

ZOMBIE SHOOTOUT



**PLEASE RETURN COMPLETED FORM TO YOUR TEAM MANAGER
FOR SUBMITTAL AT THE REGISTRATION AREA WITH YOUR TEAM ROSTER**

MOTOR CITY LACROSSE, LLC ASSUMPTION OF RISK | RELEASE OF LIABILITY | INDEMNIFICATION The participant would like to participate in one or more leagues, clinics, practices, games, tournaments, camps, programs and/or other activities that are sponsored by, hosted by, operated by, arranged by, or otherwise involving Motor City Lacrosse, LLC or that take place at facilities owned, leased or operated by Motor City Lacrosse, LLC (the "Activities"), including the Creek Center Banquet Hall. The participant and the participant's parent or guardian, on behalf of the participant, if the participant is under 18 years old or does not have the legal capacity to bind himself or herself to contracts (hereafter, the "Participant's Parent or Guardian, if applicable") acknowledge that (1) the Activities involve risks, including the risk of injury or death from any cause both on and off the field of play and the risk of damage, loss or theft of property and (2) the participant (and the Participant's Parent or Guardian, if applicable) are not relying on Motor City Lacrosse, LLC, Creek Center Banquet Hall, the Knights of Columbus, or any of their respective affiliated entities, commissioners, members, managers, officers, employees, agents, representatives and contractors to referee or control the Activities. Nevertheless, the participant would like to participate in the Activities, and the participant (and the Participant's Parent or Guardian, if applicable) hereby assume all risks related to the Activities, all risks related to the equipment used in connection with the Activities (even if Motor City Lacrosse, LLC has recommended or provided such equipment), and all risks related to the participant's presence at, in or near the facilities at which the Activities take place, including parking lots (and other outside areas), rest rooms, locker rooms, fields of play, warm-up areas, practice areas, concession areas, common areas, bleachers, retail areas, and all related areas (the "Facilities"). Further, the participant (and the Participant's Parent or Guardian, if applicable) release and indemnify Motor City Lacrosse, LLC, Creek Center Banquet Hall, and the Knights of Columbus and their respective affiliated entities, members, managers, officers, employees, agents, representatives and contractors from all liability (including all liability for any injury, death, or property loss or damage) resulting from or related to the Activities, the equipment used in connection with the Activities (even if Motor City Lacrosse, LLC has recommended or provided such equipment), the condition of the Facilities, and/or the participant's presence at, in or near the Facilities.

The participant (and the Participant's Parent or Guardian, if applicable) acknowledge that Motor City Lacrosse, LLC, Creek Center Banquet Hall, and the Knights of Columbus (or someone with the permission of Motor City Lacrosse, LLC, Creek Center Banquet Hall, and the Knights of Columbus) may take photographs or videos of the participant while engaged in the Activities or while at the Facilities for use in Motor City Lacrosse, LLC's or Creek Center Banquet Hall or the Knights of Columbus advertising or marketing efforts or other materials promoting Motor City Lacrosse, LLC or Creek Center Banquet Hall, or the Knights of Columbus and the participant

(and the Participant's Parent or Guardian, if applicable) grant Motor City Lacrosse, LLC and Creek Center Banquet Hall or the Knights of Columbus permission to use all such photographs or videos for those purposes and waive any right to payment or other remuneration in connection with such use.

Participant Name _____

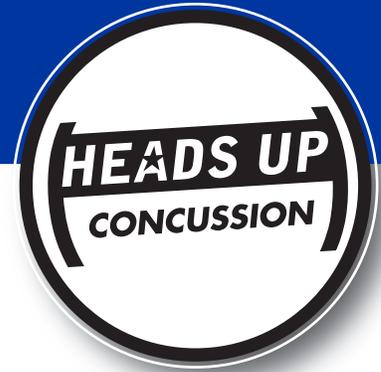
Parent/Guardian Signature _____ Date: _____

MEDICAL RELEASE AUTHORIZATION

I/we being the legal guardians of the applicant authorize the staff of the Zombie Shootout Lacrosse Tournament and Motor City Lacrosse, LLC and their agents permission to request treatment as necessary to ensure the wellbeing of our dependent. I certify that he is in good health and able to participate in the scheduled games. I am attaching a note explaining any special physical limitations and/or required medical attention that is necessary for my son.

Parent/Guardian Signature _____ Date: _____

PARENT & ATHLETE CONCUSSION INFORMATION SHEET



WHAT IS A CONCUSSION?

A concussion is a type of traumatic brain injury that changes the way the brain normally works. A concussion is caused by a bump, blow, or jolt to the head or body that causes the head and brain to move quickly back and forth. Even a “ding,” “getting your bell rung,” or what seems to be a mild bump or blow to the head can be serious.

WHAT ARE THE SIGNS AND SYMPTOMS OF CONCUSSION?

Signs and symptoms of concussion can show up right after the injury or may not appear or be noticed until days or weeks after the injury.

If an athlete reports one or more symptoms of concussion after a bump, blow, or jolt to the head or body, s/he should be kept out of play the day of the injury. The athlete should only return to play with permission from a health care professional experienced in evaluating for concussion.

DID YOU KNOW?

- Most concussions occur without loss of consciousness.
- Athletes who have, at any point in their lives, had a concussion have an increased risk for another concussion.
- Young children and teens are more likely to get a concussion and take longer to recover than adults.

SYMPTOMS REPORTED BY ATHLETE:

- Headache or “pressure” in head
- Nausea or vomiting
- Balance problems or dizziness
- Double or blurry vision
- Sensitivity to light
- Sensitivity to noise
- Feeling sluggish, hazy, foggy, or groggy
- Concentration or memory problems
- Confusion
- Just not “feeling right” or is “feeling down”

SIGNS OBSERVED BY COACHING STAFF:

- Appears dazed or stunned
- Is confused about assignment or position
- Forgets an instruction
- Is unsure of game, score, or opponent
- Moves clumsily
- Answers questions slowly
- Loses consciousness (even briefly)
- Shows mood, behavior, or personality changes
- Can’t recall events prior to hit or fall
- Can’t recall events after hit or fall

Michigan Department
of Community Health



Rick Snyder, Governor
James K. Haveman, Director

▶ **“IT’S BETTER TO MISS ONE GAME
THAN THE WHOLE SEASON”**

CONCUSSION DANGER SIGNS

In rare cases, a dangerous blood clot may form on the brain in a person with a concussion and crowd the brain against the skull. An athlete should receive immediate medical attention if after a bump, blow, or jolt to the head or body s/he exhibits any of the following danger signs:

- One pupil larger than the other
- Is drowsy or cannot be awakened
- A headache that gets worse
- Weakness, numbness, or decreased coordination
- Repeated vomiting or nausea
- Slurred speech
- Convulsions or seizures
- Cannot recognize people or places
- Becomes increasingly confused, restless, or agitated
- Has unusual behavior
- Loses consciousness (even a brief loss of consciousness should be taken seriously)

WHAT SHOULD YOU DO IF YOU THINK YOUR ATHLETE HAS A CONCUSSION?

1. If you suspect that an athlete has a concussion, remove the athlete from play and seek medical attention. Do not try to judge the severity of the injury yourself. Keep the athlete out of play the day of the injury and until a health care professional, experienced in evaluating for concussion, says s/he is symptom-free and it's OK to return to play.
2. Rest is key to helping an athlete recover from a concussion. Exercising or activities that involve a lot of concentration, such as studying, working on the computer, and playing video games, may cause concussion symptoms to reappear or get worse. After a concussion, returning to sports and school is a gradual process that should be carefully managed and monitored by a health care professional.
3. Remember: Concussions affect people differently. While most athletes with a concussion recover quickly and fully, some will have symptoms that last for days, or even weeks. A more serious concussion can last for months or longer.

WHY SHOULD AN ATHLETE REPORT THEIR SYMPTOMS?

If an athlete has a concussion, his/her brain needs time to heal. While an athlete's brain is still healing, s/he is much more likely to have another concussion. Repeat concussions can increase the time it takes to recover. In rare cases, repeat concussions in young athletes can result in brain swelling or permanent damage to their brain. They can even be fatal.

STUDENT-ATHLETE NAME PRINTED

STUDENT-ATHLETE NAME SIGNED

DATE

PARENT OR GUARDIAN NAME PRINTED

PARENT OR GUARDIAN NAME SIGNED

DATE

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HEADS UP

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Content Source: CDC's Heads Up Program. Created through a grant to the CDC Foundation from the National Operating Committee on Standards for Athletic Equipment (NOCSAE).