

**2011/2012 TUMWATER BASKETBALL
Recreational League**

PLAYER REGISTRATION PACKET

Parks and
Recreation



**REGISTRATION
REQUIREMENT:**

State Law requires that all **players and parents** read and sign the attached Concussion Information Sheet. Absolutely NO registrations will be accepted without the signed Concussion Information Sheet and registration form.

Please note:

The Tumwater School District is not a sponsor of this event and takes no responsibility for it.



2011 / 2012 Tumwater Basketball Recreational League

Official Use Only
IS CP
Date: _____
Rcpt #: _____

Registration closes October 8, 2011 at Noon

Child's Name: _____ Parent's Name: _____

Birth Date: _____ Circle Current Grade: **3** **4** **5** **6** Male _____ Female _____

Mailing Address: _____ City: _____ State: WA Zip: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Email Address: _____

School Attending: _____ (Home/private school: list public school would attend based on address.)

Requests? (Absolutely **no** guarantees) _____

T-shirt size (please circle): **Youth:** L **Adult:** S M L XL 2XL

FORMING TEAMS: Teams are formed after October 8. Late registrations will be processed on an as-needed basis and assigned to teams/schools needing players. **REFUND POLICY:** Up to 100% of registration fee may be refunded if requested by October 21 and up to 75% after October 21. Late fees are non-refundable. Tumwater Parks and Recreation will determine amount of refund on a case-by-case basis.

Tumwater Basketball League is a self-supporting youth activity. Like all youth sports programs, we rely on parental support for success. Please check if you are willing to become involved in coaching.

Head Coach Assistant Coach willing to Head Coach if needed Assistant Coach **Only**

***Please read the statements below carefully and initial each one.**

Tumwater Basketball's Mission Statement: To provide an equal opportunity for the boys and girls of this community to be involved in a fun, fair, safe, learning environment that will enable them to learn the great game of basketball. The league's focus is on fundamentals, skill development, and sportsmanship. **Parent's initials:** _____

I agree to uphold this mission statement through positive encouragement and will lead by example. I will remember that I am a youth sports parent and that the game is for the children and not the adults. **Parent's initials:** _____

I register my child with the complete understanding that TP&R and the coaches will formulate the teams based on several factors. I understand that the end result may not accommodate our ideal needs or desires for specific teams, coaches, players, carpools, schedules, etc. **Parent's initials:** _____

I understand that due to the lack of available gym space, weeknight practices can end as late as 8:45pm and some games will be played on Sundays. **Parent's initials:** _____

RELEASE OF LIABILITY:

I agree to hold harmless and indemnify the City of Tumwater from all claims that might be filed against the Parks and Recreation Department, the City of Tumwater, their hired or contracted instructors, their employees or agents; for any and all injuries or losses that may be suffered because of my participation or my child's or children's participation in the above activity offered by, or through, the Parks and Recreation Department of Tumwater, in consideration of permission of the City to participate in the activity.

I give my permission to have my photo or the photo of my child or children taken during classes and activities and used for publicity purposes by the Parks and Recreation Department. I consent to my child's participation in the activity/program of the Parks and Recreation Department and authorize the City and its employees or agents to provide emergency medical treatment for my child on my behalf. To the best of my knowledge my child has no physical, or other condition, which would interfere with his/her participation.

Parent/Guardian Signature: _____ Date: _____

No registration forms will be accepted without the Concussion Information Sheet signed by both player and parent. Thank you.



2011 / 2012 Tumwater Basketball Recreational League

WHAT: Recreational youth basketball program that includes instruction, practice, league games, and a T-shirt.

WHO: Boys and girls in grades 3-6 who are enrolled in a Tumwater School or who reside in the Tumwater School District.

COST: \$80 per participant through October 8 at noon. Up to 100% of registration fee may be refunded if requested by October 21 and up to 75% after October 21. Late fees are non-refundable. Tumwater Parks and Recreation will determine amount of refund on a case-by-case basis. We accept cash, checks, Visa, MasterCard or Discover. Make checks payable to: Tumwater Parks & Recreation.

REGISTRATION:

Registration opens September 1 and runs through October 8. You may register in person in the Parks and Recreation office at Tumwater City Hall, Monday – Friday, 8am to 5pm. Or you may mail this completed registration form, the Concussion Information Sheet **signed by both player and parent** along with the registration fee to the address listed at the bottom of this page. **Registrations received after October 8 will be assessed a non-refundable \$10 late fee, processed on an *as-needed* basis, and assigned to teams/schools needing players.**

SATURDAY REGISTRATION:

Saturday registration will be held in the Parks & Recreation office at Tumwater City Hall from 10am to noon on October 8.

CLINIC: Season tips off with a Saturday clinic on October 15th from 10am to 11am at Tumwater High School for all players. Clinic is not mandatory but recommended.

GAMES: Games are held on Saturdays and some Sundays beginning in November and running through January. Game times begin at 9am and run throughout the entire day and evening.

Non-Discrimination Policy: The City of Tumwater prohibits sex discrimination in the operation, conduct, or administration of community athletics programs for youth or adults. Third parties who receive leases or permits from the City of Tumwater for a community athletics program are also prohibited from discriminating on the basis of sex. In addition, the City of Tumwater does not discriminate on any other basis protected by federal or state law, including race/color, creed (religion), national origin, sex, disability, use of a guide dog or service animal by a person with a disability, HIV/AIDS or hepatitis C status, sexual orientation/gender identity, or honorably discharged veteran and military status. If you have questions, wish to file a complaint, or if you require a reasonable accommodation for a disability, contact Dave Nickerson at (360) 754-4160.

Tumwater Parks & Recreation
555 Israel Road SW
Tumwater WA 98501
Phone: (360) 754-4160
Fax: (360) 754-4166

TUMWATER PARKS AND RECREATION

Concussion Information Sheet

House Bill 1824, approved by the State Legislature in 2009, requires the adoption of policies for the management of concussion and head injuries in youth sports. **This Bill requires all players and parents to sign the following Concussion Information Sheet to indicate they have read and understand the information.**

A concussion is a brain injury and all brain injuries are serious. They are caused by a bump, blow, or jolt to the head, or by a blow to another part of the body with the force transmitted to the head. They can range from mild to severe and can disrupt the way the brain normally works. Even though most concussions are mild, **all concussions are potentially serious and may result in complications including prolonged brain damage and death if not recognized and managed properly.** In other words, even a “ding” or a bump on the head can be serious. You can’t see a concussion and most sports concussions occur without loss of consciousness. Signs and symptoms of concussion may show up right after the injury or can take hours or days to fully appear. If your child reports any symptoms of concussion, or if you notice the symptoms or signs of concussion yourself, seek medical attention right away.

Symptoms may include one or more of the following:

- | | |
|--|---|
| <ul style="list-style-type: none">• Headaches• “Pressure in head”• Nausea or vomiting• Neck pain• Balance problems or dizziness• Blurred, double, or fuzzy vision• Sensitivity to light or noise• Feeling sluggish or slowed down• Feeling foggy or groggy• Drowsiness• Change in sleep patterns | <ul style="list-style-type: none">• Amnesia• “Not feeling right”• Fatigue or low energy• Sadness• Nervousness or anxiety• Irritability• More emotional• Confusion• Concentration or memory problems (forgetting game plays)• Repeating the same question/comment |
|--|---|

Signs observed by teammates, parents and coaches include:

- Appears dazed
- Vacant facial expression
- Confused about assignment
- Forgets plays
- Is unsure of game, score, or opponent
- Moves clumsily or displays incoordination
- Answers questions slowly
- Slurred speech
- Shows behavior or personality changes
- Can’t recall events prior to hit
- Can’t recall events after hit
- Seizures or convulsions
- Any change in typical behavior or personality
- Loses consciousness

Please see other side



TUMWATER PARKS AND RECREATION
Concussion Information Sheet

If a child keeps playing with a concussion or returns too soon:

Athletes with the signs and symptoms of concussion should be removed from play immediately. Continuing to play with the signs and symptoms of a concussion leaves the young athlete especially vulnerable to greater injury. There is an increased risk of significant damage from a concussion for a period of time after that concussion occurs, particularly if the athlete suffers another concussion before completely recovering from the first one. This can lead to prolonged recovery, or even to severe brain swelling (second impact syndrome) with devastating and even fatal consequences. It is well known that adolescent or teenage athlete will often under report symptoms of injuries. And concussions are no different. As a result, education of administrators, coaches, parents and students is the key for student-athlete's safety.

If you think your child has suffered a concussion:

Any athlete even suspected of suffering a concussion should be removed from the game or practice immediately. No athlete may return to activity after an apparent head injury or concussion, regardless of how mild it seems or how quickly symptoms clear, without medical clearance. Close observation of the athlete should continue for several hours. The new "Zackery Lystedt Law" in Washington now requires the consistent and uniform implementation of long and well-established return to play concussion guidelines that have been recommended for several years:

"a youth athlete who is suspected of sustaining a concussion or head injury in a practice or game shall be removed from competition at that time"

and

"...may not return to play until the athlete is evaluated by a licensed health care provider trained in the evaluation and management of concussion and received written clearance to return to play from that health care provider."

You should also inform your child's coach if you think that your child may have a concussion. Remember it's better to miss one game than miss the whole season. And when in doubt, the athlete sits out.

For current information on concussions, go to: www.cdc.gov/ConcussionInYouthSports/

Both player and parent signatures are required!

Please sign to confirm that you have read and understand the above information:

Student-athlete Name

Student-athlete Signature

Date

Parent/Legal Guardian Name

Parent/Legal Guardian Signature

Date