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Youth Individual Registration Form

Sport _____ Preferred city of play _____

Child's Name (Please Print) _____ Age _____ (waiver sign if waiving up)

Child's Date of Birth (mm/dd/yr) ____/____/____ Circle one - Boy or Girl

Circle One- New or Returning Player (Previous Team name/Coach) _____

Parent's Name (Please Print/ list Mom &Dad) _____

Mailing Address _____ City _____ Zip _____

School Attend _____

Home Phone (____) _____ Cell Phone (____) _____ Email address: _____

Name & age of sibling that needs to be on the same team _____

EXPLAIN any Medical Problems or Special NEEDS a coach may need to know about your child/children

LIABILITY: I, the parent or guardian of the child listed above, hereby gives approval to his/her participation in the Program for which I am registering him/her. On behalf of myself and the child identified above, and to the fullest extent permitted by law, I assume all risks and hazards incidental to such participation including transportation to and from activities; and do hereby waive, release, absolve and indemnify and agree to hold harmless CCPSA Leisure Service, PSA, local league organization, the employees, volunteers, officials, agents, sponsors, supervisors, participants, organizers, and persons transporting the child to and from activities, from any and all liability for any damage or injury which may occur or result, regardless of the cause, from my or my child's participation in the Program, including without limitation, for injury, death, damage, property damage, and/or other liability of any nature arising out of or relating to the Program. I hereby acknowledge that there are obvious risks of injury involved in participation in all sports activities and, specifically, the sports activity for which I/my child have registered as set forth above. I agree on behalf of myself/my minor child to participate in the Program with full knowledge of the conditions contained herein.

COVID-19/PROTECTING PARTICIPANTS RELEASE AND INDEMNITY: 1. I agree that I, the child identified above, and any other person attending or participating in the Program or related activities will be expected to fully comply with all federal, state, county and local ordinances, codes, rules, regulations, executive and/or emergency orders, and to strictly follow the protocols as directed by the Centers for Disease Control and Prevention (CDC), Georgia Department of Public Health (GADPH) and PSA, arising from, addressing, or related to COVID-19 and/or any other threats to public health. 2. I agree that effective physical distancing and proper hygiene can be only be accomplished through personal responsibility and it is each person's individual duty to protect themselves, their families and the community, and doing so is the sole responsibility of myself and my minor child, the other participants, and the other parties involved in the Program. 3. I agree that the assumptions, releases, waivers and indemnities set forth above apply to any and all claims losses, costs, damages, and/or expenses arising from or related to exposure to or infection with/contraction of any illness, including COVID-19, related to participation in the Program and related activities.

MEDICAL: I also grant permission to the managing and/or coaching personnel or other league representatives to authorize and obtain medical care and treatment from any licensed physician, hospital or medical clinic, including major surgery deemed necessary by and adult licensed physician should the child become ill or injured while participating in activities away from home, or at other times when neither parent/guardian is available to grant authorization for emergency treatment.

Initial that I have read and understand the contents on this page: _____

Parent/Guardians Signature _____ **Date:** _____

Only the parent or legal guardian of the child named above may sign this registration form.

OFFICEUSEONLY: Amount paid \$ _____ CR/CH/CK# _____

Parent's Code of Ethics



I hereby pledge to provide positive support, care, and encouragement for my child participating in youth sports by following this PAYS Parents' Code of Ethics:

I will encourage good sportsmanship by demonstrating positive support for all players, coaches, and officials at every game, practice, or other youth sports event.

I will place the emotional and physical well-being of my child ahead of a personal desire to **win**.

I will insist that my child play in a safe and healthy environment.

I will require that my child's coach be trained in the responsibilities of being a youth sports coach and that the coach upholds the Coaches' Code of Ethics.

I will support coaches and officials working with my child, in order to encourage a positive and enjoyable experience for all.

I will demand a sports environment for my child that is free from drugs, tobacco, and alcohol, and will refrain from their use at all youth sports events.

I will remember that the game is for youth - not for adults.

I will do my very best to make youth sports fun for my child.

I will help my child enjoy the youth sports experience by doing whatever I can, such as being a respectful fan, assisting with coaching, or providing transportation.

I will ask my child to treat other players, coaches, fans, and officials with respect regardless of race, sex, creed, or ability.

I will read the National Standards for Youth Sports and do what I can to help all youth sports organizations implement and enforce them

Parent Signature

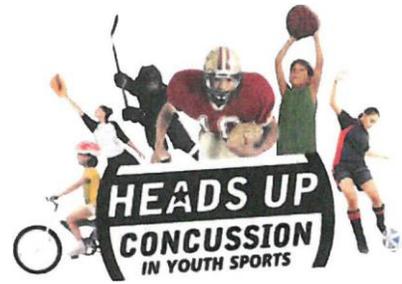
Date

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Parent/Athlete Concussion Information Sheet

A concussion is a type of traumatic brain injury that changes the way the brain normally works. A concussion is caused by bump, blow, or jolt to the head or body that causes the head and brain to move rapidly back and forth. Even a "ding," "getting your bell rung," or what seems to be a mild bump or blow to the head can be serious.

WHAT ARE THE SIGNS AND SYMPTOMS OF CONCUSSION?

Signs and symptoms of concussion can show up right after the injury or may not appear or be noticed until days or weeks after the injury.

If an athlete reports **one or more** symptoms of concussion listed below after a bump, blow, or jolt to

Did You Know?

- Most concussions occur *without* loss of consciousness.
- Athletes who have, at any point in their lives, had a concussion have an increased risk for another concussion.
- Young children and teens are more likely to get a concussion and take longer to recover than adults.

the head or body, s/he should be kept out of play the day of the injury and until a health care professional, experienced in evaluating for concussion, says s/he is symptom-free and it's O.K. to return to play.

SIGNS OBSERVED BY COACHING STAFF

- Appears dazed or stunned
- Is confused about assignment or position
- Forgets an instruction
- Is unsure of 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 hit or fall
- Can't recall events *after* hit or fall

SYMPTOMS REPORTED BY ATHLETES

- Headache or "pressure" in head
- Nausea or vomiting
- Balance problems or dizziness
- Double or blurry vision
- Sensitivity to light
- Sensitivity to noise
- Feeling sluggish, hazy, foggy, or groggy
- Concentration or memory problems
- Confusion
- Just not "feeling right" or "feeling down"

CONCUSSION DANGER SIGNS

In *rare* cases, a dangerous blood clot may form on the brain in a person with a concussion and crowd the brain against the skull. An athlete should receive immediate medical attention if after a bump, blow, or jolt to the head or body s/he exhibits any of the following danger signs:

- One pupil larger than the other
- Is drowsy *or* cannot be awakened
- A headache that not only does not diminish, but gets worse
- Weakness, numbness, *or* decreased coordination
- Repeated vomiting *or* nausea
- Slurred speech
- Convulsions *or* seizures
- Cannot recognize people or places
- Becomes increasingly confused, restless, or agitated
- Has unusual behavior
- Loses consciousness (*even a brief loss of consciousness should be taken seriously*)

WHY SHOULD AN ATHLETE REPORT THEIR SYMPTOMS?

If an athlete has a concussion, his/her brain needs time to heal. While an athlete's brain is still healing, s/he is much more likely to have another concussion Repeat concussions can increase the time it takes to recover. In *rare* cases, repeat concussions in young athletes can result in brain swelling or permanent damage to their brain. *They can even be fatal*

Remember

Concussions affect people differently. While most athletes with a concussion recover quickly and fully, some will have symptoms that last for days, *or even weeks*. A more serious concussion can last for months or longer.

WHAT SHOULD YOU DO IF YOU THINK YOUR ATHLETE HAS A CONCUSSION?

If you suspect that an athlete has a concussion, remove the athlete from play and seek medical attention. Do not try to judge the severity of the injury yourself. Keep the athlete out of play the day of the injury and until a health care professional, experienced in evaluating for concussion, says s/he is symptom-free and it's OK to return to play.

Rest is key to helping an athlete recover from a concussion. Exercising *or* activities that involve a lot of concentration, such as studying, working on the computer, *or* playing video games, may cause concussion symptoms to reappear *or* get worse. After a concussion, returning to sports and school is a gradual process that should be carefully managed and monitored by a health care professional.

It's better to miss one game than the whole season. For more information on concussions, visit: www.cdc.gov/Concussion.

Student-Athlete Name Printed

Student -Athlete Signature

Date

Parent or Legal Guardian Printed

Parent or Legal Guardian Signature

Date