



## INFORMED CONSENT FORM RE: FOOTBALL

*Student Name:* \_\_\_\_\_ *Birth Date:* \_\_\_\_\_

*School:* \_\_\_\_\_ *Grade:* \_\_\_\_\_

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.

(Student Initial)\_\_\_\_\_ (Parent Initial)\_\_\_\_\_

We certify that (Student Name) \_\_\_\_\_ has no medical or physical conditions which could interfere with or compromise his/her safety in participating in this activity.

(Student 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 school district staff to obtain emergency medical care for the above-named student, we understand that neither the staff member nor the school district assumes financial liability for the expenses incurred because of the accident, injury, illness and/or unforeseen circumstances.

(Student 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 student.

(Parent Initial)\_\_\_\_\_

The most important function of the football helmet is to provide the maximum possible protection for the player's head by dissipating and/or absorbing impacts produced by blows upon the player's helmet. Two things must be noted:

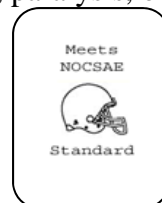
- 1. The full potential of protection offered by the helmet can only be realized if the helmet is properly fitted to the individual player's head.**
- 2. There are no football helmets available now or in the foreseeable future, from any source, which would be 100% safe under all potential conditions that occur in practice and game play.**

A careful and proper fitting is one of the important keys to maximum shock dispersion. Players should try on several helmets, selecting the one that provides the best fit.

When properly fitted, a helmet should "not" drop forward over the eyes, twist or shift on the head nor "travel" or recoil against the head upon contact. Also, it will not block audibility to prevent the hearing of signals.

Several times during the season, the helmet should be inspected for proper fit. Also, players should not "swap" helmets unless proper fit has been checked. All helmets must display the required NOCSAE emblem as seen toward the bottom of this form.

**WARNING:** Do not use this helmet to butt, ram, or spear an opposing player. This is in violation of the football rules and such use can result in severe head or neck injuries, paralysis, or death to you, and possible injury to your opponent. No helmet can prevent all head and neck injuries a player might receive while participating in football.



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 SCHOOL DISTRICT ATHLETIC PROGRAM. BY SIGNING BELOW, I CERTIFY THAT I HAVE READ THE ABOVE, UNDERSTAND ITS CONTENT AND WISH TO PARTICIPATE.

---

Student name (please print)

---

Student signature

---

Date

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 SCHOOL DISTRICT ATHLETIC PROGRAM. BY SIGNING BELOW, I CERTIFY THAT I HAVE READ THE ABOVE, UNDERSTAND ITS CONTENT AND GIVE MY PERMISSION FOR MY STUDENT TO PARTICIPATE.

---

Parent/guardian name (please print)

---

Parent/guardian signature

---

Date