

Seattle Asian Sports Club
2022-2023 Registration Form
Year Twenty Nine (29)

Player Information (One application per player)

Check as appropriate Returning Player New Player Sibling Registration

Last Name _____ Legal First _____ MI _____

DOB _____ Age _____ Gender _____ Grade _____ Jersey Size _____
Birthdate at 8/31/2022 Fall 2022 (YS-YL, AS-AXXL)

If playing on another team. To the best of my knowledge, my participation on another team will not conflict with my obligations to SASC. Yes No

Is this team a select or traveling team* Yes No

* Seattle Park Department rules require that teams with one select player enter that team in the Competitive Division Level. See the SASC Information Sheet.

Parent Information (Please print)

Parent/Guardian 1 Name _____

Parent/Guardian 2 Name _____

Home Address _____

City _____ Zip _____ Home phone _____

Parent/Guardian 1 cell phone _____

Parent/Guardian 2 cell phone _____

Parent/Guardian 1 email address _____

Parent/Guardian 2 email address _____

Show parent/guardian's name(s) in the yearbook as:

Registration Fees

- Primary Registration (first child) for program year: Nov 1, 2022 - March 31, 2023
 - a. Age 9 (as of 8/31/22) and up\$175.00
 - b. Age 6-8 (as of 8/31/22).....\$125.00
- Sibling membership,(each additional child) \$175.00

Complete a separate form for each sibling registration

Total number of family members to registered is _____. This application is _____ of _____

Note: Financial Assistance is available on a limited basis. See SASC Information Sheet and Online registration site.

Please make checks payable and mail to SASC, P.O. Box 3084, Seattle, WA 98114

INFORMATION REQUESTED ON ALL PAGES OF THIS APPLICATION MUST BE PROVIDED.

I certify that the information contained on this application is accurate, correct and current. I have also **read and understand information and policies** contained in the SASC Registration Information below.

Parent signature or Guardian signature

Date

**Receipt of this application form does not guarantee placement on a team.
Team placement is subject to the availability of qualified coaches, facilities, and team roster limits.**

Medical Consent

I, the undersigned, am the parent or guardian having legal custody of

 Player's Name

I authorize all medical, surgical, diagnostic and hospital care or procedures which may be performed or prescribed for my child by a licensed physician or hospital, when efforts to contact me are unsuccessful, and when deemed immediately necessary or advisable by the physician to safeguard my child's health. I waive my right of informed consent to such treatment.

 Parent signature or Guardian signature

 Date

Emergency Notification Information

Alternate Contact in case of emergency:

Name	Address	Phone
Relationship		

_____	_____	_____
_____	_____	_____

Medical Information

Child's Physician _____ Phone _____

My child has a condition requiring regular medication. No Yes (If yes, please explain)

Medications:

Allergies:

Health Insurance

Medical Plan: _____

Group ID: _____ Member ID: _____

Employer: _____

Release and Indemnification

I hereby agree to indemnify and hold Seattle Asian Sports Club (SASC) harmless from any claims of any nature or kind suffered by any member of my family relating to his/her/our/their participation in any SASC activity.

- I give my approval to use the image of my child in SASC related media—such as yearbooks, web pages, videos, etc.
- I have read and understand the concussion information provided on the SASC Web site and available for download from: <http://www.sascsports.org/about/forms>

I understand that this means that I am releasing and waiving any and all claims for injury or damages my child or family member may have against SASC and that I will be solely responsible for paying all costs incurred by SASC resulting from any such claim, such as medical/dental costs or attorney's fees. The agreement to release and indemnify SASC includes, without limitation, the organization itself and its coaches, volunteers, board members and officers.

Signed and Dated:

Seattle Asian Sports Club Concussion Information Sheet

Adapted from the CDC and the 3rd International Conference on Concussion in Sport

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
- “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
- 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

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 "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:
[HEADS UP to Youth Sports | HEADS UP | CDC Injury Center](#)

Student-athlete Name Printed	Student-athlete Signature	Date
------------------------------	---------------------------	------

Parent or Legal Guardian Printed	Parent or Legal Guardian Signature	Date
----------------------------------	------------------------------------	------