

2026 4-H Fall Soccer Registration Cover Page

Registrations Due by August 30. Email forms to msue.benzie@msu.edu or mail/deliver to 448 Court Pl, Beulah, MI 49617.

Youth Player's Name (First & Last): _____ **4-H Age:** _____
(Age as of Jan. 1, 2027)

Please select your child's t-shirt/jersey size and desired t-shirt color. Jerseys are reversible 4-H green/white and will be worn by teams for game days.

Youth T-shirt & Jersey Size:

- X-Small Large
 Small X-Large
 Medium

T-shirt Color:

- Purple Gold Red White
 Navy Blue

Would you (parent/guardian) like to Volunteer to coach?

- Yes Maybe No
 If YES: what age/grade?
 U5 (K) U7 (1/2) U9 (3/4) U11 (5/6) U13 (7/8)

Youth Needs Adult Size: _____

IMPORTANT INFORMATION FOR PLAYERS & FAMILIES

- A child must be 5 years old by January 1, 2026, to be eligible to play 4-H Fall Soccer. A child must be no older than grade 8 (4-H age 13) during the 2025-2026 school year. Soccer is a 4-H program and therefore required to follow the 4-H Age Participant Policy.
- The cost is \$35 per player IF the player needs a new jersey. The cost is \$20 per player if the player DOES NOT need a new jersey. These fees provide each player with a reversible green/white 4-H soccer jersey (if needed), 4-H soccer shirt, and helps to pay for equipment for the season.
- Coach's children fees are waived.
- All players MUST have cleats (no metal) and shin guards to practice and play. Tall socks, weather appropriate sport attire, soccer ball, and water bottle are strongly recommended.
- Home field is used to determine team selection. A player's "home field" is usually whichever field is closer to their residence/address.

Please Select your Home Field Below:

- Benzonia Field – Benzonia Memorial Park, Grace Rd behind Watson Dealership, Benzonia, MI
 Lake Ann Field – Almira Township Park, 7276 Ole White Dr, Lake Ann, MI, next to fire station

- Teams are assigned randomly. Age divisions are sorted by 4-H age, in keeping with the 4-H mission and policy of age-appropriate learning.
- Heads Up Concussion Forms MUST be turned in with registration! This is a State of Michigan requirement for ALL organized youth sports.

Michigan State University Extension programs and materials are open to all without regard to race, color, national origin, gender, gender identity, religion, age, height, weight, disability, political beliefs, sexual orientation, marital status, family status or veteran status. Persons with disabilities have the right to request and receive reasonable accommodations.

Accommodations for persons with disabilities may be requested by contacting Ali Ballard at olsonal8@msu.edu by August 15 to make arrangements. Requests received after this date will be fulfilled when possible. (Please allow no less than one week for short programs and no less than one month for overnight programs.)

<input type="checkbox"/> Registration Fee: \$35.00 (new jersey needed) <input type="checkbox"/> Registration Fee: \$20.00 (no jersey needed) Late Fee: \$10.00 <p style="text-align: right;">Total: \$ _____</p> <p><i>*If Coaching, Registration is FREE</i> <input type="checkbox"/> Check box if child's parent is coaching.</p> <p style="text-align: center;"><i>(Cash or Check – Due by first Saturday Practice, payments received after are considered Late)</i></p>	<p style="text-align: center;">Benzie Area 4-H Soccer</p> <p>Date: _____</p> <p><input type="checkbox"/> Check # _____</p> <p><input type="checkbox"/> Cash \$ _____</p> <p><input type="checkbox"/> Scholarship \$ _____</p> <p>Received By: _____</p> <p style="text-align: center;">(Office Use Only)</p>
<p>Make Checks Payable to: Benzie 4-H</p>	



Michigan 4-H Youth Authorization and Acknowledgment Form



4-H Youth Enrollment New Returning **20**_____

MICHIGAN STATE UNIVERSITY | Extension

Email Address _____

First Name _____ (preferred) MI _____ Last Name _____

Address _____ City _____ State _____ Zip _____

Date of birth ____/____/____ Phone # _____ Years in 4-H _____

School County: _____
School District: _____
School Name: _____
Grade: _____

Gender : Female Male
 Gender identity not listed
 Prefer not to respond

Military
 I am serving in the military
 I have a family member serving in Military
 I have a family member retired from Military
 I have a parent serving in the Military
 I have a sibling serving in the Military
 I have a parent who served in the Military
 I have a parent retired from military
 No one in my family is serving
Branch of Service
 Air Force Army Coast Guard
 DOD Civilian Marines Navy N/A
Branch Component
 Active Duty National Guard Reserves N/A

Ethnicity (Optional, Select one)
 Not Hispanic Hispanic
 Prefer not to state
Race (Optional, select all that apply)
 White Black Asian
 Hawaiian/Pacific Islander
 American Indian/Alaskan Native
 Other combinations Prefer not to state

Residence:
 Farm
 Town <10,000
 Town >10,000
 Suburb >50,00
 City >50,000

Emergency Contact #1: Full Name _____ Relationship to Member _____
Contact #1 Phone _____ Contact #1 Email _____

Emergency Contact #2: Full Name _____ Relationship to Member _____
Contact #2 Phone _____ Contact #2 Email _____

Parent/Guardian #1: First Name _____ Last Name _____ Phone _____
Work Phone _____ Work Extension # _____

Parent Guardian #2: First Name _____ Last Name _____ Phone _____
Work Phone _____ Work Extension # _____

4-H Club/s: _____

Projects:

- | | | | |
|--|--|---|--|
| <input type="checkbox"/> Aerospace | <input type="checkbox"/> Computer & Digital Technology | <input type="checkbox"/> Introductory 4-H Projects (Cloverbuds) | <input type="checkbox"/> Shooting Sports: Air Rifle/Pellet |
| <input type="checkbox"/> Age in the Classroom | <input type="checkbox"/> Dairy Cattle | <input type="checkbox"/> Leadership Skills Development | <input type="checkbox"/> Shooting Sports: Archery (3-D) |
| <input type="checkbox"/> Agronomy | <input type="checkbox"/> Dogs | <input type="checkbox"/> Leisure Education | <input type="checkbox"/> Shooting Sports: Archery (target) |
| <input type="checkbox"/> Alpacas & Llamas | <input type="checkbox"/> Emus & Ostriches | <input type="checkbox"/> Life Skills & Character Education | <input type="checkbox"/> Shooting Sports: BB |
| <input type="checkbox"/> Animal Evaluation | <input type="checkbox"/> Engines & Transportation | <input type="checkbox"/> Meat & Food Science | <input type="checkbox"/> Shooting Sports: Coordinators |
| <input type="checkbox"/> Aquatic Science | <input type="checkbox"/> Entomology & Bees | <input type="checkbox"/> Mechanical Sciences | <input type="checkbox"/> Shooting Sports: Hunter Safety |
| <input type="checkbox"/> Beef | <input type="checkbox"/> Environmental Resource Mgt. | <input type="checkbox"/> Outdoor Education/Recreation | <input type="checkbox"/> Shooting Sports: Hunting & Wildlife |
| <input type="checkbox"/> Biological Sciences | <input type="checkbox"/> Environmental Science & Natural Resources | <input type="checkbox"/> Physical Sciences | <input type="checkbox"/> Shooting Sports: Muzzleloader |
| <input type="checkbox"/> Birds & Poultry | <input type="checkbox"/> Expressive Arts | <input type="checkbox"/> Plant Science | <input type="checkbox"/> Shooting Sports: Shotgun (trap & skeet) |
| <input type="checkbox"/> Business & Entrepreneurship | <input type="checkbox"/> Financial Literacy | <input type="checkbox"/> Poultry Science & Embryology | <input type="checkbox"/> Small /Pocket Pets/Lab Animals |
| <input type="checkbox"/> Career Exploration & Work Prep. | <input type="checkbox"/> Food & Nutrition | <input type="checkbox"/> Proud Equestrian Program | <input type="checkbox"/> Soils & Soil Conservation |
| <input type="checkbox"/> Cats | <input type="checkbox"/> Global & Cultural Education | <input type="checkbox"/> Rabbits/Cavies | <input type="checkbox"/> Swine |
| <input type="checkbox"/> Child Development, Child Care | <input type="checkbox"/> Goats | <input type="checkbox"/> Robotics | <input type="checkbox"/> Technology & Engineering |
| <input type="checkbox"/> Citizenship & Civic Engagement | <input type="checkbox"/> GPS/GIS | <input type="checkbox"/> Safety | <input type="checkbox"/> Veterinary Science |
| <input type="checkbox"/> Clothing & Textiles | <input type="checkbox"/> Health & Fitness | <input type="checkbox"/> Service Learning | <input type="checkbox"/> Wildlife & Fisheries |
| <input type="checkbox"/> College & Ind. Living Readiness | <input type="checkbox"/> Horse & Pony | <input type="checkbox"/> Sheep | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Communication | <input type="checkbox"/> Horseless Projects | <input type="checkbox"/> Shooting Sports: 0.22 Rifle | |
| <input type="checkbox"/> Community Service | <input type="checkbox"/> Horticulture | <input type="checkbox"/> Shooting Sports: Air Pistol | |

To be accepted, the Code of Conduct/Eval/Media/Medical/RiskWaiver pages must ALL accompany this enrollment form.

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Michigan 4-H Youth Authorization and Acknowledgment Form



Participant Name: _____

County of 4-H Participation: Benzie **Program Year:** 2026 - 2027

Instructions: This five-page form is required for participation in Michigan State University Extension 4-H youth programs. Each section requires a separate authorization.

Section 1 - Required

Michigan 4-H Youth Code of Conduct

The opportunity to participate in or attend 4-H experiences is a privilege. 4-H experiences include engagement and/or participation in clubs, groups, educational activities, social activities, projects, field trips, camps, etc. All 4-H participants – youth, families, volunteers, and Extension staff – who participate in 4-H experiences or events sponsored by the Michigan State University Extension 4-H Youth Development Program are expected to uphold the values of the Michigan 4-H program.

All 4-H youth participants must conduct themselves according to the following standards that apply to all Michigan 4-H programs, including virtual programs and interactions such as social media and internet engagement:

1. **Create a Welcoming Environment for All.** Encourage everyone to fully participate in 4-H. Recognize that all people have skills and talents that can help others and improve the community. Though we will not always agree, we must disagree respectfully. When we disagree, try to understand why. Our first priority is to create a safe, inclusive space for learning, sharing and collaboration that is welcoming to people from diverse backgrounds, cultures, and perspectives. Diversity includes, but is not limited to race, color, national origin, gender, gender identity, religion, age, height, weight, disability, political beliefs, sexual orientation, marital status, family status or veteran status.
2. **Bring Your Best Self.** Conduct yourself in a manner that reflects honesty, integrity, self-control, and self-direction. Accept the results and outcomes of 4-H activities and programs with grace and empathy for other participants. Accept the final opinions of judges and evaluators. Be open to new ideas, suggestions, and opinions of others.
3. **Obey the Law.** Obey the laws of the locality, state and nation and Michigan State University and Extension policies and guidelines. Commit no illegal acts. Do not possess, offer to others, or use alcohol, illegal drugs, marijuana, or tobacco products, which include e-pens, e-pipes, e-hookah, e-cigars, JUULs, vapes, vape pens or other electronic nicotine delivery systems. Do not attend 4-H activities under the influence of alcohol or illegal substances. Do not possess or use weapons or firearms except as expressly permitted as part of supervised 4-H shooting sports programming. This includes dangerous or unauthorized materials such as explosives or similar items.
4. **Honor Diversity – Yours and Others’.** Respect and uphold the rights and dignity of all persons with whom you interact as part of Michigan 4-H.
5. **Create a Safe Environment.** Be kind and compassionate toward others. Be considerate and courteous of all persons and their property. Do not carelessly or intentionally harm or intimidate anyone in any way (verbally, mentally, physically, or emotionally). Do not insult, harass, or bully others or engage in other hostile behaviors, including sexual harassment, sexual assault or sexual abuse. Abstain from sexual behavior and intimate physical/sexual contact in either public or private situations.
6. **Be a Team Player.** Work cooperatively with all individuals involved in 4-H programs and activities. Be responsive to the reasonable requests of the person in charge such as volunteers and staff. Respect the integrity of the group and the group’s decisions.
7. **Humane Treatment of Animals.** Treat animals humanely and provide appropriate animal care.
8. **Participate Fully.** Participate in and contribute to planned programs, be on time and follow through on assigned tasks/responsibilities in a manner that fosters the safety, well-being, and quality of the educational experience for self and others. Have fun!



Michigan 4-H Youth Authorization and Acknowledgment Form



Participant Name: _____

County of 4-H Participation: Benzie **Program Year:** 20 26 - 20 27

Section 1 – Required

Michigan 4-H Youth Code of Conduct - Continued

9. **Watch What You Wear.** Use good judgment. Wear clothing suited for the activity in which you will participate. Dress in a manner that is respectful to yourself and others. Clothing that displays or promotes violence, obscenity, illegal activities, discrimination, or intimidation is prohibited. Do not wear clothing that excessively exposes the body or shows undergarments.

10. **Be a Positive Role Model.** Act in a mature, responsible manner, recognizing you are a role model for others and that you are representing both yourself and the Michigan State University Extension 4-H Youth Development Program. Be responsible for your behavior, use positive language, and uphold the highest standards of conduct at all 4-H activities.

CONSEQUENCES

If I do not follow the Michigan 4-H Code of Conduct, I know that consequences may include any or all of the following:

- Having a discussion with 4-H adults such as staff and volunteers regarding my behavior and deciding what I can do to make up for any harm done
- Notification to my parents/guardians and appropriate staff members
- Dismissal from the 4-H event at my own expense and without any refund
- Not being allowed to participate in future 4-H events
- Paying for the financial cost of damages and repairs for damage or destruction of property
- Suspension or termination of my participation in the Michigan 4-H Youth Development Program
- Being released to the nearest law enforcement agency and/or proper authorities

I have read, understand, and agree to abide by the Michigan 4-H Youth Code of Conduct.

Participant Signature: _____ **Date:** _____

Parent/Guardian Signature: _____ **Date:** _____

Parent/Guardian must sign if participant is under 18.

SECTION 2 – Required

Youth Survey and Evaluation Acknowledgement

As a participant in Michigan State University Extension 4-H programs, your child may be provided with a survey or evaluation to help determine if a 4-H experience met their goal, was effective, or had the intended impact. There are times when youth may be asked about their knowledge about a content area or topic before a 4-H experience and then asked again at the completion of an experience. Surveys and evaluations are confidential, completely voluntary, and typically take no more than 10 minutes to complete. If you or your child does not wish to participate in a survey or evaluation, it will not affect involvement in any programs of Michigan State University. If you do not want your child to participate in 4-H experience surveys or evaluations, it is your responsibility to discuss this preference with the youth participant and prepare them to indicate this to volunteers or staff.

I acknowledge that my child may be asked to participate in a 4-H experience survey or evaluation by signing below.

Parent/Guardian Signature: _____ **Date:** _____

Participant must sign if over 18.



Michigan 4-H Youth Authorization and Acknowledgment Form



Participant Name: _____

County of 4-H Participation: Benzie **Program Year:** 20 26 - 20 27

SECTION 3 - Required

Youth Media Release

I authorize Michigan State University and MSU Extension to record my child's image and/or voice for use by Michigan State University Extension or its assignees in research, education, and promotional programs. I understand and agree that these audios, video, film, and/or print images may be edited, duplicated, distributed, reproduced, broadcasted, and/or reformatted in any form and manner without payment of fees in perpetuity.

I Agree, Parent/Guardian Signature: _____ Date: _____
Participant must sign if over 18.

I Disagree, Parent/Guardian Signature: _____ Date: _____
Participant must sign if over 18.

Section 4 required – Medical Information

Participant's full legal name: _____

Date of Birth: ____/____/____ Phone #: _____

Parent home phone: (_____) _____ Parent work phone: (_____) _____

Parent CELL phone: (_____) _____

Mailing address: _____ City _____ Zip _____

INFORMATION NEEDED ABOUT PARTICIPANT (Required):

- | Yes | No | If yes, please list/explain below. Attach additional sheets if needed. |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | 1. Does the participant have any allergies? If yes, what are the allergies?
_____ |
| <input type="checkbox"/> | <input type="checkbox"/> | 2. Does the participant have any allergies to medication or local anesthetics? If yes, list.
_____ |
| <input type="checkbox"/> | <input type="checkbox"/> | 3. Does the participant have any life-threatening allergies? If yes, please list.
_____ |
| <input type="checkbox"/> | <input type="checkbox"/> | 4. Is the participant taking any prescription medications or regularly taking over the counter medications? If yes, list the medications. _____
_____ |
| <input type="checkbox"/> | <input type="checkbox"/> | 5. Has the participant recently been treated for an ongoing medical problem? If yes, what medical problem? _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | 6. List any prescription quick-relief medications, for potentially life-threatening conditions, the participant is taking.
<input type="checkbox"/> Epi-Pen <input type="checkbox"/> Inhaler <input type="checkbox"/> Insulin Pump <input type="checkbox"/> other: _____
If yes, provide details: _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | 7. Does the participant have any chronic health concerns? (<i>Chronic health concerns develop over time and are long term; examples: asthma, depression, diabetes, and behavior/learning concerns</i>) If yes, please list. _____ |



Michigan 4-H Youth Authorization and Acknowledgment Form



Participant Name: _____

County of 4-H Participation: Benzie Program Year: 2026 - 2027

Section 4 – Required

Medical Information – continued

- 8. Does the participant have any acute health concerns? (*Acute health concerns develop quickly and are short term; examples: common cold, broken bone, burn, and bronchitis.*)
If yes, please list. _____
- 9. Has the participant ever suffered a concussion? If yes, please provide date of last concussion.

- 10. Would you like to disclose any other disabilities or special needs that could affect the participants ability to engage in a 4-H experience? If yes, please list. _____

What was the date of the participant’s last tetanus shot? (**this is not a required field*) Date: ____/____/____

HEALTH INSURANCE INFORMATION (REQUIRED):

Does the participant have health insurance? Yes No (*Enter N/A below if no coverage*)

Insurance company name: _____

List the policy number(s) & please identify: _____

Participant’s Primary Care Physician: _____

Physician’s Address: _____

Physician’s phone: _____

Policy holders name: _____

Policy holders address: _____

Employer’s name: _____

Employer’s address: _____

Policy holder’s relationship to participant: _____

If you have HMO insurance,
please list emergency treatment authorization phone number: (_____) _____

Please attach a photo copy of both sides of your insurance card (preferred) OR complete the information requested here: Insurance company phone number: (_____) _____

Section 5 - Required

Youth Medical Authorization Release

I recognize that while attending this program, medical treatment on an emergency basis may be necessary for my child, and I further recognize that volunteers or staff overseeing the program may be unable to contact me for my consent for emergency medical care. I do hereby consent in advance to such emergency care, including hospital care, as may be deemed necessary under the circumstances and to assume the expenses of such care. I also authorize the medical facility to release all information required to complete insurance claims and also authorize insurance payment directly to the medical facility.

I Agree, Parent/Guardian Signature: _____ Date: _____

Participant must sign if over 18.



Michigan 4-H Youth Authorization and Acknowledgment Form



Participant Name: _____

County of 4-H Participation: Benzie Program Year: 20 26 - 20 27

SECTION 6 – Required

Assumption of Risk

MSU Extension, 4-H Youth Development Consent, Acknowledgement of Risk, Waiver & Release Form

I grant permission for my child to participate in all 4-H clubs, groups, educational activities, social activities, and projects and (“experiences”) they are enrolled for in 4-H Online and for which I otherwise seek participation.

I understand that 4-H experiences may entail field trips and visits to various locations. I also understand that participation in 4-H experiences carries with it certain inherent risks that cannot be eliminated regardless of the care taken to avoid injuries. The specific risks vary from one experience to another, but the risks range from (1) minor injuries such as scratches, bruises, and sprains, to (2) major injuries such as eye injury or loss of sight, joint or back injuries, heart attacks, and concussions, to (3) catastrophic injuries including paralysis and death.

I further understand that offered 4-H experiences include those which may pose greater risks. These experiences include, but are not limited to: shooting sports, equestrian activities, other activities which involve large animals, ATV/UTV activities, snowmobiling, boating, motor vehicles and activities involving tractors and other farm implements.

Shooting Sports: I understand that some experiences include the use of firearms, live ammunition, and/or archery equipment. I understand that shooting sports are potentially hazardous activities and entail the risk of serious injury; including, but not limited to, gun shot or archery wounds that could result in blindness, paralysis, loss of limb or life.

Equestrian/Large Animals: I understand that some 4-H experiences involve the riding and/or husbandry of large animals. I understand that all animals, even trained animals, can exhibit unpredictable and potentially dangerous behavior. I recognize the riding and or care of large animals entails the risk of serious injury; including, but not limited to, fall, crush and blunt force wounds that could result in paralysis, loss of limb or life.

I have reviewed or will review all of the 4-H experiences that my youth has selected or will select. I understand that by selecting 4-H experiences I am accepting any risks associated with those experiences.

I understand that my child has a role to play in regard to his or her safety and security. I will speak with my child about the need to listen to instructions, honor safety rules, and to behave responsibly.

If I am a participant who is 18 years of age or older: I have read the risks above, and, in consideration for being permitted to participate in chosen 4-H experiences, I release, waive, discharge, and covenant not to sue 4-H volunteers/leaders, County 4-H Extension Councils/Committees, Michigan State University (collectively, “Releasees”), and all officers, directors, employees, agents, volunteers, and contractors of releasees, from any claim, demand, loss, liability, damages, and attorney fees and costs whatsoever arising from, related to, or resulting from the above risks, including those caused by the negligent acts or omissions of any or all of the releasees.

I have read and understand this Consent, Acknowledgement of Risk, Release and Waiver.

I Agree, Parent/Guardian Signature: _____ **Date:** _____

Participant must sign if over 18.

Concussion

INFORMATION SHEET



This sheet has information to help protect your children or teens from concussion or other serious brain injury. Use this information at your children's or teens' games and practices to learn how to spot a concussion and what to do if a concussion occurs.


What Is a Concussion?

A concussion is a type of traumatic brain injury—or TBI—caused by a bump, blow, or jolt to the head or by a hit to the body that causes the head and brain to move quickly back and forth. This fast movement can cause the brain to bounce around or twist in the skull, creating chemical changes in the brain and sometimes stretching and damaging the brain cells.

How Can I Help Keep My Children or Teens Safe?

Sports are a great way for children and teens to stay healthy and can help them do well in school. To help lower your children's or teens' chances of getting a concussion or other serious brain injury, you should:

- Help create a culture of safety for the team.
 - Work with their coach to teach ways to lower the chances of getting a concussion.
 - Talk with your children or teens about concussion and ask if they have concerns about reporting a concussion. Talk with them about their concerns; emphasize the importance of reporting concussions and taking time to recover from one.
 - Ensure that they follow their coach's rules for safety and the rules of the sport.
 - Tell your children or teens that you expect them to practice good sportsmanship at all times.
- When appropriate for the sport or activity, teach your children or teens that they must wear a helmet to lower the chances of the most serious types of brain or head injury. However, there is no “concussion-proof” helmet. So, even with a helmet, it is important for children and teens to avoid hits to the head.

 **Plan ahead.** What do you want your child or teen to know about concussion?

How Can I Spot a Possible Concussion?

Children and teens who show or report one or more of the signs and symptoms listed below—or simply say they just “don't feel right” after a bump, blow, or jolt to the head or body—may have a concussion or other serious brain injury.

Signs Observed by Parents or Coaches

- Appears dazed or stunned
- Forgets an instruction, is confused about an assignment or position, or is unsure of the 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* or *after* a hit or fall

Symptoms Reported by Children and Teens

- Headache or “pressure” in head
- Nausea or vomiting
- Balance problems or dizziness, or double or blurry vision
- Bothered by light or noise
- Feeling sluggish, hazy, foggy, or groggy
- Confusion, or concentration or memory problems
- Just not “feeling right,” or “feeling down”

Talk with your children and teens about concussion. Tell them to report their concussion symptoms to you and their coach right away. Some children and teens think concussions aren't serious, or worry that if they report a concussion they will lose their position on the team or look weak. Be sure to remind them that *it's better to miss one game than the whole season.*



CONCUSSIONS AFFECT EACH CHILD AND TEEN DIFFERENTLY.

While most children and teens with a concussion feel better within a couple of weeks, some will have symptoms for months or longer. Talk with your children's or teens' healthcare provider if their concussion symptoms do not go away, or if they get worse after they return to their regular activities.

What Are Some More Serious Danger Signs to Look Out For?

In rare cases, a dangerous collection of blood (hematoma) may form on the brain after a bump, blow, or jolt to the head or body and can squeeze the brain against the skull. Call 9-1-1 or take your child or teen to the emergency department right away if, after a bump, blow, or jolt to the head or body, he or she has one or more of these danger signs:

- One pupil larger than the other
- Drowsiness or inability to wake up
- A headache that gets worse and does not go away
- Slurred speech, weakness, numbness, or decreased coordination
- Repeated vomiting or nausea, convulsions or seizures (shaking or twitching)
- Unusual behavior, increased confusion, restlessness, or agitation
- Loss of consciousness (passed out/knocked out). Even a brief loss of consciousness should be taken seriously

Children and teens who continue to play while having concussion symptoms, or who return to play too soon—while the brain is still healing—have a greater chance of getting another concussion. A repeat concussion that occurs while the brain is still healing from the first injury can be very serious, and can affect a child or teen for a lifetime. It can even be fatal.

What Should I Do If My Child or Teen Has a Possible Concussion?

As a parent, if you think your child or teen may have a concussion, you should:

1. Remove your child or teen from play.
2. Keep your child or teen out of play the day of the injury. Your child or teen should be seen by a healthcare provider and only return to play with permission from a healthcare provider who is experienced in evaluating for concussion.
3. Ask your child's or teen's healthcare provider for written instructions on helping your child or teen return to school. You can give the instructions to your child's or teen's school nurse and teacher(s) and return-to-play instructions to the coach and/or athletic trainer.

Do not try to judge the severity of the injury yourself. Only a healthcare provider should assess a child or teen for a possible concussion. Concussion signs and symptoms often show up soon after the injury. But you may not know how serious the concussion is at first, and some symptoms may not show up for hours or days.

The brain needs time to heal after a concussion. A child's or teen's return to school and sports should be a gradual process that is carefully managed and monitored by a healthcare provider.

To learn more, go to [cdc.gov/HEADSUP](https://www.cdc.gov/HEADSUP)



Discuss the risks of concussion and other serious brain injuries with your child or teen, and have each person sign below.

Detach the section below, and keep this information sheet to use at your children's or teens' games and practices to help protect them from concussion or other serious brain injuries.

- I learned about concussion and talked with my parent or coach about what to do if I have a concussion or other serious brain injury.

Athlete's Name Printed: _____ Date: _____

Athlete's Signature: _____

- I have read this fact sheet for parents on concussion with my child or teen, and talked about what to do if they have a concussion or other serious brain injury.

Parent or Legal Guardian's Name Printed: _____ Date: _____

Parent or Legal Guardian's Signature: _____