



Park City Ski Team Informed Consent and Acknowledgement

Any Park City Ski Team (“PCST”) athlete under the age of 18 years suspected of having sustained a concussion/ traumatic brain injury must be removed immediately from participation in any PCST sporting event (e.g. sanctioned training, practice, camps, competitions or tryouts), by any PCST agent or coach overseeing such sporting event. The minor athlete will be prohibited from further participation until evaluated and cleared in writing to resume participation in PCST sporting events by a qualified health care provider trained in the evaluation and management of concussive head injuries. The health care professional must certify to PCST in the clearance letter (the “Clearance Letter”) that he/she has successfully completed a continuing education course in the evaluation and management of concussive head injuries within three years of the day on which the written statement is made.

Upon removal of a minor athlete from participation for a suspected concussion/traumatic brain injury, the PCST agent or coach making the removal may also inform USSA Competition Services in accordance with the USSA Concussion Policy for USSA members. In addition to providing a Clearance Letter to PCST, athletes who have subsequently been medically cleared to resume participation must also provide the Clearance Letter to USSA Competition Services in order to be permitted to participate in USSA sporting events.

About Concussion

A concussion is a type of traumatic brain injury (TBI) caused by a bump, blow, or jolt to the head. Concussions can also occur from a fall or a blow to the body that causes the head and brain to move quickly back and forth. Doctors may describe a concussion as a “mild” brain injury because concussions are usually not life-threatening. Even so, their effects can be serious.

Risk of Continued Participation

A repeat concussion that occurs before the brain recovers from the first—usually within a short period of time (hours, days, or weeks)—can slow recovery or increase the likelihood of having long-term problems. In rare cases, repeat concussions can result in edema (brain swelling), permanent brain damage, and even death.

The PCST has provided the undersigned with U.S. Department of Health and Human Services Centers for Disease Control and Prevention’s (the “CDC”) “Heads Up: Concussion in Youth Sports – A Fact Sheet for Athletes” (the “Fact Sheet”) and further recommends that Members review the Center for Disease Control’s resources on concussion awareness at the following link:

<http://www.cdc.gov/concussion/HeadsUp/youth.html>.

By his/her signature below, **MEMBER CERTIFIES THAT (i) HE/SHE HAS READ AND UNDERSTOOD THIS AGREEMENT, (ii) HE/SHE UNDERSTANDS AND ACKNOWLEDGES MY RESPONSIBILITY TO REPORT TO MY COACHES, TEAMMATES, PARENTS/GUARDIANS ANY SIGNS OR SYMPTOMS OF A HEAD INJURY/CONCUSSION, AND (iii) AGREES IN FULL WITH ITS TERMS, INTEND THAT IT BE BINDING ON MEMBER, HIS/HER HEIRS, EXECUTORS, ADMINISTRATORS AND ASSIGNS, AND THAT IT REMAIN IN FULL FORCE AND EFFECT FOR AS LONG AS MEMBER PARTICIPATES IN PCST TRAINING, COMPETITION AND RELATED PROGRAMS AND ACTIVITIES.**

MEMBER Signature: _____ Date of Birth: _____ Printed name: _____ Date Signed: _____

SIGNATURE OF PARENT OR GUARDIAN REQUIRED BELOW FOR MINOR* MEMBERS**

As the parent or guardian of the minor Member named above, I hereby make and enter into each and every agreement, representation, waiver and release described above on behalf of myself, the Member, and any other parent or guardian of the Member, intending that they be binding on me, the Member, and our respective heirs, executors, administrators and assigns. **By his/her signature below, Parent/Guardian certifies that he/she received and reviewed the (i) PCST Concussion Policy and (ii) the Fact Sheet, and specifically acknowledges that removal of Member from PCST training, competition and related programs and activities does not relieve Member from any obligation to timely satisfy the tuition payment requirements for the applicable year nor does it entitle the Member to any refund on tuition paid.**

PARENT OR GUARDIAN Signature: _____ Printed name: _____ Date Signed: _____
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