



DE LA SALLE COLLEGIATE

# 2023 SUMMER CAMPS

## Release and Waiver of Liability

*Please complete and turn it in prior to the first day of camp*

**Student Last Name** \_\_\_\_\_ **Student First name** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**Camp(s) Attending:** \_\_\_\_\_

This is a legally binding Consent Form and Release of Liability made voluntarily by me, the undersigned Releasor, on my own behalf, and on the behalf of my heirs, executors, administrators, legal representatives and assigns to De LaSalle Collegiate High School and its constituents (hereinafter "DLS").

The undersigned hereby acknowledges that participation in the above-named activity involves an inherent risk of physical injury and assumes all such risks. The undersigned hereby agrees that for the sole consideration of DLS allowing the undersigned to participate in the above-named activity for which or in connection with which the school has made available any equipment, facilities, grounds, or personnel for such programs or activities, the undersigned does hereby release and forever discharge DLS and the Board of Trustees, its members individually, and its officers, agents, and employees of any and all claims, demands, rights and causes of action of whatever kind of nature, arising from and by reason of any and all known and unknown, foreseen and unforeseen bodily and personal injuries, damage to property, and the consequence thereof, resulting from participation in or in any way connected with the above-named activity.

In an emergency, I acknowledge that I am solely responsible for all medical and other costs arising out of bodily injury or any loss sustained through participation in this activity. I authorize program staff to secure any licensed hospital, physician, and/or medical personnel any treatment deemed necessary for the participant's immediate care.

By the execution of this agreement, I accept and assume full responsibility for any and all injuries, damages, and losses of any type, which may occur to me, and I hereby fully and forever release and discharge DLS, its officers, employees, and insurers including any self-insurance funds of the State from any and all claims, demands, damages, rights of action, present and future, whether the same be known or unknown, anticipated or unanticipated, resulting from or arising out of my participation in this class.

I understand that the acceptance of this release and waiver of liability by De La Salle Collegiate High School shall not constitute a waiver in whole or in part of sovereign immunity by said school, its members, officers, agents, and employees.

I have read the above carefully before signing. Further, I understand that this release and waiver of liability is binding.

**Parent Initial:**

\_\_\_\_\_ Release and Waiver of Liability: I have read and fully understand the Release and Waiver of Liability Agreement and release of all claims.

\_\_\_\_\_ Photography Permission: We give permission to use this participant's name, likeness, and voice in any and all manner of media.

**(More Initials/Signatures required on Reverse)**

**STUDENT CODE OF CONDUCT**

Disciplinary action may be imposed whenever a student commits or attempts to commit any act of misconduct on the De La Salle Campus, or at any activity, function, or event sponsored or supervised by De La Salle Collegiate, including but not limited to:

1. Possession, use, or distribution of an illegal or controlled substance, or look-alike drug.
2. Unauthorized and/or illegal possession, use, or distribution of any alcoholic beverage.
3. Theft of property or services.
4. Intentional or willful and wanton destruction of property.
5. Assault and/or battery.
6. Possession of a weapon.
7. Conduct that constitutes harassment or abuse that threatens the mental well-being, health, or safety of any individual.

Consequences include, but are not limited to, time out, notifying parents, and removal from the program for the safety and well-being of other campers.

\*Disciplinary action may also be imposed whenever a student commits any acts of misconduct during an off-site event or activity.

**Parent initial:**

*Behavior Contract*

\_\_\_\_\_ We, the parent/guardian, understand and agree to abide by the De La Salle Collegiate Code of Conduct. I acknowledge that we are fully aware of the consequences resulting from the violation of any of the guidelines and agree to comply with the Code of Conduct.

*Treatment Authorization and Permission*

\_\_\_\_\_ I authorize DLS staff to administer immediate and emergency medical treatment, including (A) transporting my child to a hospital emergency room or (B) calling the local rescue squad or ambulance.

\_\_\_\_\_ I acknowledge In accordance with Public Acts 342 and 343 of 2012 that I have received and reviewed the Concussion Fact Sheet for Parents and Students provided by DLS (the third page of this document).

1.) Please list specific medical allergies, chronic illnesses, or other conditions that will impact participation in camp.

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2.) Does the participant take any medication on a regular basis?      Yes                  No

Will the medication need to be administered during program hours?      Yes                  No

If yes, list medications and directions for taking the medicine. \_\_\_\_\_

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**Emergency Contact Person**

Name of an emergency contact person authorized to pick up participant (in case parent/guardian is unavailable)

Name \_\_\_\_\_ Phone: \_\_\_\_\_

Email \_\_\_\_\_

Signature of Participant \_\_\_\_\_ Date \_\_\_\_\_

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

## Some common symptoms

- Headache
- Pressure in the head
- Nausea/vomiting
- Dizziness
- Balance problems
- Double vision
- Blurry vision
- Sensitivity to light
- Sensitivity to noise
- Sluggishness
- Hazy vision
- Fogginess
- Grogginess
- Poor concentration
- Memory problems
- Confusion
- "Feeling down"
- Not "feeling right"
- Feeling irritable
- Slow reaction time
- Sleep problems
- Appears dazed and stunned
- Disoriented or confused
- Forgets an instruction

**UNDERSTANDING** Information for parents and students (Content meets MDCH requirements)

# CONCUSSION

## 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. It can also be caused by the shaking or spinning of the head or body. Even a "ding," "getting your bell rung," or what seems to be a mild bump or blow to the head can be serious.

You can't see a concussion. Signs and symptoms of concussions can show up right after the injury or may not appear or be noticed until days or weeks after the injury. If the student reports any symptoms of a concussion, or if you notice symptoms yourself, seek medical attention right away.

## If you suspect a concussion

1. **SEEK MEDICAL ATTENTION RIGHT AWAY** A health care professional will be able to decide how serious the concussion is and when it is safe for the student to return to regular activities, including sports.
2. **KEEP YOUR STUDENT OUT OF PLAY**

Concussions take time to heal. Don't let the student return to play the day of the injury and until a health care professional says it's OK. Students who return to play too soon while the brain is still healing risk a greater chance of having a second concussion. Repeat or second concussions can be very serious. They can cause permanent brain damage, affecting the student for a lifetime.

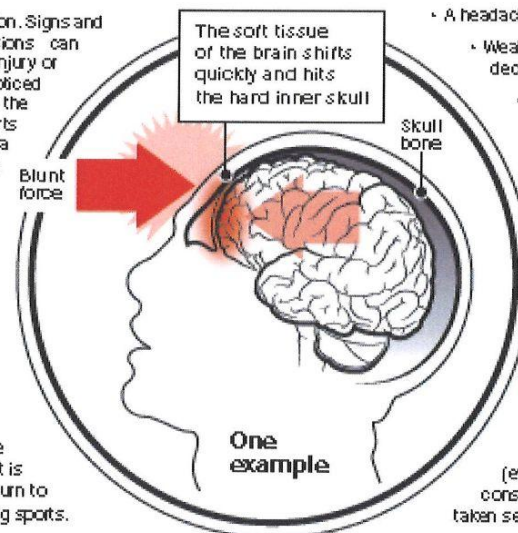
3. **TELL THE SCHOOL ABOUT ANY PREVIOUS CONCUSSION**

Schools should know if a student had a previous concussion. A student's school may not know about a concussion received in another sport or activity unless you notify them.

## 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. A student 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)



## How to respond to a report of a concussion

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

During recovery, exercising or activities that involve a lot of concentration (such as studying, working on the computer, or playing video games) may cause concussion symptoms to reappear or get worse.

Sources: Michigan Department of Community Health and the National Operating Committee on Standards for Athletic Equipment (NOCSAE)

# !!! WHEN IN DOUBT...SIT OUT !!!