FALL SPORT_____ WINTER SPORT_____ SPRING SPORT_____

Risk of Injury Acknowledgement Form

Cumberland Valley School District has provided you with a qualified coaching staff, protective equipment and qualified supportive sports medicine staff. Despite all efforts to minimize the risk of sports, athletes are seriously injured yearly in almost every sport. Be aware that every sport carries the inherent risk of catastrophic injury including but not limited to: blindness, paraplegia, quadriplegia, brain injury, sudden cardiac arrest or even death. Participants and their parents/guardians must accept this risk or they should not participate.

For your personal safety, it is imperative that you:

1. Inspect all of your equipment on a daily basis. Report any improperly fitting and/or faulty equipment to your coach or the athletic trainer immediately.

2. Know and observe the rules of the game; they are in place to protect you and other participants.

3. Become a better and safer athlete by listening to coaching instruction and learning proper technique.

4. Report all injuries and illnesses to the athletic trainer and/or team physician immediately. We cannot help you if we do not know you are injured or ill. (Informing us immediately is important for many reasons, including documentation for insurance and our records.)

5. Follow the advice of the athletic trainers/team physician regarding participation after illness/injury. **If you see a physician for any injury/illness, you may not return to practice or competition until the athletic training staff has received a note from the physician allowing you to participate.**

6. If an injury occurs, **do not move injured players or attempt to remove any gear.**

We have read the above statements and have discussed any questions we have with the coach and/or athletic trainers. I fully understand the risks involved in athletic participation at Cumberland Valley School District and we agree to abide by the listed standards.

_____ _____

SIGNATURE OF ATHLETE DATE GRADE

_____ _____

SIGNATURE OF PARENT/GUARDIAN DATE

The athletic trainer has my permission to provide the following medicines as needed after school hours. (During school hours athletes will be referred to the school nurse)

____Ibuprofen ____Acetaminophen ____Tums (antacid) ____ Benadryl

_____ _____

SIGNATURE OF PARENT/GUARDIAN DATE EMAIL