

INSURANCE WAIVER

I, the parent/legal guardian of the below named child(ren), hereby provide my approval and consent for my child(ren) to participate in the Greater Monsey Sports Group LLC sport program.

I hereby waive, release, absolve, indemnity and agree to hold harmless the Greater Monsey Sport Group LLC Program organizers, sponsors, supervisors, and participants from any claim arising out of any injury to my children or myself whether the result of negligence or for any other cause, except to the extent and in the amount covered by the sports group liability insurance, if any.

By signing this form, I agree that any personal property left behind shall be deemed abandoned and ownerless. I have read this form and fully understand that by registering my son(s) and/or daughter(s) and submitting this form, I hereby acknowledge and agree to all of the terms and provisions of this waiver/disclaimer.

THIS FORM MUST BE GIVEN IN OR EMAILED IN. REGISTERING ONLINE IS IN ADDITION TO FILLING THIS OUT.

Name(s) of Child(ren) _____

Emergency number _____

Grade(s) _____

School _____

Please indicate two friends your child wishes to be with. If you are registering more than one child, please indicate friends for each one.

Your child _____ Friends: _____

Concussion Acknowledgement

Student-Athletes who have sustained a concussion should complete a graduated return-to-play before they may resume competition or practice, according to the following protocol:

- Step 1: Completion of a full day of normal cognitive activities (school day, studying for tests, watching practice, interacting with peers) without reemergence of any signs or symptoms. If no return of symptoms, next day advance.
- Step 2: Light Aerobic exercise, which includes walking, swimming, and stationary cycling, keeping the intensity below 70% maximum heart rate. No resistance training. The objective of this step is increased heart rate.
- Step 3: Sport-specific exercise including skating, and/or running: no head impact activities. The objective of this step is to add movement.

- Step 4: Non-contact training drills (e.g. passing drills). Student-athlete may initiate resistance training.
- Step 5: Following medical clearance (consultation between school health care personnel and studentathlete’s physician), participation in normal training activities. The objective of this step is to restore confidence and assess functional skills by coaching and medical staff.
- Step 6: Return to play involving normal exertion or game activity.

For further information on Sports-Related Concussions and other Head Injuries, please visit:
www.cdc.gov/concussion/sports/index.html

www.bianj.org

www.nfhs.com

www.ncaa.org/health-safety

www.atsnj.org

Signature of Student-Athlete _____

Print Student-Athlete’s Name_____

Signature of Parent/Guardian_____

Print Parent/Guardian’s Name_____

Please check here _____ if you have a problem with your child’s picture being used

To secure your spot, please pay using one of the following

Chase QuickPay: Send monies to uriel@nathanash.com

PayPal: Send **GIFT** to uriel@monseyworldcup.com

Check: Greater Monsey Sports League:96 East Willow Tree Rd, Spring Valley, NY 10977

For those paying online you can hand in registration forms on the first day