



Seattle Parks and Recreation Delridge Community Center

2018-2019 Youth Basketball Registration Form

FEE: \$85.00 (Includes Jersey) Please Make Checks Payable to CITY OF SEATTLE

Are you a returning Player to Delridge CC? YES NO

Player Information:

Name

Special Request (friend/carpool)

Street Address

Zip Code

Parent. Guardian Name & Phone Number

Email

AGE: _____

Date of Birth: _____

Note: Age is determined as of August 31, 2018 (example: if an athlete is 10 years old on or before August 31, they will play in the 10-year old division).

*We must have a copy of the child's Birth Certificate or other proof of age in order for the child to participate in our sports program.
i.e. Baptismal Certificate, School Data Sheet, Washington State ID or Driver's License, Passport.

Circle Intended Age League:

Boys Age Group: 8-9 yrs. 10yrs. 11yrs. 13yrs. 14-15yrs. 16-17yrs.

Girls Age Group: 8-9 yrs. 10yrs. 11yrs. 13yrs. 14-15yrs. 16-17yrs.

Sex: Male Female

Do you have a request for a specific Coach? _____

Please Indicate Jersey Size: (Please Circle)

YS YM YL AS AM AL AXL AXXL

Are you interested in Coaching? Yes No Assistant Only

Office Use Only: Amount Paid: _____ Age Exception Needed?: Yes or No YSR Form?: Yes or No Proof of Age?: Yes or No



YOUTH SPORTS REGISTRATION FORM

Dear Parent or Guardian:

The Seattle Department of Parks and Recreation welcomes your child to our Youth Sports Program. We hope that your child will find the experience rewarding and will develop skills and friendships that he or she will keep for the rest of his/her life.

Your child will be placed on a team based on an assessment by Recreation staff and/or volunteer coaches using the following criteria: safety, skills, and ability. If there are only enough youth to form one team in your child's age division and gender at the desired community center, your child will automatically be placed on that team. The ability of the team is then assessed by Recreation staff and the team is placed for example in the appropriate league, either Gold (competitive), Silver and Bronze (recreational) or House League (recreational skill development).

If there are not enough participants to form a team with your child's age and/or gender classification at the community center where you signed up, you will be given the opportunity to have your child join a team at another community center, join a team in a different age group, or join a team of the opposite gender if there is space available.

As a condition of your child's participation in this activity, you must complete and sign the attached form and return it to the community center where your child is participating. If you do not want to authorize the City to secure medical treatment for your child in the event of an accident and you cannot be contacted, then cross out and initial the medical authorization paragraph. Be sure, nonetheless, to complete the "Emergency and Medical Information" section. Thank you.

Community Center _____

Child's Name _____ **Parent's Name** _____

Age _____ **Birthdate** _____ **Sex** _____ **Home Phone** _____ **Parent's Work** _____

Parent Cell Phone _____ **Parent's email** _____

Address _____ **City** _____ **Zip** _____

School _____ **Grade** _____

Uniform Size: **YS** ___ **YM** ___ **YL** ___ **AS** ___ **AM** ___ **AL** ___ **AXL** ___ **AXXL**

Coach or player request: _____ ***Please Note: No guarantee can be made for coach , team or player request**

| <u>Sport or Activity</u> | <u>Signature of Parent or Guardian</u> | <u>Date</u> |
|--------------------------|--|-------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |

This form has four sections (1) an assumption of risk and release; (2) paragraph of instruction; (3) medical authorization; and (4) a participant information form. The first section tells you about risks of injury that may arise from participating in a sport or activity of the Department's Youth Sports Program in order to aid you in making an informed decision as to whether or not your child should participate in this athletic activity and requires you to assume its risks. The second section emphasizes obedience to safety rules. The third section gives the Department authorization to provide medical care in case an accident should happen and you cannot be contacted. The fourth section provides the Department important information about your child.

As a parent or guardian, you should ask coaches, physicians, and other knowledgeable persons about any concerns that you might have at any time about your child's participation or safety. The decision for your child to participate is yours.

I. ASSUMPTION OF RISKS

Injuries to participants in the Youth Sports Program may occur from risks inherent in the sports or activity; from placing stress on the body that has not been prepared for; from accidents in learning or practicing playing techniques; from failing to follow game, training, safety or other team rules; from the use of transportation to and from games and other events; and from administration of first aid. Injury can include direct physical, and possibly crippling, injury to one's body, and emotional injury experienced as a result of inflicting injury to another or witnessing it. The severity of injury can range from minor cuts, scrapes, or muscle strain to catastrophic injury, such as paralysis or even death.

In consideration of the City and the Seattle Department of Parks and Recreation permitting my child or ward to participate in its Youth Sports Program, I hereby agree on behalf of my child that he or she will assume the risk of injury or death from participating as outlined above. I release the City, its Department of Parks and Recreation, the Department's employees, advisory councils, and/or volunteers from any liability resulting from my child's participating in the sport or activity. This assumption of risk and release binds by child's heirs, estate, executor or administrator, and assigns all members of my family.



Seattle Parks and Recreation Concussion Information Sheet

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:

- | | |
|--|--|
| <ul style="list-style-type: none">• Headaches• “Pressure in head”• Nausea or vomiting• Neck pain• Balance problems or dizziness• Blurred, double, or fuzzy vision• Sensitivity to light or noise• Feeling sluggish or slowed down• Feeling foggy or groggy• Drowsiness• Change in sleep patterns | <ul style="list-style-type: none">• Amnesia• “Don’t feel right”• Fatigue or low energy• Sadness• Nervousness or anxiety• Irritability• More emotional• Confusion• Concentration or memory problems (forgetting game plays)• Repeating the same question/comment |
|--|--|

Signs observed by teammates, parents and coaches include:

- Appears dazed
- Vacant facial expression
- Confused about assignment
- Forgets plays
- Is unsure of game, score, or opponent
- Moves clumsily or displays incoordination
- Answers questions slowly
- Slurred speech
- Shows behavior or personality changes
- Can’t recall events prior to hit
- Can’t recall events after hit
- Seizures or convulsions
- Any change in typical behavior or personality
- Loses consciousness

Seattle Parks and Recreation

Concussion Information Sheet

What can happen if my child keeps on playing with a concussion or returns to 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 administrators, coaches, parents and students 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. The new "Zackery Lystedt Law" in Washington now requires the consistent and uniform implementation of long and well-established return to play concussion guidelines that have been recommended for several years:

"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 its 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/ConcussionInYouthSports/>

Student-athlete Name Printed

Student-athlete Signature

Date

Parent or Legal Guardian Printed

Parent or Legal Guardian Signature

Date