

FRESHMAN AND JR. HIGH
SAFETY INFORMATION FOR FOOTBALL

1. Warm up daily before practice. This may help avoid injury.
2. Check your helmet daily before practice. This is your main protective device. Look for (a) loose or missing pads, (b) loose or missing screws, (c) loose facemask and (d) inadequate air if it is an air helmet.

IT IS YOUR RESPONSIBILITY TO DO THIS EVERY DAY BEFORE PRACTICE AND GAME AND REPORT ANY PROBLEMS TO THE COACH.

3. Check other equipment, that is shoulder pads, pants, etc., for missing pads or defects and **report any problems to the coach.**
4. Wear your mouthguard.
5. Defiance High School employs an athletic trainer licensed by the State of Ohio and certified by the National Athletic Trainers Association and maintains a training room. The trainer is available before school and during varsity practice. There is no charge for this service.

PLEASE NOTIFY THE COACH OF ALL INJURIES AND FOLLOW HIS ADVICE. IT IS VERY IMPORTANT FOR THE COACH TO BE AWARE OF ALL INJURIES AND ANY VISITS TO MEDICAL PERSONNEL CONCERNING AN INJURY.

6. Follow the rules of the game. Rules are made to help protect you and your opponent from injury.
7. The following label is placed on your helmet as a warning. Please read it and follow the advice.

WARNING

NO HELMET CAN PREVENT ALL HEAD AND NECK INJURIES A PLAYER CAN RECEIVE WHILE PARTICIPATING IN FOOTBALL. DO NOT USE THIS HELMET TO BUTT, RAM, OR SPEAR AN OPPOSING PLAYER. THIS IS IN VIOLATION OF THE FOOTBALL RULES AND SUCH USE CAN RESULT IN SEVERE HEAD OR NECK INJURIES, PARALYSIS, OR DEATH TO YOU AND POSSIBLE INJURY TO YOUR OPPONENT.

I HAVE READ THE ABOVE STATEMENTS AND UNDERSTAND THEM FULLY. I AM AWARE THAT PLAYING OR PRACTICING ANY SPORT CAN BE A DANGEROUS ACTIVITY INVOLVING MANY RISKS OF INJURY. I UNDERSTAND THAT THE DANGERS AND THE RISKS OF PLAYING OR PRACTICING FOOTBALL INCLUDE, BUT ARE NOT LIMITED TO, DEATH, SERIOUS NECK AND SPINAL INJURIES WHICH MAY RESULT IN COMPLETE OR PARTIAL PARALYSIS, BRAIN DAMAGE, SERIOUS INJURY TO VIRTUALLY ALL BONES, JOINTS, LIGAMENTS, MUSCLES, TENDONS, AND OTHER ASPECTS OF THE MUSCULAR-SKELETAL SYSTEM, AND SERIOUS INJURY OR IMPAIRMENT TO OTHER ASPECTS OF MY BODY, GENERAL HEALTH AND WELL BEING.

Signature of athlete _____ Date _____

Signature of parent or guardian _____ Date _____

PLEASE KEEP ONE COPY FOR YOURSELF AND RETURN THE SIGNED FORM TO THE COACH.
THANK YOU.