PARTICIPANT REGISTRATION FORM

933 West Parish Rd. Sulphur, LA 70663 (337)527-2500 Fax (337)528-4934
Frasch Golf Course 400 Picard Rd. Sulphur, LA 70663 (337)527-2515

Check ONE Activity:

☐ **Basketball**
Boys & Girls 8-18, Adults 19 & up
Season: January-February

☐ **Baseball**
Boys 5-18 *Age cutoff: Sep 1
Seasons: 9-18 Play Mar-Jun
5-8: Play Apr-Jun

☐ **Softball**
Girls 5-18 *Age cutoff: Jan 1
Seasons: 9-18 Play Mar-Jun
5-8: Play Apr-Jun

☐ **Soccer**
Boys & Girls 5-15
*Age cutoff July 31
Season: September-November

☐ **Football-Flag & Contact**
Please Specify (X):
____Flag 7-8 *Age cutoff
Flag 9-10 July 31
____Contact 10-12
Season: September-November

☐ **Youth Volleyball**
Girls 8-18 *Age cutoff July 31
Season: September-November

☐ **Summer Slow Pitch Softball**
Girls 8-18 *Age cutoff July 31
Season: July-August

☐ **Adult Volleyball**
Men & Women 19 & up
Season: September-November

☐ **Adult Softball-Spring/Fall**
Men & Women 19 & up
Season: March-April/August-October

☐ **Junior Golf Program**
Children & Youth 17 & Under
Annually

☐ **Other**
Includes participants of all other sports and/or activities not listed above

PLEASE SPECIFY OTHER SPORT OR ACTIVITY BELOW

_____

THIS SECTION MUST BE COMPLETED IN FULL

Please check this box, if this is the first time this person is registering and/or participating in a Sulphur Parks & Recreation sports program or other activities conducted at SPAR facilities.

Today's date _____/_____/_____ Participant Email: _____

First Name: _____ MI: _____ Last Name: _____

Gender (M or F) _____ D.O.B _____/_____/_____ Age _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Phone #: (_____)_____-_____ Alt. Phone #: (_____)_____ - _____

NOTES:

_____

For Basketball, Soccer, Baseball, Softball, Football, Volleyball please indicate on the above line: Carpool Request, Sibling Options etc. (Does not apply to adult leagues or golf)

PARENT/GUARDIAN.

Parent/Guardian Name: _____

Phone #: (_____)_____-_____Relationship to Participant_____

Email: _____

I do hereby certify that all information on this form is correct and that Sulphur Parks and Recreation (SPAR) and its paid and volunteer workers will not be held responsible for any injury to the participant while participating in any of the recreation program and/or activities at any SPAR facilities and/or during transportation to & from said facilities. Participants are responsible for arranging their own transportation to & from all activities and assume all liabilities related to said transportation. I further understand that SPAR does not provide health and liability insurance coverage for accidents or injuries that occur because of participation in or use of SPAR facilities. I fully understand that there are serious risks from participating in recreation and/or other physical activities. All persons participating in SPAR sponsored activities and/or using SPAR properties/facilities agree to conduct themselves according to SPAR standards for behavior and abide by all disciplinary actions imposed by SPAR. This release is valid for all SPAR sponsored programs and activities until revoked in writing.

The registering party verifies that the participant health and fitness is now and at all future time periods will be acceptable to participate in SPAR programs and/or activities. I understand SPAR requests that all participants consult their physician before becoming physically active.

SPAR **may** use text and email to provide information including, but not limited to, registration, draft dates, tryout dates, and upcoming events.

I hereby grant permission to Sulphur Parks & Recreation, Ward 4 District 2, to take and use: photographs and/or digital images of myself and/or child(ren) for use in news releases and/or materials as follows: printed publications or materials, electronic publications, or web sites. I authorize the use of these images without compensation to me. All negatives, prints, digital reproductions shall be the property of Sulphur Parks & Recreation Ward 4 District 2.

Signature_____ Date _____

Parent/Guardian's signature (if participant under 18 yrs.) or
Participant's signature (if 18 yrs. or older)

CONCUSSIONS AFFECT EACH CHILD AND TEEN DIFFERENTLY.

While most children and teens with a concussion feel better within a couple of weeks, some will have symptoms for months or longer. Talk with your children's or teens' healthcare provider if their concussion symptoms do not go away, or if they get worse after they return to their regular activities.

What Are Some More Serious Danger Signs to Look Out For?

In rare cases, a dangerous collection of blood (hematoma) may form on the brain after a bump, blow, or jolt to the head or body and can squeeze the brain against the skull. Call 9-1-1 or take your child or teen to the emergency department right away if, after a bump, blow, or jolt to the head or body, he or she has one or more of these danger signs:

- One pupil larger than the other
- Drowsiness or inability to wake up
- A headache that gets worse and does not go away
- Slurred speech, weakness, numbness, or decreased coordination
- Repeated vomiting or nausea, convulsions or seizures (shaking or twitching)
- Unusual behavior, increased confusion, restlessness, or agitation
- Loss of consciousness (passed out/knocked out). Even a brief loss of consciousness should be taken seriously

Children and teens who continue to play while having concussion symptoms, or who return to play too soon—while the brain is still healing—have a greater chance of getting another concussion. A repeat concussion that occurs while the brain is still healing from the first injury can be very serious, and can affect a child or teen for a lifetime. It can even be fatal.

What Should I Do If My Child or Teen Has a Possible Concussion?

As a parent, if you think your child or teen may have a concussion, you should:

1. Remove your child or teen from play.
2. Keep your child or teen out of play the day of the injury. Your child or teen should be seen by a healthcare provider and only return to play with permission from a healthcare provider who is experienced in evaluating for concussion.
3. Ask your child's or teen's healthcare provider for written instructions on helping your child or teen return to school. You can give the instructions to your child's or teen's school nurse and teacher(s) and return-to-play instructions to the coach and/or athletic trainer.

Do not try to judge the severity of the injury yourself. Only a healthcare provider should assess a child or teen for a possible concussion. Concussion signs and symptoms often show up soon after the injury. But you may not know how serious the concussion is at first, and some symptoms may not show up for hours or days.

The brain needs time to heal after a concussion. A child's or teen's return to school and sports should be a gradual process that is carefully managed and monitored by a healthcare provider.

To learn more, go to cdc.gov/HEADSUP

CDC HEADS UP

Discuss the risks of concussion and other serious brain injuries with your child or teen, and have each person sign below.

Detach the section below, and keep this information sheet to use at your children's or teens' games and practices to help protect them from concussion or other serious brain injuries. Sign & return bottom portion to SPAR. Registration is not complete until returned.

- ○ I learned about concussion and talked with my parent or coach about what to do if I have a concussion or other serious brain injury.

  Athlete's Name Printed:_____ Date:_____

  Athlete's Signature:_____

- ○ I have read this fact sheet for parents on concussion with my child or teen, and talked about what to do if they have a concussion or other serious brain injury.

  Parent or Legal Guardian's Name Printed:_____ Date:_____

  Parent or Legal Guardian's Signature:_____

Revised January 2019

Concussion
INFORMATION SHEET

CDC HEADS UP
SAFE BRAIN. STRONGER FUTURE.

This sheet has information to help protect your children or teens from concussion or other serious brain injury. Use this information at your children's or teens' games and practices to learn how to spot a concussion and what to do if a concussion occurs.

What Is a Concussion?

A concussion is a type of traumatic brain injury—or TBI—caused by a bump, blow, or jolt to the head or by a hit to the body that causes the head and brain to move quickly back and forth. This fast movement can cause the brain to bounce around or twist in the skull, creating chemical changes in the brain and sometimes stretching and damaging the brain cells.

How Can I Help Keep My Children or Teens Safe?

Sports are a great way for children and teens to stay healthy and can help them do well in school. To help lower your children's or teens' chances of getting a concussion or other serious brain injury, you should:

- Help create a culture of safety for the team.
  - Work with their coach to teach ways to lower the chances of getting a concussion.
  - Talk with your children or teens about concussion and ask if they have concerns about reporting a concussion. Talk with them about their concerns; emphasize the importance of reporting concussions and taking time to recover from one.
  - Ensure that they follow their coach's rules for safety and the rules of the sport.
  - Tell your children or teens that you expect them to practice good sportsmanship at all times.
- When appropriate for the sport or activity, teach your children or teens that they must wear a helmet to lower the chances of the most serious types of brain or head injury. However, there is no "concussion-proof" helmet. So, even with a helmet, it is important for children and teens to avoid hits to the head.

Plan ahead. What do you want your child or teen to know about concussion?

How Can I Spot a Possible Concussion?

Children and teens who show or report one or more of the signs and symptoms listed below—or simply say they just "don't feel right" after a bump, blow, or jolt to the head or body—may have a concussion or other serious brain injury.

Signs Observed by Parents or Coaches

- Appears dazed or stunned
- Forgets an instruction, is confused about an assignment or position, or is unsure of the 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* or *after* a hit or fall

Symptoms Reported by Children and Teens

- Headache or "pressure" in head
- Nausea or vomiting
- Balance problems or dizziness, or double or blurry vision
- Bothered by light or noise
- Feeling sluggish, hazy, foggy, or groggy
- Confusion, or concentration or memory problems
- Just not "feeling right," or "feeling down"

Talk with your children and teens about concussion. Tell them to report their concussion symptoms to you and their coach right away. Some children and teens think concussions aren't serious, or worry that if they report a concussion they will lose their position on the team or look weak. Be sure to remind them that *it's better to miss one game than the whole season.*

cdc.gov/HEADSUP