

Kearney Competitive Girls Softball Association
PLAYER / PARENT CONSENT FORM & CONCUSSION RULES

Player's Name	Player's Date of Birth	Parents/Guardians COMPLETE Address	Parent/Guardian Email	Phone #	Parent/Guardian Signature

I agree to the following by signing this form. **PLAYER REGISTRATION AND PARENTAL CONSENT:** As a parent/guardian of a minor child; (1) I hereby allow the minor child to participate in KCGSA events. (2) I am aware that the coaches, managers, umpires, referees, association officials, their assistants, or anyone who prepares any playing field SHALL NOT be held liable for the injury or death of any participants(s) involved in KCGSA activities which results from the negligence of the above individuals. This form must be filled out COMPLETELY and signed by the player and their parent/guardian prior to playing in order to be valid. Falsification of information will result in forfeiture of the player from participation in any KCGSA event. A completed roster must be turned in prior to a team's first game. Teams will not be allowed to play without turning in a roster to the KCGSA Treasurer. Failure to turn in a roster prior to the team's first game will result in a forfeit. Players can only be on one KCGSA team roster. Your signatures on this form indicate your commitment to this team for the identified season and indicate that you have reviewed the league rules and code of conduct upheld by the KCGSA. Players on a KCGSA team may play on another team for league play and tournaments only with the mutual consent of both coaches. Committed players who leave a team, with or without the coach's release, will forfeit their player fees paid to that team. **CONCUSSION RULE INFORMATION:** 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 have received information explaining the signs and symptoms of a concussion and 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 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. **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 understand the importance of reporting a suspected concussion to my parents/guardian. I understand that I must be removed from practice/play if a concussion is suspected. I understand that I must provide written clearance from an appropriate health care provider to my coach before returning to practice/play. I understand the possible consequence of returning to practice/play too soon and that my brain needs time to heal.