

2016 JOHNSON CITY PARKS & RECREATION 2016
YOUTH CO-ED KICKBALL LEAGUES

REGISTRATION FEBRUARY 8TH – MARCH 6TH (Winged Deer Park Tower)
 It's important to register as early as possible and return this form to the Athletic Office

REGISTRATION FEE: \$25.00 (Johnson City Resident) - \$30.00 (Non-City Resident)
 A \$20.00 LATE FEE WILL BE CHARGED FOR REGISTRATIONS TURNED IN BEGINNING MARCH 7
MAKE CHECKS PAYABLE TO CITY OF JOHNSON CITY
ONLINE REGISTRATION IS NOW AVAILABLE
GO TO: WWW.MYJCPARKS.COM
TEAM PREFERENCES ARE NOT GUARANTEED

Youth Athletic Refund Policy:

REFUNDS WILL NOT BE ISSUED ONCE THE SEASON BEGINS

I wish to participate in: Ages 6-7 Coach-Pitch _____ Ages 8-9 _____ Ages 10-11 _____
AGE AS OF AUGUST 15, 2015

Player's Name: _____ Date of Birth: _____
 Address: _____ City: _____ Zip: _____
 Home Phone: _____ **School Attending:** _____
 If you do not attend a City School; you must play for the City School nearest your home by car.
 List this School: _____ Grade: _____ Shirt Size: Youth S ___ M ___ L ___
 Player's Height: _____ Player's Weight: _____

Mother's Name: _____ Father's Name: _____
 Employer: _____ Employer: _____
 Phone: _____ Phone: _____

Medical Insurance: Name of Company: _____
 Name(s) Insured: _____

- Accident insurance is not provided for players.

In case of an emergency notify: Name: _____
 H Phone: _____ W Phone: _____

MEDICAL: Please list any medical condition(s), disabilities, or other conditions that may affect child's ability to play as well as if special accommodations are being requested:

I authorize my child to participate in the Johnson City Parks & Recreation Youth Kickball program. Upon signing this form; I hereby release the City of JC, Parks & Recreation, employees, sponsors, and all persons involved with the program from any and all responsibility of any injury(s) that my child may sustain while participating in a game or practice.

 Mother's Signature Date Father's Signature Date

- Both parents must sign before the child may participate!

I am interested in: Coaching: _____ Assisting: _____ Sponsorship: _____

**BY SIGNING; I HEREBY AGREE THAT I HAVE READ THE
 PARENT'S CODE OF CONDUCT ON THE REVERSE SIDE OF THIS FORM**

For More Information / Returning Forms: Johnson City Parks & Recreation 283-5822
 Athletic Office
 Winged Deer Park Tower
 4137 Bristol Highway
 Johnson City, TN 37601

Athletic Office Use: Date/Time Rec'd: _____ Staff: _____ Rec #: _____

CONCUSSION

INFORMATION AND SIGNATURE FORM FOR STUDENT-ATHLETES & PARENTS/LEGAL GUARDIANS (Adapted from CDC "Heads Up Concussion in Youth Sports")

Public Chapter 148, effective January 1, 2014, requires that school and community organizations sponsoring youth athletic activities establish guidelines to inform and educate coaches, youth athletes and other adults involved in youth athletics about the nature, risk and symptoms of concussion/head injury.

**Read and keep this page.
Sign and return the signature page.**

A concussion is a type of traumatic brain injury that changes the way the brain normally works. A concussion is caused by a 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.

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.

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 the head or body, s/he should be kept out of play the day of the injury and until a health care provider* says s/he is symptom-free and it's OK to return to play.

SIGNS OBSERVED BY COACHING STAFF	SYMPTOMS REPORTED BY ATHLETES
Appears dazed or stunned	Headache or "pressure" in head
Is confused about assignment or position	Nausea or vomiting
Forgets an instruction	Balance problems or dizziness
Is unsure of game, score or opponent	Double or blurry vision
Moves clumsily	Sensitivity to light
Answers questions slowly	Sensitivity to noise
Loses consciousness, even briefly	Feeling sluggish, hazy, foggy or groggy
Shows mood, behavior or personality changes	Concentration or memory problems
Can't recall events <i>prior</i> to hit or fall	Confusion
Can't recall events <i>after</i> hit or fall	Just not "feeling right" or "feeling down"

*Health care provider means a Tennessee licensed medical doctor, osteopathic physician or a clinical neuropsychologist with concussion training

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 after a bump, blow or jolt to the head or body if 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 HIS OR HER 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 brains. *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 provider* 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.

* Health care provider means a Tennessee licensed medical doctor, osteopathic physician or a clinical neuropsychologist with concussion training.

JOHNSON CITY PARKS & RECREATION DEPARTMENT PARENT/LEGAL GUARDIAN CODE OF CONDUCT

The Johnson City Parks & Recreation Department recognizes the important role that parents/legal guardians play in the success of its programs and also recognizes the role that parents/legal guardians will play in the level of enjoyment that the participants will receive. To this end, the department has developed the following Code of Conduct to help parents/legal guardians understand the expectations of the department in the operation of its sports programs.

Mission:

All programs are designed to provide a fun and safe environment for a child to learn the basic skills of a sport and learn the enjoyment of friendly competition, teamwork, and participation in a structured youth sports program.

Commitment To The Players:

1. Parents/legal guardians will put the welfare of their child above all else.
2. Parents/legal guardians shall encourage their child to exhibit good sportsmanship at all times.
3. All games will be conducted within the letter and intent of the rules of the sport.
4. Parents/legal guardians should remember that their child is a student-athlete and not make demands upon them that will be detrimental to their academic goals or that compromise their academic pursuits.
5. Parents/legal guardians shall follow the organization and national governing body rules and state and local laws regarding drug, alcohol and tobacco use.
6. Parents/legal guardians should do their best to have their child at all games and practices.
7. Parents/legal guardians will use positive re-enforcement methods and refrain from any action that would be demeaning or humiliating to the child.
8. Parents/legal guardians will always keep in mind that the children are in the process of learning the sport and that mistakes are a natural part of the learning process.

Commitment To The Program:

1. Parents/legal guardians will behave in a manner that will bring credit to the program, team members, and to themselves.
2. Parents/legal guardians will exhibit a courtesy and polite demeanor in their actions and words and dress appropriately.
3. Parents/legal guardians will act in full accordance with the program, national governing body, and sanctioning body rules.
4. Parents/legal guardians must refrain from making derogatory remarks about other parents, coaches, officials, or the program.

Commitment To The Coaches:

1. A parent/legal guardian(s) has an obligation to be honest and forthright with their coaches.
2. Parents/legal guardians will treat other parents or legal guardians and spectators with dignity and respect. Profanity is not acceptable behavior.
3. Parents/legal guardians must refrain from making derogatory remarks about another parent, coach, official, spectators, or the program.

Commitment To The Officials:

1. All game officials shall be treated in a courteous and respectable manner at all times.
2. Any disagreement with an official's actions or conduct shall be addressed through the proper channels and not through public opinion or demonstration.
3. All parents/legal guardians should strive to develop positive relations with the officials.
4. Parents/legal guardians must refrain from making derogatory remarks about officials.

Student-athlete & Parent/Legal Guardian Concussion Statement

Must be **signed and returned** to school or community youth athletic activity prior to participation in practice or play.

Student-Athlete Name: _____

Parent/Legal Guardian Name(s): _____

After reading the information sheet, I am aware of the following information:

Student-Athlete initials		Parent/Legal Guardian initials
	A concussion is a brain injury which should be reported to my parents, my coach(es) or a medical professional if one is available.	
	A concussion cannot be "seen." Some symptoms might be present right away. Other symptoms can show up hours or days after an injury.	
	I will tell my parents, my coach and/or a medical professional about my injuries and illnesses.	N/A
	I will not return to play in a game or practice if a hit to my head or body causes any concussion-related symptoms.	N/A
	I will/my child will need written permission from a health care provider* to return to play or practice after a concussion.	
	Most concussions take days or weeks to get better. A more serious concussion can last for months or longer.	
	After a bump, blow or jolt to the head or body an athlete should receive immediate medical attention if there are any danger signs such as loss of consciousness, repeated vomiting or a headache that gets worse.	
	After a concussion, the brain needs time to heal. I understand that I am/my child is much more likely to have another concussion or more serious brain injury if return to play or practice occurs before the concussion symptoms go away.	
	Sometimes repeat concussion can cause serious and long-lasting problems and even death.	
	I have read the concussion symptoms on the Concussion Information Sheet.	

* Health care provider means a Tennessee licensed medical doctor, osteopathic physician or a clinical neuropsychologist with concussion training

Signature of Student-Athlete _____ Date _____

Signature of Parent/Legal guardian _____ Date _____

Athlete/Parent/Guardian Sudden Cardiac Arrest Symptoms and Warning Signs Information Sheet and Acknowledgement of Receipt and Review Form

What is sudden cardiac arrest?

Sudden cardiac arrest (SCA) is when the heart stops beating, suddenly and unexpectedly. When this happens, blood stops flowing to the brain and other vital organs. SCA doesn't just happen to adults; it takes the lives of students, too. However, the causes of sudden cardiac arrest in students and adults can be different. A youth athlete's SCA will likely result from an inherited condition, while an adult's SCA may be caused by either inherited or lifestyle issues.

SCA is NOT a heart attack. A heart attack may cause SCA, but they are not the same. A heart attack is caused by a blockage that stops the flow of blood to the heart. SCA is a malfunction in the heart's electrical system, causing the heart to suddenly stop beating.

How common is sudden cardiac arrest in the United States?

SCA is the #1 cause of death for adults in this country. There are about 300,000 cardiac arrests outside hospitals each year. About 2,000 patients under 25 die of SCA each year. It is the #1 cause of death for student athletes.

Are there warning signs?

Although SCA happens unexpectedly, some people may have signs or symptoms, such as:

- fainting or seizures during exercise;
- unexplained shortness of breath;
- dizziness;
- extreme fatigue;
- chest pains; or
- racing heart.

These symptoms can be unclear in athletes, since people often confuse these warning signs with physical exhaustion. SCA can be prevented if the underlying causes can be diagnosed and treated.

What are the risks of practicing or playing after experiencing these symptoms?

There are risks associated with continuing to practice or play after experiencing these symptoms. When the heart stops, so does the blood that flows to the brain and other vital organs. Death or permanent brain damage can occur in just a few minutes. Most people who experience SCA die from it.

Public Chapter 325 – the Sudden Cardiac Arrest Prevention Act

The act is intended to keep youth athletes safe while practicing or playing. The requirements of the act are:

- All youth athletes and their parents or guardians must read and sign this form. It must be returned to the school before participation in any athletic activity. A new form must be signed and returned each school year.

Adapted from PA Department of Health: Sudden Cardiac Arrest Symptoms and Warning Signs Information Sheet and Acknowledgement of Receipt and Review Form. 7/2013

- The immediate removal of any youth athlete who passes out or faints while participating in an athletic activity, or who exhibits any of the following symptoms:
 - (i) Unexplained shortness of breath;
 - (ii) Chest pains;
 - (iii) Dizziness
 - (iv) Racing heart rate; or
 - (v) Extreme fatigue; and
- Establish as policy that a youth athlete who has been removed from play shall not return to the practice or competition during which the youth athlete experienced symptoms consistent with sudden cardiac arrest
- Before returning to practice or play in an athletic activity, the athlete must be evaluated by a Tennessee licensed medical doctor or an osteopathic physician. Clearance to full or graduated return to practice or play must be in writing.

I have reviewed and understand the symptoms and warning signs of SCA.

Signature of Student-Athlete

Print Student-Athlete's Name Date

Signature of Parent/Guardian

Print Parent/Guardian's Name Date