

# 2018 Summer Sport Camps and Clinics Registration

Child's Name (Last)	(First)	Grade in 2017-18	Age	DOB	M or F
Physical Address	PO Box	City	State	Zip	Parent Email

*Please list any drug allergies, or medical conditions you would like to disclose for the child listed above.*

**Parent 1/Legal Guardian's Information** (\*Camp Staff will text this parent's mobile phone regarding reminders, etc.)

Circle Relationship: Mother    Step-Mother    Guardian Father    Step-Father	First Name:	Last Name:	<u>*Mobile Carrier:</u>
	*Preferred Mobile Phone:	Alternate Phone:	

**Parent 2/Legal Guardian's Information**

Circle Relationship: Mother    Step-Mother    Guardian Father    Step-Father	First Name:	Last Name:
	Preferred Phone:	Alternate Phone:

**Required Emergency Contacts**  
(Other than Parents/Guardians)

1. Name:	Phone:	Alternate Phone:
2. Name:	Phone:	Alternate Phone:

PLEASE CHECK THE BOXES BELOW FOR EACH SESSION YOUR CHILD WILL ATTEND  
(Grades based on the 2017-18 school year)

**Lil' Devils 3<sup>rd</sup> – 5<sup>th</sup> Basketball Camp**

Circle shirt size:	YXS (2-4)	YS (6-8)	YM (10-12)	YL (14-16)
	Adult S	Adult M	Adult L	Adult XL

<u>Session 1</u>	June 11 – 21	Monday – Thursday	8 – 9:45 AM	\$80	<input type="checkbox"/>
<u>Session 2</u>	July 9 - 19	Monday – Thursday	8 – 9:45 AM	\$80	<input type="checkbox"/>

**Middle and High School Softball Clinic**

(Grades 6 – 11)

May 29 – June 1

Tuesday – Friday

10 AM -12 PM

\$40

**Lil' Devils 6<sup>th</sup> – 8<sup>th</sup> Basketball Camp**

Circle shirt size:	YXS (2-4)	YS (6-8)	YM (10-12)	YL (14-16)
	Adult S	Adult M	Adult L	Adult XL

<u>Session 1</u>	June 11 – 21	Monday – Thursday	8 – 9:45 AM	\$80	<input type="checkbox"/>
<u>Session 2</u>	July 9 - 19	Monday – Thursday	8 – 9:45 AM	\$80	<input type="checkbox"/>

**Registration Deadline: The Wednesday before each Camp Week.** Please note that registration opens April 19, 2018 and late registration is not guaranteed. Only if space remains after each **Wednesday**, registrations *may* be accepted with a \$10/child late fee.

Registration Directions and Information:

1. On-line registration is available at <https://cityofpage.recdesk.com/Community/Program>
2. Submit this form and payment to City Hall, 697 Vista Ave. Page, AZ, Monday – Thursday 7 AM – 5:30 PM,  
By mail to City of Page, P.O. Box 1180, Page, AZ. 86040
3. If paying by check, make payable to the City of Page (a \$25 fee will be charged on all returned checks)

**OFFICIAL USE ONLY:**      *Registration Fees – Basketball: \$80 per child per session    Softball: \$40 per child*

Payment received by: \_\_\_\_\_ Date: \_\_\_\_\_ Amount: \$\_\_\_\_\_ Cash: \$\_\_\_\_\_ Check #: \_\_\_\_\_ Receipt # \_\_\_\_\_

**Parents/Guardians Please Complete Side 2**

**Please INTIAL First and Last Name**

\_\_\_\_\_ I understand that I am obligated to pay in full for ALL camp/clinic session(s) my child is registered for, regardless of attendance.

\_\_\_\_\_ I recognize that participation in the event and the use of recreational facilities, all equipment, and facilities contained therein (collectively, the "Recreational Facilities"), have inherent risk of injury and carries with it the potential for death, serious injury and property loss.

\_\_\_\_\_ I verify that I or my child/children am/is/are physically and mentally able to participate in this recreation program and, have not been advised otherwise by a qualified medical person.

\_\_\_\_\_ In consideration of this application and permitting me or my child/children to participate in this City Sponsored recreation program, I hereby take action for myself, my child/children, my spouse, executors, administrators, assignees, heirs, guardians, and legal representatives and do hereby voluntarily waive and release and discharge from any liability and do further indemnify, agree to defend and hold harmless the City of Page, their officers, trustees, employees, agents, representatives, volunteers, and any department, organization or group affiliated therewith (collectively "City"), or Page Unified School District #8 for any accident, injury, illness, death, loss, theft, damage to person or property, or other consequences suffered by me or my child/children arising or resulting directly or indirectly from my, or my child/children's participation in the event or use of the recreation facilities.

\_\_\_\_\_ In the event I or my child/children is/are injured I agree to assume any financial obligation, either through my health insurance, or through some other means, for any medical costs that are incurred. By signing this agreement, I waive my right to bring any legal action now or at any time in the future to recover compensation or obtain any other remedy for any injury to me or my child/children, or my property, or for death however caused, arising out of the use of the Recreation Facilities. I expressly agree that this release is intended to be as broad and inclusive as the State of Arizona will allow. If any portion is held invalid, I agree that the balance shall, notwithstanding, continue in full legal force and effect.

\_\_\_\_\_ I hereby give my consent and agree to be financially responsible for any emergency medical treatment necessary, including but not limited to, emergency treatment at the Recreational Facilities or Hospital Emergency Room. I realize and appreciate that there is a possibility of complications and unforeseen consequences in any medical treatment, and I assume any such risk on the behalf of myself and said minor.

\_\_\_\_\_ I understand that at this event or related activities, I or my child/children may be photographed. I agree to allow my or my child's/children's photo, video or film likeness to be used for any legitimate purpose by the event holders, producers, sponsors, organizers and /or assigns.

\_\_\_\_\_ If participating in a youth program, in compliance with the City of Page Recreation Policy, I acknowledge that I have read and understand the Concussion and Traumatic Head Injury Information Sheet and the Concussion and Traumatic Head Injury Policy that was provided to me by the City related to potential concussion and traumatic head injuries occurring during participation in sporting events. I understand the content, responsibilities and warnings therein and I agree to abide by the City's Concussion and Traumatic Head Injury Policy. I understand that if my child sustains a concussion, it is my responsibility to return a completed Qualified Health Care Provider Statement Authorizing Player to Resume Play form to the City of Page Recreation Department.

\_\_\_\_\_ I hereby certify that I have read both sides of this document; and, I understand its content.

**THE CITY DOES NOT CARRY MEDICAL/ACCIDENT OR LIABILITY INSURANCE FOR INDIVIDIAL PARTICIPANTS**

**Parent/Guardian's Name (Print):** \_\_\_\_\_ **Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

*Signature applies to all emergency and general information listed on this registration form.*



## A Fact Sheet for PARENTS

### WHAT IS A CONCUSSION?

A concussion is a type of traumatic brain injury. Concussions are caused by a bump or blow to the head. Even a “ding,” “getting your bell rung,” or what seems to be a mild bump or blow to the head can be serious.

You can’t see a 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 your child reports any symptoms of concussion, or if you notice the symptoms yourself, seek medical attention right away.

### WHAT ARE THE SIGNS AND SYMPTOMS OF A CONCUSSION?

#### Signs Observed by Parents or Guardians

*If your child has experienced a bump or blow to the head during a game or practice, look for any of the following signs and symptoms of a concussion:*

- 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

#### Symptoms Reported by Athlete

- 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”

### HOW CAN YOU HELP YOUR CHILD PREVENT A CONCUSSION OR OTHER SERIOUS BRAIN INJURY?

- Ensure that they follow their coach’s rules for safety and the rules of the sport.
- Encourage them to practice good sportsmanship at all times.
- Make sure they wear the right protective equipment for their activity. Protective equipment should fit properly and be well maintained.
- Wearing a helmet is a must to reduce the risk of a serious brain injury or skull fracture.
  - However, helmets are not designed to prevent concussions. There is no “concussion-proof” helmet. So, even with a helmet, it is important for kids and teens to avoid hits to the head.

### WHAT SHOULD YOU DO IF YOU THINK YOUR CHILD HAS A CONCUSSION?

#### 1. SEEK MEDICAL ATTENTION RIGHT AWAY.

A health care professional will be able to decide how serious the concussion is and when it is safe for your child to return to regular activities, including sports.

#### 2. KEEP YOUR CHILD OUT OF PLAY.

Concussions take time to heal. Don’t let your child return to play the day of the injury and until a health care professional says it’s OK. Children who return to play too soon—while the brain is still healing—risk a greater chance of having a repeat concussion. Repeat or later concussions can be very serious. They can cause permanent brain damage, affecting your child for a lifetime.

#### 3. TELL YOUR CHILD’S COACH ABOUT ANY PREVIOUS CONCUSSION.

Coaches should know if your child had a previous concussion. Your child’s coach may not know about a concussion your child received in another sport or activity unless you tell the coach.

***It’s better to miss one game than the whole season.***

For more information, visit [www.cdc.gov/Concussion](http://www.cdc.gov/Concussion).

# City of Page Recreation Department

## Concussion Policy

The City of Page Parks and Recreation has created the following policy that will be in effect as of January 2015 and beyond for all youth sports leagues.

### Objective:

To establish a policy that will provide ALL youth sport coaches and parents associated with the City of Page Parks and Recreation department with guidelines relating to how to recognize signs of a concussion, procedures for dealing with athletes and parents when a concussion is suspected, as well as mandatory rules concerning the return to action for the participant.

### Concussion:

A concussion can be caused by a blow to the head, jolt to the body, or any sudden force that results in a rapid acceleration /deceleration of the brain inside the skull. This impact of the brain against the rigid inside walls of the skull can cause a change in neurological function and a host of other symptoms depending on which part of the brain was injured.

Youth athletes are particularly vulnerable to the effects of a concussion. Even what appears to be a “minor ding or bell ringer” has the real risk of catastrophic results when an athlete is returned to action too soon. Second impact syndrome, which in some cases can be fatal, is a direct result of returning to game action before all symptoms have cleared. While most players heal within a few weeks, an athlete who returns to play before a concussion has completely resolved risks re-injuring an already injured brain which can have life threatening consequences. Therefore, continued participation in any sport following a concussion can lead to worsening concussion symptoms, as well as increased risk for further injury to the brain, and even death.

The well-being of the athlete/participant is our greatest concern during any practice or game. Officials, coaches and parents are being asked to make all efforts to ensure that concussed athletes do not continue to participate. Thus, coaches, parents, and officials should also be looking for signs of concussion in all athletes and should immediately remove any suspected concussed participant from play.

### When in doubt, sit them out!

It's far better to miss one or two games as a precautionary matter than to risk possible brain injury. No game is worth that.

### What to look for:

Concussions can appear in many different ways. We know that a person does not have to lose consciousness to suffer a concussion. Any athlete who exhibits signs, symptoms or behaviors consistent with a concussion as the one's mentioned below shall be immediately removed from the game or practice and shall not return to play until cleared by an appropriate health-care professional.

- a. Confused state, dazed look, vacant stare or confusion about what happened or is happening.
- b. Memory Problems; can't remember assignment on play, opponent, score of game, or period of game; can't remember how or with whom he or she traveled to the game, what he or she is wearing, what was eaten for breakfast, etc.
- c. Symptoms reported by participant – headache, nausea or vomiting; blurred or double vision; oversensitivity to sound, light or touch; ringing in ears; feeling foggy or groggy; dizziness.
- d. Lack of sustained attention – difficulty sustaining focus adequately to complete a task, a coherent thought or a conversation.

All Coaches/officials will be familiar with and will receive a copy of this Policy. Parents/guardians will be provided a copy of this Policy as well as the Information Sheet and Parent Acknowledgment Form. These documents must be reviewed and the acknowledgment signed by the parent/guardian before the player will be allowed to participate in a sporting event.

### Role of City employees, representatives, or volunteers (coaches):

City employees, representatives, or volunteers (coaches) will NOT be expected nor will they be trained to “diagnose” a concussion. Diagnosis is the job of a qualified health care provider. Staff/volunteers are being asked

# **City of Page Recreation Department**

## **Concussion Policy**

to use their best judgment in observing the signs, symptoms and behaviors associated with concussions. If a Staff/volunteer observes questionable signs, symptoms, or behavior, he/she must remove the player from the sporting event for further evaluation and notify the player's parent/guardian. If parent/guardian is not present EMT's will be called. Staff/volunteer are not permitted to allow a player to resume activity until the Staff/volunteer receives a written statement from a qualified health care provider indicating that the player is cleared to resume participation in the sporting event . The written statement must be provided to the City of Page Recreation Department before the player may resume participation in the sporting event. In addition to reviewing the Concussion and Head Injury Information Sheet and this Policy, it is strongly recommended that Staff/volunteer participate in a free online course on concussion management prepared by the Center for Disease Control accessed at [http://www.cdc.gov/concussion/HeadsUp/online\\_training.html](http://www.cdc.gov/concussion/HeadsUp/online_training.html).

### **Role of Parents/Guardians:**

Like staff/volunteers, parents/guardians will NOT be expected to "diagnose" a concussion. However, parents/guardians are being asked to become familiar with the signs, symptoms, and behaviors associated with concussions. Parents/ guardians will be required to review the Information Sheet and sign the Parent Acknowledgment Form indicating that the parent/guardian has read, understands, and agrees to abide by this Policy. Players will not be allowed to begin participating in a sporting event until the Parental Acknowledgment Form has been signed and Returned to the City of Page Recreation Department. Parents/guardians will be expected to comply with this Policy and support the determination made by the staff/volunteers to remove a player from a sporting event. It is the parent/guardian's obligation to have the player evaluated by a qualified health care provider and to obtain from that provider a written statement (1) indicating that the health care provider has, within the last three years, successfully completed a continuing education course in the management and evaluation of concussion; and (2) that clears the player to resume participation in the sporting event. This form can be downloaded at [www.cityofpage.org](http://www.cityofpage.org) or picked up at the City Of Page Rec. Dept. It is the parent/guardian's responsibility to return the completed form to the City of Page Recreation Department before the player is allowed to resume play at a sporting event.

**NOTE: a qualified health care provider is a provider licensed by the Department of Professional Licensing and who may evaluate a concussion within the scope of his/her practice.**

### **Mandated Course of Action:**

1. Remove player from the sporting event.
2. Notify parent/guardian. If parent/guardian is not present EMT's will be called.
3. Any player suspected of having a concussion should be evaluated by a qualified health care provider as soon as practicable.
4. Before a player will be allowed to resume participation in a sporting event, the parent/guardian of the player must obtain and return to the City of Page Recreation Department a completed Qualified Health Care Provider Statement Authorizing Player to Resume Play Form indicating that the player is cleared to resume participation in the sporting event.

**NOTE: This policy is applicable only to City teams, leagues, and sporting events. The City is not responsible for implementing any concussion or head injury policy for independent teams, leagues, organizations, or associations that utilize City fields or facilities.**