

PARENT'S LIABILITY RELEASE AND ACKNOWLEDGMENT OF CONCUSSION GUIDELINES AND MATERIALS

This form must be completed annually and submitted to OASA as part of the registration process.

Parent's Liability Release

In consideration of the participation of my child, who currently is not at least 18 years old, in soccer games and other programs conducted by or under the sanction of the Oregon Adult Soccer Association, Inc. (OASA) and its affiliated leagues, I hereby release and hold harmless OASA and all of its affiliated leagues, referees and sponsors, and all of their directors, officers, parent entities, affiliates, agents, employees, successors and assigns, from any and all claims, actions, losses, damages or expenses for personal or bodily injury (including death), and property loss or damage, incurred by me or my child or arising out of or in connection with my child's participation in soccer games and other programs conducted by or under the sanction of the OASA and its affiliated leagues.

Player's Printed Name

Parent's/Guardian's Printed Name

Parent's/Guardian's Signature

Date

Acknowledgment of Concussion Guidelines and Materials

In accordance with Senate Bill 721 ("Jenna's Law"), new concussion training and procedural guidelines are now in effect for Oregon coaches, managers, referees, players under the age of 18 and their parents or legal guardians. For each year of participation, and prior to a player under the age of 18 participating, at least one parent or legal guardian must acknowledge receipt and review of the guidelines and materials related to concussions as described in the law. If the player is age 12 or older, the player must also acknowledge receipt and review of the guidelines and materials.

Please review and acknowledge receipt of the Parent/Athlete Concussion Information Sheet and/or any other related materials by signing below. Together we can help ensure better outcomes for athletes who sustain concussions.

Parent/Guardian

I have received and reviewed the guidelines and materials regarding the warning signs of a concussion. I agree that my child must be removed from practice/play if a concussion is suspected and 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 or team manager and I understand the possible consequences of my child returning to practice/play too soon.

Parent's/Guardian's Printed Name

Relationship to Athlete

Parent's/Guardian's Date of Birth*

Parent's/Guardian's Preferred Contact (email/telephone)

Parent's/Guardian's Signature

Date

Player

I have received and reviewed the guidelines and materials regarding the warning signs of a concussion. I understand the importance of reporting a suspected concussion to my coaches and my parents/guardian and 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 or team manager before returning to practice/play and I understand the possible consequences of returning to practice/play too soon and that my brain needs time to heal.

Player's Printed Name

Player's Date of Birth

Player's Email

Player's Signature

Date

***Parent/guardian must show ID at the time of registration or send a copy of ID with the player's registration.**



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