



PROGRAM REGISTRATION FORM

Aiken County Family YMCA
 Augusta South Family YMCA
 Camp Lakeside
 Child Development Center
 Marshall Family YMCA
 North Augusta Family YMCA

North Jefferson Family YMCA
 Riverfront YMCA
 Steiner Branch Family YMCA
 Thomson Family YMCA
 Wilson Family YMCA
 Y 130 Program Center

T-shirt Size: (circle one)
 Youth:
 S (size 6-8) M (size 10-12) L (size 14-16)
 Adult:
 Other Size: _____

Participant Birth Date
 / /

Current Age: _____

Participant's Name: _____ M F

Program Name: _____

Program Specific Level: _____

Session / Time (where applicable): _____

Do you have a Coach Preference? Yes No If yes, list preference here: _____

Do you have a Team Preference? Yes No If yes, list preference here: _____

What is the Child's skill level? (Youth Sports Only)

Beginner (Never Played) Intermediate (1-3 years of experience) Advanced (3+ years and able to play competitively)

PARTICIPANT'S INFORMATION

Address: _____ City: State: _____ Zip: _____

Email: _____ Phone: _____

Emergency Contact:

Name: _____ Phone: _____ Relationship: _____

Does the participant have allergies? Yes No If yes, list: _____

Does the participant have any medical conditions that may affect his or her participation in this program? Yes No If yes, list: _____

PARENT'S INFORMATION (if participant is a child)

Parent's Name: _____ Primary Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

Would you like to be a volunteer Coach? Yes No

PARENT MUST SIGN WAIVER OF LIABILITY ON BEHALF OF A CHILD. STATE IDENTIFICATION IS REQUIRED FOR ALL PARTICIPANTS/PARENTS OVER 18.

PHOTO RELEASE

I/we agree that the Family Y and YMCA of the USA may photograph or videotape me/us, and the Family Y and YMCA of the USA may use those photographs or video footage for its marketing purposes. I/we release the Family Y and YMCA of the USA from any claim or liability related to that use, waive all claims for myself/ourselves, my/our heirs and assignees against the individual Family Y and YMCA of the USA staff persons.

Signature: _____ Date: _____

PARENT & ATHLETE CONCUSSION INFORMATION SHEET



WHAT IS A CONCUSSION?

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 quickly 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 after a bump, blow, or jolt to the head or body, s/he should be kept out of play the day of the injury. The athlete should only return to play with permission from a health care professional experienced in evaluating for concussion.

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.

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 is "feeling down"

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



"IT'S BETTER TO MISS ONE GAME THAN THE WHOLE SEASON"