



**2018-2019 USARS
Junior Participating in Adult Roller Derby Division Check List**

Junior's Name: _____

Parents'/Legal Guardian Names: _____

Name of Club Accepting Junior & Club Id: _____

The following items must be returned together to the USARS National Office for a junior (14-18 years old) to be considered for acceptance to compete in an adult division for USARS Roller Derby. Submission of all items alone does not guarantee approval- information will be verified and notification of acceptance or denial sent via email.

- Parental Consent, Waiver, and Release
- Skating Proficiency Verification- included on waiver
- Roller Derby Minimum Skating Skills Assessment Form
- Letter of recommendation from their junior level coach- this letter should address his/her endorsement of the junior player being both physically and mentally capable of competing at the adult level. The letter must include a signature and the coach's contact information.
- Letter of acceptance from the adult club- this letter must include verification that the club has verified the junior's skating capabilities in person and is comfortable with allowing him/her to compete with their adults. The letter must be signed by a minimum of two USARS members from the club (one must be a club officer) and include their contact information.
- USARS Membership Application (if not already submitted) - must be signed by the adult club!
- Copy of Birth Verification- acceptable forms include a birth certificate, driver's license, or passport
- Parent and Athlete Concussion Form.
- Concussion training for the coach is available through the CDC at: http://www.cdc.gov/concussion/headsup/online_training.html. A copy of the training completion certificate must be sent in as well.

Please be aware that the omission of the above information or the delay in the National Office receiving the above information may jeopardize a timely review.

Please email forms to- bbenson@usarollersports.org or you can mail or fax to

USA Roller Sports, 4730 South Street Lincoln, NE 68506 Phone (402) 483-7551, Fax (402) 483-1465



**2018-2019 USARS ROLLER DERBY
PARENTAL CONSENT, WAIVER, AND RELEASE**

MINOR'S NAME: _____ **DATE OF BIRTH:** _____

CLUB ID: _____ **USARS MEMBERSHIP NO:** _____

PARENTS' / LEGAL GUARDIAN NAMES: _____

ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP CODE:** _____

HOME PHONE: _____ **CELL:** _____

EMAIL: _____

In consideration of USA Roller Sports (hereafter "USARS") acceptance of the above-named Minor (hereafter "Minor") as a participant in USARS sanctioned Roller Derby events for the period beginning December 1, 2018 through November 30, 2019 and in return for the opportunity to participate in these USARS sanctioned Roller Derby events:

It is agreed that all risks attendant to watching and/or participating in USARS sanctioned Roller Derby events and activities, including, but not limited to bodily injury and/or death, are assumed by Minor and his/her above-named parents and/or legal guardians (hereafter "Guardians") and that this assumption is acknowledged, approved, and agreed to by Minor and Guardians as indicated by the signatures hereto.

I understand that the laws of certain states may preclude or limit a minor's participation in events like Roller Derby that involve a significant likelihood of injury. I understand that I am responsible for complying with all such state laws and hereby indemnify USARS and hold it harmless for any violations resulting from Minor's participation in a USARS sanctioned event that violates state law.

I hereby certify that Minor is physically able to participate in USARS sanctioned Roller Derby events and activities and that I know of no physical impairments which would in any manner limit his/her participation in such events. I hereby grant permission for physicians, dentists, other licensed health care providers and their designees employed or directed by USARS to administer outpatient medical, surgical, or dental services as appropriate or necessary antigens or other injections, to perform emergency procedures as necessary or to refer to other duly licensed medical personnel when necessary.

I understand and acknowledge Roller Derby is a full-contact sport that involves significant physical exertion, exercise, agility, and strength. I understand and acknowledge that at some USARS sanctioned Roller Derby events Minor may participate with and/or compete against adults over the age of 18. I understand and acknowledge that Minor may participate and/or compete against individuals who are significantly older, taller, larger, faster, and/or stronger than Minor. I understand and acknowledge that participation in Roller Derby with these individuals is dangerous and involves the risk of severe physical injury including death. I represent and warrant that Minor is voluntarily engaging in USARS sanctioned Roller Derby events despite these risks. Minor and Guardians assume the risks of any and all damages and injuries that Minor and/or Guardians may suffer during Minor's participation in or involvement with a USARS sanctioned Roller Derby event.



I represent and warrant that Minor is in good physical and mental health and has no disability, impairment, injury, disease or ailment preventing Minor from engaging in active or passive exercise or physical activities which involve increased risk of injury or adverse health consequences. I understand and acknowledge that Minor must complete and successfully pass a USARS proficiency test to compete in USARS sanctioned Roller Derby events and that this proficiency test is evidence that the Minor possesses certain minimum skating skills and knowledge related to Roller Derby events. I hereby represent and warrant that Minor has completed and passed the USARS proficiency test.

In consideration for honoring Minor's request to participate in USARS sanctioned Roller Derby events and activities, I, for myself, my executors, administrators, heirs, next of kin, and assigns, do hereby release and forever discharge USARS, its Board of Directors, its respective entities, administrators, representatives, employees, agents, and members from any claims that I might have myself or could bring on Minor's behalf with regard to damages, demands, or any actions whatsoever, including those based on negligence, contract, failure to supervise, and/or negligent entrustment, in any manner arising out of Minor's participation in USARS sanctioned Roller Derby events and/or activities. I also hereby agree to save, hold harmless, and indemnify USARS, its Board of Directors, and/or its respective entities, administrators, representatives, employees, agents, and members against any and all claims, including claims of negligence, failure to supervise and/or negligent entrustment, which Minor and/or Guardians might bring or have against USARS as a result of Minor's active or passive participation in USARS sanctioned Roller Derby events and/or activities. Minor and Guardians recognize that we are giving up, among other things, rights to sue USARS, its respective entities, administrators, representatives, employees, agents or members for injuries, damages or losses that Minor and/or Guardians may incur.

The signature(s) below confirms that I/we will take financial responsibility for any and all damages and/or injuries that Minor and/or Guardians may cause or suffer from during Minor's participation in USARS sanctioned Roller Derby events and activities and shall be liable to the USARS for any charge or liability that it incurs on behalf of Minor and/or Guardians.

By signing below, the undersigned represents that he and/or she has read this document and understands the obligations, representations, and promises contained herein.

MINOR SIGNATURE

DATE OF SIGNATURE

PARENT/LEGAL GUARDIAN SIGNATURE

DATE OF SIGNATURE

PARENT/LEGAL GUARDIAN SIGNATURE

DATE OF SIGNATURE



2018-19 Minimum Skills Skating Requirements Roller Derby Assessment Form

This is the official record of skating skills for the following individual for the 2017 calendar year:

Skater's Real Name & Skate Name: _____

Club ID & USARS Member #: _____

Email Address & Phone Number: _____

The organization (club/league) is responsible for tracking this information and a designated official (to be decided by club/league) must sign off (date included) on each skill mastery. A player must pass all skills before they are roster-eligible for USA Roller Sports sanctioned events. Detailed information regarding each requirement is available in Addendum I of the current USA Roller Sports (USARS) Roller Derby Rule Book. The organization is responsible for maintaining signed records of all successful assessments and skaters must be assessed annually. Additional notes regarding each skill are encouraged and can be included on the back of this form or by attaching additional paper. If requested, the organization must provide these assessment forms to USA Roller Sports.

1. Rolling Posture: _____
2. Glides (both feet): _____
3. Single Knee Slides: _____
4. Double Knee Slide: _____
5. Figure 4 Fall: _____
6. 180 Degree Knee Slide: _____
7. Basic T Stop: _____
8. Plow Stop: _____
9. Stepping (all directions): _____
10. Pushing For Power: _____
11. Crossovers: _____
12. Endurance: _____
13. Hops & Jumps: _____
14. Squats: _____
15. Agility: _____
16. Whips: _____
17. Blocks: _____
18. Hip pushes: _____

Official's Name & Signature: _____

By signing below, I acknowledge that the individual at the top of this form has successfully passed the Minimum Skills Requirements established by USA Roller Sports.

Email Address & Phone Number: _____



CERTIFICATION OF PROFICIENCY

I hereby certify that on the ____ day of _____, 20____, the above-named minor completed and successfully passed a USARS proficiency test and that he/she possesses the necessary skating skills and knowledge to participate in USARS sanctioned Roller Derby events and activities.

NAME OF TESTER: _____

SIGNATURE OF TESTER: _____

TITLE OF TESTER: _____

NAME OF HOST CLUB: _____

EMAIL: _____ CELL PHONE: _____

ACKNOWLEDGEMENT OF PARTICIPATION

I represent that I am the coach for the above-named individual during the 2017-2018 Roller Derby season. I am aware that the above-named individual is a minor and understand and acknowledge that the above-named minor intends to participate in USARS sanctioned Roller Derby events and activities.

NAME OF COACH: _____

SIGNATURE OF COACH: _____ DATE OF SIGNATURE: _____

EMAIL: _____ CELL PHONE: _____

USARS ACCEPTANCE

USARS STAFF SIGNATURE

DATE OF SIGNATURE



2018-2019 USARS PARENT AND ATHLETE CONCUSSION INFORMATION & CONSENT FORM

A concussion is a brain injury and all brain injuries are serious. They are caused by a bump, blow, or jolt to the head, or by a blow to another part of the body with the force transmitted to the head. They can range from mild to severe and can disrupt the way the brain normally works. Even though most concussions are mild, ***all concussions are potentially serious and may result in complications including prolonged brain damage and death if not recognized and managed properly.*** In other words, even a “ding” or a bump on the head can be serious. You can’t see a concussion and most sports concussions occur without loss of consciousness. Signs and symptoms of concussion may show up right after the injury or can take hours or days to fully appear. If your child reports any symptoms of concussion, or if you notice the symptoms or signs of concussion yourself, seek medical attention right away.

Symptoms may include one or more of the following:

Headaches- Amnesia- Nervousness- Anxiety- Blurred vision- Nausea-Vomiting- “Pressure in head”- ‘Don’t feel right”
Neck Pain- Dizziness- Balance Problems- Fatigue- Sadness- Irritability- Light Sensitivity- Noise Sensitivity- Confusion

Signs observed by teammates, parents and coaches include:

Appears dazed- Vacant facial expression- Confused about assignment- Forgets plays- Unsure of gam/score/opponent
Moves clumsily- Answers questions slowly- Slurred Speech- Behavior/Personality change- Can’t recall events
Seizures/Convulsions- Loss of Consciences

What can happen if my child keeps on playing with a concussion or returns too soon?

Athletes with the signs and symptoms of concussion should be removed from play immediately. Continuing to play with the signs and symptoms of a concussion leaves the young athlete especially vulnerable to greater injury. There is an increased risk of significant damage from a concussion for a period of time after that concussion occurs, particularly if the athlete suffers another concussion before completely recovering from the first one. This can lead to prolonged recovery, or even to severe brain swelling (second impact syndrome) with devastating and even fatal consequences. It is well known that adolescent or teenage athlete will often under report symptoms of injuries. And concussions are no different. As a result, education of is the key for student athlete’s safety.

If you think your child has suffered a concussion

Any athlete even suspected of suffering a concussion should be removed from the game or practice immediately. No athlete may return to activity after an apparent head injury or concussion, regardless of how mild it seems or how quickly symptoms clear, without medical clearance. Close observation of the athlete should continue for several hours. ***A youth athlete who is suspected of sustaining a concussion or head injury in a practice or game shall be removed from competition at that time and may not return to play until the athlete is evaluated by a licensed health care provider trained in the evaluation and management of concussion and received written clearance to return to play from that health care provider.*** You should also inform your child’s coach if you think that your child may have a concussion. Remember, it’s better to miss one game than miss the whole season. And when in doubt, the athlete sits out.



For current and up-to-date information on concussions you can go to:

<http://www.cdc.gov/concussion/HeadsUp/youth.html>

PARENT AND SKATERS SIGNATURES

MINOR SIGNATURE

DATE OF SIGNATURE

PARENT/LEGAL GUARDIAN SIGNATURE

DATE OF SIGNATURE

PARENT/LEGAL GUARDIAN SIGNATURE

DATE OF SIGNATURE

USARS ACCEPTANCE

USARS STAFF SIGNATURE

DATE OF SIGNATURE

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