BASKETBALL REGISTRATION FORM (2019-2020)

Name ____________________________________________ Date of Birth __________

(LAST)   (FIRST)   (M.I.)

Gender: __________________ Age as of September 1, 2019 __________________

Street Address ____________________________________________

City ______________________, GA Zip Code __________ Phone # __________

Mother’s Name __________________ Work # __________ Cell # __________

Father’s Name __________________ Work # __________ Cell # __________

Email Address ________________________________

UNIFORM SIZE: (circle one) *** When in doubt-order a larger size!!! ***

SHIRT SIZE: Youth XS S M L XL Adult S M L XL XXL

SHORT SIZE: Youth S M L XL Adult S M L XL XXL

(Age groups 7-8, 9-10, & 11-12)

Are you or someone in your family interested in being a volunteer? If so, please circle one of the following:

Head Coach (Name _______________ ) Assistant Coach (Name _______________ )

Has your child participated in this activity before? (Y/N) ____ # of Years

AGE GROUP: (check only one) ***A child cannot play in a lower age group if that child’s age requires he or she move up***

Girls  
4-6 years* _________ $35.00 *If your child is 4 years old, you must sign up as a head or assistant coach  
7-8 years _________ $75.00  
9-10 years _________ $75.00  
11-12 years _________ $75.00

Boys  
4-6 years* _________ $35.00  
7-8 years _________ $75.00  
9-10 years _________ $75.00  
11-12 years _________ $75.00

EMERGENCY INFORMATION:

Emergency Contact (other than parent) ____________________________

Contact Phone # __________ Relation ____________________________

Name of Insurance Co. ____________________________________________

List any physical or mental defects or diseases that your child may have such as epilepsy, heart murmur, asthma, food or insect allergies, etc. Also, please include any other special medical information or history that we should know about your child.

______________________________________________________________

______________________________________________________________

PLEASE READ THE FOLLOWING PAGES AND SIGN & DATE PAGES 2, 3, AND 6

Page 1 of 6
**PLEASE READ & SIGN:**

**PARTICIPATION / TRANSPORTATION AND PHOTOGRAPHY CONSENT:**
I HEREBY GIVE PERMISSION FOR THE CHILD LISTED TO PARTICIPATE IN THE ACTIVITY LISTED ON THE REGISTRATION FORM. I HEREBY ACKNOWLEDGE THAT THERE ARE OBVIOUS RISKS OF INJURY INVOLVED IN PARTICIPATION IN ALL SPORTS ACTIVITIES AND SPECIFICALLY, THE SPORTS ACTIVITY FOR WHICH I HAVE REGISTERED MY CHILD. I THE PARENT/GUARDIAN OF SAID CHILD, ASSUME ALL RISKS AND HAZARDS INCIDENTAL TO SUCH PARTICIPATION INCLUDING TRANSPORTATION TO AND FROM THE ACTIVITIES, AND DO HEREBY WAIVE, RELEASE, ABSOLVE AND INDEMNIFY AND AGREE TO HOLD HARMLESS THE PICKENS COUNTY RECREATION DEPARTMENT, PICKENS COUNTY COMMISSION AND ITS EMPLOYEES AND AGENTS, THE SPONSORS, SUPERVISORS, PARTICIPANTS AND PERSONS TRANSPORTING THE CHILD TO AND FROM ACTIVITIES, FOR ANY CLAIM ARISING OUT OF INJURY TO THE CHILD, I DO HEREBY COVENANT THAT ON MY BEHALF AND FOR THE MINOR NOT TO FILE A CLAIM OR BRING SUIT WITH RESPECT TO ANY SUCH INJURY OR DAMAGE. I FURTHER UNDERSTAND THAT PICKENS COUNTY RECREATION DEPARTMENT PROGRAMS ARE RECREATIONAL AND THAT IF MY CHILD, MY SPOUSE OR I SHOULD EXHIBIT CONTINUED UNSPORTSMANLIKE CONDUCT, MY CHILD MAY BE REMOVED FROM THE PROGRAM AT THE DISCRETION OF THE DEPARTMENT. I HEREBY GIVE THE PICKENS COUNTY RECREATION DEPARTMENT THE ABSOLUTE RIGHT AND PERMISSION TO PUBLISH, COPYRIGHT AND USE OF ANY AND ALL PICTURES AND VIDEOS TAKEN, WHILE AT THE ROPER PARK FACILITIES.

**CONSENT OF TREATMENT:**
I ALSO GIVE PERMISSION TO A REPRESENTATIVE OF THE PICKENS COUNTY RECREATION DEPARTMENT AND/OR OTHER SPONSORING AGENCY/AGENT, LICENSED PHYSICIAN AND EMERGENCY MEDICAL PERSONNEL TO OBTAIN MEDICAL TREATMENT FOR THE MINOR OF WHICH I AM EITHER PARENT/GUARDIAN SHOULD THE CHILD BECOME INJURED OR ILL IN THE EVENT I AM NOT AVAILABLE AND MEDICAL TREATMENT IS REQUIRED. THE PHYSICIANS, MEDICAL PERSONNEL, AGENTS, PICKENS COUNTY COMMISSIONER OR EMPLOYEES OF THE PICKENS COUNTY RECREATION DEPARTMENT ARE HEREBY RELEASED FROM ANY CLAIM WITH RESPECT TO SUCH INJURY DURING THE EVENT OF PROGRAM, INCLUDING TRANSPORTATION TO OR FROM THE EVENT AND/OR PROGRAM. I UNDERSTAND THAT IF HOSPITALIZATION OR MEDICAL TREATMENT OF A MORE SERIOUS NATURE IS REQUIRED, I WILL BE CONTACTED IF AT ALL POSSIBLE BY TELEPHONE FOR PERMISSION. I HAVE READ AND FULLY UNDERSTAND THE PROVISIONS OF THE ABOVE RELEASES AND WILL BE BOUND THEREBY. I UNDERSTAND HEALTH OR ACCIDENT INSURANCE, WHICH WOULD COVER MY CHILD’S MEDICAL, HOSPITAL OR RELATED EXPENSES IN THE EVENTS OF AN INJURY IN THIS ACTIVITY, IS MY RESPONSIBILITY.

**REFUNDS / SPECIAL REQUESTS:**
NO REFUNDS WILL BE GIVEN AFTER TEAMS ARE SELECTED FOR THIS SPORT OR FIRST DAY OF CLASS/ACTIVITY FOR SPECIAL PROGRAMS. BY SIGNING THIS CONSENT FORM I ALSO STATE THAT I HAVE READ AND UNDERSTAND THE PICKENS COUNTY RECREATION DEPARTMENT REQUEST POLICY AND HAVE SIGNED AND AGREED TO ABIDE BY THE PARENTS CODE OF ETHICS.

PARENT/GUARDIAN SIGNATURE: ______________________________

DATE: __________________________

*** FOR P.C.R.D. STAFF USE ONLY ***

PAID: $_____________ CASH _________ CHECK # __________ RECEIPT# ___________

STAFF INITIALS ____________ DATE ___________ TIME ___________
PARENT’S CODE OF ETHICS

1. I will encourage good sportsmanship by demonstrating positive support for all players, coaches and officials at every game, practice or other youth sports events.

2. I will place the emotional and physical well being of my child ahead of a personal desire to win.

3. I will insist that my child play in a safe and healthy environment.

4. I will support coaches and officials working with my child, in order to encourage a positive and enjoyable experience for all.

5. I will demand a sports environment for my child that is free of drugs, tobacco and alcohol, and will refrain from their use at all youth sports events.

6. I WILL REMEMBER THAT THE GAME IS FOR YOUTH --- NOT FOR ADULTS!

7. I will do my very best to make youth sports fun for my child.

8. I will ask my child to treat other players, coaches, fans and officials with respect regardless of race, sex, creed or ability.

9. I will help my child enjoy the youth sports experience by doing whatever I can, such as being a respectful fan, assisting with coaching or providing transportation.

10. I will require that my child’s coach be trained in the responsibilities of being a youth sports coach and that the coach upholds the Coaches’ Code of Ethics.

11. I will try to be the best Role Model I can for the youth participating in this program. This means no open criticizing of the officiating, no claiming of cheating by officials and no acting up at the games.

12. I understand that if I fail to adhere to this Code of Ethics I may be removed from the Recreational Facility and not return before I appear before the Pickens County Recreation Board and Director.

PARENTS NAME___________________________________________

CHILDS NAME_____________________________________________
A. Players, managers, spectators or coaches ejected from a game will not be allowed to attend/play the next game. In the event that the ejection is in the last game of the season the suspension may carry over to the next participating sport. If a manager or coach is ejected, he or she will be on probation for 1 (one) year. The person may also be subject to a $50 fine which must be paid before participating in future park activities.

B. Players, managers, spectators or coaches guilty of fighting (without physical contact) in the stands, field or court, before, during or after games shall receive a three (3) game suspension. The suspension will include the current game, if in progress, and two (2) additional games. If the fighting occurs after a game, the suspension will be for the next three (3) games.

C. Players, managers, spectators or coaches guilty of threatening gestures or profanity, either by word or sign, against other players, coaches, spectators, referees or county officials (full-time or part-time) or any other people just before, during or immediately after a game shall be suspended for the current game plus the next game.

D. Players, managers, spectators or coaches who participate in pushing, striking or fighting against any other players, managers, spectators, coaches, referees or county officials shall receive punishment as determined by the Recreation Director which may include a maximum of lifetime suspension. Physical contact will not be taken lightly!

E. Violations of A, B, C, or D as determined by the Recreation Department officials or staff will result in violator or violators immediately leaving the premises entirely without any visual or verbal contact with their team for the entire suspension. Violators will be on probation for one (1) year from the date of incident. Any subsequent violation will result in a suspension from participation in the Recreation Department for five (5) years after which time the violator may request a hearing for reinstatement.

F. If players, managers, spectators or coaches run onto the field or court during a contest or incites his / her fans to become disorderly during a contest, or makes any action that is not within the sportsmanship of the game they will be subject to a one (1) game suspension and one (1) year probation.

G. Failure to abide by these terms and conditions may result in your child/children being prohibited from participating in future activities of the Pickens County Parks & Recreation Department.

H. For all G.R.P.A. / Pickens County Parks & Recreation Department competitions, positive cheering by players, coaches and spectators is encouraged. Any negative cheering / hollering may result in a warning and / or removal from the site, whether it is for or against your team.

I. Players or managers caught with altered equipment will be suspended for 5 years.

J. All disciplinary actions which are to be appealed need to be made in writing within 24 hours of the ruling. All appeals will be reviewed by the Pickens County Parks & Recreation Department Director, to determine if it should be brought before the Pickens County Recreation Advisory Board.

K. Parents/guardians are not allowed to confront a coach, team or league official to discuss any ‘negative” game or practice situation with the coaching and Administration until at least 24 hours has passed from the completion of the game or practice. A confrontation shall consist of any conversation, which elevated from a normal speaking tone and demeanor to one which involves yelling, profanity or derogatory comments toward said coach, team or league official.
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”
CONCUSSION DANGER SIGNS

In rare cases, a dangerous blood clot may form on the brain in a person with a concussion and crowd the brain against the skull. An athlete should receive immediate medical attention if after a bump, blow, or jolt to the head or body s/he exhibits any of the following danger signs:

- One pupil larger than the other
- Is drowsy or cannot be awakened
- A headache that gets worse
- Weakness, numbness, or decreased coordination
- Repeated vomiting or nausea
- Slurred speech
- Convulsions or seizures
- Cannot recognize people or places
- Becomes increasingly confused, restless, or agitated
- Has unusual behavior
- Loses consciousness (even a brief loss of consciousness should be taken seriously)

WHAT SHOULD YOU DO IF YOU THINK YOUR ATHLETE HAS A CONCUSSION?

1. If you suspect that an athlete has a concussion, remove the athlete from play and seek medical attention. Do not try to judge the severity of the injury yourself. Keep the athlete out of play the day of the injury and until a health care professional, experienced in evaluating for concussion, says s/he is symptom-free and it’s OK to return to play.

2. Rest is key to helping an athlete recover from a concussion. Exercising or activities that involve a lot of concentration, such as studying, working on the computer, and playing video games, may cause concussion symptoms to reappear or get worse. After a concussion, returning to sports and school is a gradual process that should be carefully managed and monitored by a health care professional.

3. Remember: Concussions affect people differently. While most athletes with a concussion recover quickly and fully, some will have symptoms that last for days, or even weeks. A more serious concussion can last for months or longer.

JOIN THE CONVERSATION ▶ www.facebook.com/CDCHeadsUp

TO LEARN MORE GO TO >> WWW.CDC.GOV/CONCUSSION

Click here to print form. After printing, sign/date pages 2, 3, and 6 by hand, where applicable.