur from risks inherent in the activity; from placing stress on the body that it has not been prepared for; from accidents in learning or practicing techniques; from failing to follow training, safety or program rules; from the use of transportation associated with the activity; and from the administration of first aid. The severity of injury can range from minor cuts, scrapes, or muscle strains to catastrophic injury such as paralysis or even death.

I also understand that my child's participation in District classes involves risk of exposure to and infection by the novel coronavirus, COVID-19, which is highly contagious and spread through person-to-person contact (breath and physical contact) and contact with stable surfaces. I understand that exposure and infection can result from the actions and/or omissions of my child, other participants in District classes, and Bainbridge Island Metropolitan Park and Recreation District (BIMPRD) employees, agents and contractors, and that infection could result in illness, bodily injury, permanent disability and/or death. Although BIMPRD has implemented preventive measures, such as participant screening, social distancing and sanitizing surfaces, to reduce the spread of COVID-19, risk of exposure and infection cannot be eliminated entirely.

In consideration for acceptance of my child as a participant in District classes, I hereby agree: to waive and forever release BIMPRD and its employees, agents and contractors from any and all claims (including those for illness and bodily injury) arising out of or relating in any way whatsoever to my child's participation in District classes, even though said claims may arise out of the negligence of BIMPRD and its employees, agents and contractors; to limit BIMPRD's liability to the applicable limits of BIMPRD's applicable insurance policy if the foregoing waiver and release is deemed unenforceable; to defend, indemnify and hold BIMPRD and its employees, agents and contractors harmless from and against any and all claims (including those for illness and bodily injury), losses, damages, liabilities and expenses (including attorney fees) arising out of or relating in any way to my child's participation in District classes, my failure to comply with any of the obligations under this document, or my failure to provide all relevant medical information for my child.

I authorize provision of emergency medical care to my child if needed during participation in District classes when efforts to contact me and the emergency contact are unsuccessful, and I agree to be financially responsible for all costs thereof. I agree that the waiver and release, limitation of liability, and indemnification provisions of the foregoing paragraph shall apply to any provision of medical care. I represent and warrant that the information I provide on page 3 of this document fully and accurately sets forth all medical information that is relevant to my child's participation in District classes. I agree to inform BIMPRD as soon as possible hereafter if my child tests positive for COVID-19 before and while participating in District classes.

I give BIMPRD permission to photograph and videotape my child while participating in District classes. I authorize BIMPRD to use such photographs and videotapes to promote its programs and classes, and I waive any and all claims to compensation for such usage. I acknowledge and agree that all such photographs and videotapes will belong to BIMPRD.

I agree that this document shall be binding upon my heirs, representatives, successors and assigns. I understand and agree that this document is intended to be as broad and inclusive as is permitted by the laws of the State of

Washington, and that if any portion of it is deemed unenforceable, the balance of it shall continue in full legal force and effect. I represent and warrant that I am the parent/guardian of the participant and that I am legally authorized to sign this document on his/her behalf.

I agree that if my signature is provided to the District via electronic means (e-mail, fax or otherwise), it shall nonetheless be deemed the equivalent of my original signature for all purposes.

I AM VOLUNTARILY SIGNING THIS DOCUMENT WITH THE INTENT PROSPECTIVELY TO RELEASE AND INDEMNIFY BIMPRD AND ITS EMPLOYEES, AGENTS AND CONTRACTORS AS SET FORTH ABOVE. I HAVE READ THIS DOCUMENT AND FULLY UNDERSTAND AND ACKNOWLEDGE THAT BY SIGNING IT I AM GIVING UP IMPORTANT LEGAL RIGHTS.

Name of Participant: _____ Date of Birth: _____
(Print)

Parent/Guardian Name: _____ Relation to Participant: _____
(Print)

PARENT/GUARDIAN SIGNATURE: _____ Date: _____

Home Address: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Email address: _____

EMERGENCY & MEDICAL INFORMATION

Emergency Contact Information

Name: _____ Home Phone: _____
(Print)
Cell Phone: _____ Work Phone: _____ Email: _____

Medical Information for Participant

Health Insurance Carrier: _____ ID #: _____

Primary Physician: _____ Location: _____

Illnesses/Conditions: _____

Medications (Needed for, dosage): _____

Food allergies (How severe?): _____

Other allergies (How severe?): _____ Carry Epi-Kit? _____

Asthma (Triggers?): _____ Carry Inhaler? _____

Heat-related problems (How severe?): _____

Glasses? _____ Contacts? _____ Braces? _____ Retainer? _____

Have you tested positive for COVID-19? _____ If yes, what was the date of the test? _____

Are you currently experiencing any of the following symptoms (circle all that apply): shortness of breath
difficulty breathing fever chills cough loss of taste or smell fatigue
muscle or body aches headaches sore throat

List any behavior challenges that may affect participation: Describe previous muscular, skeletal, head, neck, or
back injury
(Limitations?): _____

Any other information for staff to be aware of that may affect participation: _____

**BIMPRD reserves the right to require written clearance from a health care provider before allowing a
person to participate in a certain activity.**

GYMNAST'S MEDICAL HISTORY

DIRECTIONS: To be completed by the gymnast and parent/guardian prior to joining the team and updated annually. Although a physical examination is not required, it is strongly recommended. Check (✓) the appropriate space for yes or no. Some "yes" answers require explanations; please provide them where appropriate.

Immunizations	Dates required	YES	NO	Eyes	YES	NO
Poliomyelitis, DATE(S):		_____	_____	Do you have poor vision in either eye?	_____	_____
Measles, DATE(S):		_____	_____	Do you wear glasses or contact lenses? (Circle the appropriate response)	_____	_____
Hepatitis B, DATE(S):		_____	_____	Do you have blurred vision?	_____	_____
Tetanus, DATE(S):		_____	_____	Do you have double vision?	_____	_____
<u>Chest/pulmonary</u>						
Have you ever had pneumonia?		_____	_____	<u>Abdominal</u>		
Do you have asthma?		_____	_____	Do you have frequent abdominal pain?	_____	_____
Are you frequently short of breath?		_____	_____	Do you have, or have you ever had, an ulcer?	_____	_____
Do you ever wheeze?		_____	_____	Have you ever had hepatitis?	_____	_____
				Do you ever have blood in your stools (bowel movements)?	_____	_____
<u>Gynecological (females only)</u>						
Have you started monthly menstrual periods?		_____	_____	Have you ever had a hernia?	_____	_____
Do you have regular menstrual periods?		_____	_____	Do you have pain or burning with urination?	_____	_____
				Do you ever have blood in your urine?	_____	_____
<u>Cardiovascular</u>						
Have you ever had rheumatic fever or scarlet fever?		_____	_____	Have you ever had a kidney stone?	_____	_____
Have you ever been told that you have a heart murmur?		_____	_____	Have you ever had any problems with heat (stroke, exhaustion, etc.)?	_____	_____
Do you have high blood pressure?		_____	_____	Do you have frequent nausea and/or vomiting?	_____	_____
Do you ever get any chest pain?		_____	_____	Do you have hemophilia ?	_____	_____
Do you ever get palpitations (extra strong or irregular heart beats)?		_____	_____	Do you have diabetes?	_____	_____
Do you have a family history of heart attacks before the age of 50?		_____	_____	Do you have anemia?	_____	_____
				Have you ever been advised by a doctor not to participate in any athletic activity?	_____	_____
				Do you have any missing body parts (eye, kidney, etc.)?	_____	_____
<u>Ear, nose, and throat</u>				<u>Orthopedic</u>		
Do you have frequent nosebleeds?		_____	_____	Have you ever day any fractures/broken bones? If so, list them here:	_____	_____
Do you have frequent sore throats?		_____	_____			
Do you have frequent ear infections?		_____	_____	Have you ever had a shoulder separation or dislocation? (please circle)	_____	_____
Have you noticed decreased hearing in either ear?		_____	_____	Do you get chronic shoulder pain?	_____	_____

Neurologic

Do you have occasional dizziness? _____

Do you ever faint? _____

Do you get frequent and severe headaches? _____

Have you ever had a concussion or loss of consciousness? _____

Have you ever had a neck injury? _____

Have you ever had seizures or epilepsy? If yes, give date of most recent seizure. _____

Have you been told that you have bursitis or tendinitis in your shoulder? _____

Have you ever had an elbow dislocation? _____

Do you get chronic elbow pain? _____

Do you get chronic wrist pain? _____

Do you get chronic back pain? _____

Do you have scoliosis? _____

Do you have spondylolysis (stress fracture of the low back) or spondylolisthesis? _____

Have you had occasional hamstring muscle strains/pulls? _____

Do you get chronic knee pain? _____

Have you had tendinitis about the knee? _____

Has anyone ever told you that you have Osgood-Schlatter's disease? _____

Have you ever had a cartilage tear in the knee? _____

Have you ever had a ligament sprain/injury in the knee? _____

Has your patella (kneecap) ever dislocated? _____

Have you ever had shin splints or a stress fracture in your leg? _____

Have you had Achilles tendinitis? _____

Do you get frequent ankle sprains? _____

Do your ankles hurt when you land short? _____

Do you have bunions that hurt? _____

General

Are you currently taking any medications? If so, list them here: _____

Are you taking any supplements, vitamins or medication to help you gain or lose weight or improve your performance? Please list: _____

Do you have any allergies to foods and/or drugs? If so, list them here: _____

Have you had any illnesses in the last two years? If so, list them here: _____

Have you ever had any surgery? If so, list them here: _____

Any other physical or mental situations that the attending physician should be aware of in determining this individual's readiness to participate in sport activities, physical education classes, or gymnastics activities? If yes, please describe here: _____

CONCUSSION INFORMATION FORM



What is a concussion?

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. A concussion 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.

What are the signs and Symptoms?

You can't see a concussion and most sports and other activity 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 a child or adult reports any symptoms of concussion, or if you notice the symptoms or signs of concussion yourself, seek medical attention right away.

Symptoms Reported by Participant

- Headaches or “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
- Drowsiness; feeling foggy or groggy
- Change in sleep patterns
- Amnesia
- “Don't feel right”
- Fatigue or low energy
- Sadness, nervousness or anxiety
- Irritability or more emotional
- Confusion or concentration and memory problems
- Repeating the same question/comment

Symptoms observed by staff, teammates or family

- Appears dazed
- Vacant facial expression
- Confused about assignment
- Forgets plays
- Is unsure of game, score, or opponent
- Moves clumsily or displays lack of coordination
- Answers questions slowly
- 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
- Loses consciousness

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. A participant 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

- Cannot recognize people or places
- Becomes increasingly confused, restless or agitated
- Has unusual behavior
- Loses consciousness
- Convulsions or seizures

What should you do if you think an adult or youth has a concussion?

- 1) Any person even suspected of suffering a concussion should be removed from participation immediately and seek medical attention. Do not try to judge the severity of the injury yourself. Keep the individual out of the activity for the day of the injury and until a health care professional experienced in evaluating concussions says in writing that s/he is symptom-free and is cleared to return to normal play. No person may return to activity after an apparent head injury or concussion, regardless of how mild it seems or how quickly symptoms clear, without written medical clearance.
- 2) Rest is the 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 the symptoms to reappear or get worse. After a concussion, returning to sports, activity, school or job is a gradual process that should be carefully managed and monitored by a health care professional.
- 3) Remember: Concussions affect people differently. While most people with a concussion recover quickly and fully, some will have symptoms that last days or even weeks. A more serious concussion can last for months or longer.

Why should a participant report their symptoms?

If a participant has a concussion, his or her brain needs time to heal. While the 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 can result in brain swelling, permanent damage to the brain, and/or death.

You should inform a BIMPRD staff member if you think that you or your child may have a concussion. When in doubt, the participant sits out. For current and up-to-date information on concussions you can go to:
<http://www.cdc.gov/ConcussionInYouthSports/index.html>

I agree that if my signature is provided to the District via electronic means (e-mail, fax or otherwise), it shall nonetheless be deemed the equivalent of my original signature for all purposes. Please sign this form acknowledging that you have read this information:

Participant Name: _____ Participant Signature: _____ Date: _____

Parent/Guardian Name: _____ Parent Signature: _____ Date: _____
(for those under 18 years of age)