



Delavan Lake Sailing School Concussion Agreement

Concussion and Head Injury Information

Assess the situation

Be alert for signs and symptoms

***Contact a health care
provider***

What is a concussion?

A concussion is a minor traumatic brain injury that changes the way the brain normally works. This may occur when the head hits an object or a moving object strikes the head causing the brain to move rapidly inside the skull. Even a mild bump or blow to the head can be serious, which is why it is important to be able to recognize the first signs, symptoms, and behaviors of a concussion.

Unfortunately, you cannot see a concussion. Signs, symptoms, and behavioral changes may not occur immediately and can take hours or days to be noticed. If you or a teammate may be experiencing symptoms of a concussion it is important to tell your parent/guardian and coach.

Signs of a Concussion:

- Appears dazed or stunned
- Moves clumsily
- Answers questions slowly or incorrect
- Repeats questions
- Cannot recall events prior to the injury
- Brief loss of consciousness
- Shows behavior or personality changes
- Confused/forgetful
- Slurred Speech

Symptoms of a Concussion:

- Thinking/Remembering:
 - Difficulty thinking clearly
 - Difficulty concentrating or remembering
 - Feeling more slowed down
 - Feeling sluggish, hazy, foggy, or groggy
- Physical:
 - Headache or “pressure” in head
 - Nausea or vomiting
 - Balance problems or dizziness
 - Fatigue or feeling tired
 - Blurry or double vision
 - Sensitivity to light or noise
 - Numbness or tingling
- Emotional
 - Irritable
 - More emotional than usual
 - Nervous

What should you do when a concussion is suspected?

- Alert your coach and parent/guardian
- Seek medical attention right away from a health care provider
- Rest to allow a successful recovery
- Once symptom free provide written consent from a health care provider to allow participation back in the program



Delavan Lake Sailing School Concussion Agreement

The Delavan Lake Sailing School (DLSS) is committed to conducting its programs and activities in the safest manner possible and hold the safety of the participants in the highest possible regard. Participants and parents registering their child in DLSS programs must recognize, however, that there is an inherent risk of injury when choosing to participate in recreation activities. The Delavan Lake Sailing School continually strives to reduce such risks and insists that all participants follow safety rules and instructions that have been designed to protect the participant's safety. Due to new safety regulations regarding concussions and head injuries, execution of the following Waiver and Release is required. Your cooperation is greatly appreciated. Please read this form carefully and be aware that in a participating in the program(s) listed in the Registration Form, you will be stating that you understand the importance of recognizing and responding to the signs, symptoms, and behaviors of a concussion or head injury.

Parent Agreement:

I _____ have read the Concussion and Head Injury Information and understand what a concussion is and how it may be caused. I also understand the common signs, symptoms, and behaviors associated with concussions and head injuries. I agree that my child must be removed from participating in any Delavan Lake Sailing School (DLSS) program if a concussion or head injury is suspected.

I understand that it is my responsibility to seek medical treatment if a suspected concussion is reported to me. I also understand that my child cannot return to the program until providing written consent from a trained health care provider.

Parent/Guardian Name (Signature) **Date:** _____

Parent/Guardian Name (Print) **Date:** _____

Participant Agreement:

I _____ have read the Concussion and Head Injury Information and understand what a concussion is and how it may be caused. I understand the common, signs, symptoms, and behaviors associated with concussions and head injuries, along with the importance of reporting a suspected concussion or head injury to my coaches and my parent/guardian.

I understand that I cannot return to the program until providing written consent from a trained health care provider.

Participant Name (Signature) **Date:** _____

Participant Name (Print) **Date:** _____