



PAC HIGHWAY JR PIRATES FOOTBALL & CHEER

Registration Form

Player Information					Anticipated Level: <input type="checkbox"/> Cheer <input type="checkbox"/> 76er <input type="checkbox"/> 89er <input type="checkbox"/> <input type="checkbox"/> Junior <input type="checkbox"/> Senior				
Name:			Birth Date:			Today's Date			
Address:					Accurate Weight : (if football)				
City & Zip:									
School Attending in fall:				Fall Grade:					
<input type="checkbox"/> New <input type="checkbox"/> Returning		Name of Franchise Last Year if different:							
Jersey Number, Preferred # (3 choices, no guarantees):					_____		Preference given to returning players		

Parent/Guardian Information			
Name:		Name:	
Relationship:		Relationship:	
Home Address:		Home Address: (leave blank if same)	
Mobile Phone:		Mobile Phone:	
Phone 2: <input type="checkbox"/> work <input type="checkbox"/> home		Phone2: <input type="checkbox"/> work <input type="checkbox"/> home	
Email Address:		Email Address:	
Extra Emails to Receive Updates (Grandma, etc):			

Parent/Guardian Acknowledgement and Release	
<p>I/we parent(s)/guardian(s)) of the above named player, hereby give my/our approval to his/her participation with Pac Highway Jr Pirates Football & Cheer in Participation is authorized for his/her participation in any and all of the activities of the franchise during the current season. I/we assume all risk and hazards to the conduct of the activities and transportation to and from the activities. I/we do hereby further release, absolve, indemnify, and hold harmless PHJP Football & Cheer and any sponsors, supervisors or organizers. In case of injury to my child, I/we hereby waive all claims against organizers, league officials, the sponsors, all of the previously named organizations and any of the supervisors appointed by them. I/we likewise release from responsibility any person transporting my/our child to or from the activities. I/we parent(s)/guardian(s) of the above named participant hereby give my/our authorization to use any football or cheer related photograph's that may include the participant in football or cheer related functions at Pac Highway jr Pirates Football & Cheer discretion for use to promote the PHJP Football & Cheer program. Including but not limited to promotional flyers, team video's and social media.</p> <p>I/We, the parents(s)/guardian(s) have read, understand, and agree to the above</p> <p>Parent or Guardian e Signature: _____ Relationship: _____</p> <p>Parent or Guardian e Signature: _____ Relationship: _____</p>	

***** Do not write below this line – Official League Use Only *****

League Weigh-In						
Proof of Age: <input type="checkbox"/> Birth Certificate <input type="checkbox"/> Other:					League Age:	
Weight:		Mid-Season: Yes / No		Level: <input type="checkbox"/> 76er <input type="checkbox"/> 89er <input type="checkbox"/> Jr <input type="checkbox"/> Sr		
League Official Signature:				Date:		

EMERGENCY CONTACT INFORMATION & AUTHORIZATION

Player	Child Name:				Today's Date:					
	Address:				Date of Birth:					
Parent/Guardian #1					Parent/Guardian #2					
Name:					Name:					
Relationship:					Relationship:					
Home Address:					Home Address: (leave blank if same)					
Mobile Phone:					Mobile Phone:					
Phone 2:					Phone 2:					
Employer Name:					Employer Name:					
Employer Phone:					Employer Phone:					
Insuran	Medical Insurance Provider:				Insurance Phone:					
	Who's name is policy in :				Policy & Group No:					
Medical Information	Child's Physician:			Date of child's Last Tetanus Shot:						
	Preferred Hospital:			Asthma?:			<input type="checkbox"/> Yes <input type="checkbox"/> No			
	Allergies and/or reactions:		<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes please list:						
	Present Medical Conditions (if any):		<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes please describe:						
	Serious Injury - Has your child had a head injury, been unconscious or suffered any serious internal injury?:		<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes please describe:						
	Additional History we should know:									
Additional Emergency Contact #1	Name:					Additional Emergency Contact #2	Name:			
	Phone:						Phone:			
	Relationship:						Relationship:			
In the event of injury to the above named player, I/we authorize any representative PHJP Football & Cheer to seek medical aid to be administered. If transportation to a hospital is deemed necessary by medical personnel, I/we hereby provide permission for said minor to be transported. If medical aid is needed at such hospital, due to a life-threatening situation, I/we hereby authorize permission for such treatment and accept financial responsibility for such treatment.					Parent/Guardian e Signature					
					Parent/Guardian e Signature					

**THIS COMPLETED AND SIGNED FORM IS REQUIRED FOR PARTICIPATION.
THIS FORM WILL BE PRESENT AT ALL PRACTICES AND GAMES.**



"LYSTEDT LAW" COMPLIANCE FORM

In 2009, the Washington Legislature passed House Bill 1824, in part, due to the experience of Zackery Lystedt, a young athlete permanently injured by a series of concussions. The law requires that youth sports organizations inform and educate coaches, athletes, and their parent(s)/guardian(s) of the nature and risk of concussion and head injury including continuing to play after concussion or head injury.

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.**
2. 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.
3. **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.
4. **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.

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.

Furthermore, 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."
- "[He or she]...may not return to play until the athlete is evaluated by a licensed healthcare provider trained in the evaluation and management of concussion and has received written clearance to play from that healthcare provider."

You should 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 it out.

Additional current information regarding concussion management is available from the Centers for Disease Control and Prevention (CDC): By signing below, I indicate that I have reviewed the information regarding concussions outlined in this document:

Athlete

e Signature: _____

(If age 14+)

Name: _____ Date: _____

Parent

e Signature: _____

Name: _____ Date: _____