



Illustration of a swimmer in a streamlined position, moving through water. The swimmer is depicted in a sleek, aerodynamic form, with arms extended forward and legs trailing behind, minimizing drag. The water is represented by simple blue waves.

I, _____ have read the DPI's Concussion and Head Injury Information sheet. I have had the opportunity to read more information about concussions on the Centers for Disease Control and Prevention's (CDC) websites. I 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 they are evaluated by an appropriate health care provider and provide written clearance from the health care provider to their coach. I understand concussions can have a serious effect on a young, developing brain and need to be addressed correctly. I have read the Sudden Cardiac Arrest information sheet. I understand that my child should stop activity/exercise immediately if they have any warning signs of sudden cardiac arrest. I understand it is recommended if my child has any warning signs of sudden cardiac arrest while exercising, they have a medical examination before exercising or returning to participation in their sport. I understand that I or my child should report a family history of heart problems or warning

signs of sudden cardiac arrest to the healthcare provider doing the medical examination. I understand how to request at my cost the administration of an electrocardiogram, in addition to a comprehensive physical examination required to participate in a youth athletic activity. I understand the athletic director may be able to assist me.

Parent/Guardian Signature_____

Date_____

Additional Information Sheets:

Concussion and Head Injury Information:

<https://drive.google.com/file/d/1WPWOkQQBG350pRQTD0aMYUuLCGfVljVs/view?usp=sharing>

PLEASE CHECK THE EVENTS YOU WISH TO PARTICIPATE IN AT THIS MEET.

Participants are limited to competing in three (3) events.

You may only compete in your age group.

AGE GROUP: Check One.	Girls 3-4	Girls 5-8	Girls 9-10	Girls 11-12	Girls 19+
	Boys 3-4	Boys 5-8	Boys 9-10	Boys 11-12	Boys 19+

EVENTS: All events are 25 yards. Choose up to 3:

Lifejacket Kick	Noodle Kick	Inner Tube Kick	Freestyle	Backstroke	Breaststroke
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AGE GROUP: Check One.	Girls 13-14	Girls 15-18	Boys 13-14	Boys 15-18
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EVENTS: All events are 25 yards unless noted. Choose up to 3:

Lifejacket Kick	Noodle Kick	Inner Tube Kick	Freestyle	50 yd Freestyle	Backstroke	Breaststroke
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