

**Walton County  
Parks & Recreation Department**

**Registration / Release Form**

Activity: \_\_\_\_\_ Year: \_\_\_\_\_ Season: spring summer fall winter

**Participant Information (print)**

Name: \_\_\_\_\_ / \_\_\_\_\_ DOB: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_  
(nick-name) (as of today)

Address: \_\_\_\_\_ City/County/Zip: \_\_\_\_\_

No. Seasons Played: \_\_\_\_\_ Physical / Medical Problem: \_\_\_\_\_

Shirt Size: YS YM YL AS AM AL AXL AXXL Number: \_\_\_\_\_  
( list 3 choices )

Shorts Size: YS YM YL AS AM AL AXL AXXL

I understand that the uniform size which I order for my child will be the size he / she receives.  
If for any reason the uniform size is incorrect, I will be solely responsible for the replacement (order & cost).

I agree that if my child is selected to play on an all-star team, I will submit an additional fee of \$30.

Mother: \_\_\_\_\_ Father: \_\_\_\_\_  
Home/Cell #: \_\_\_\_\_ Home/Cell #: \_\_\_\_\_  
Work #: \_\_\_\_\_ Work #: \_\_\_\_\_  
E-Mail: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

**Release**

I acknowledge that the Walton County Parks & Recreation Department does not carry insurance on participants in programs. Being aware of this and acknowledging that participation in any activity involves a certain degree of risk or injury, I hereby waiver, release, absolve, indemnify, and agree to hold harmless the Walton County Parks & Recreation Department, their board of directors, employees, coaches, instructors, officials, and volunteers from any and all liability arising out of any injury suffered by the above said participant during this activity. I understand that the above named parties will not assume responsibility for payment of medical treatment or transportation to or from the place of treatment. Only minor first-aid will be administered when necessary. I further agree to abide by the policies & procedures set forth by the Walton County Parks & Recreation Department.

I further acknowledge that the registration fee is non-refundable and there will be no exceptions.

\_\_\_\_\_  
Parent / Guardian Signature

\_\_\_\_\_  
Print Name

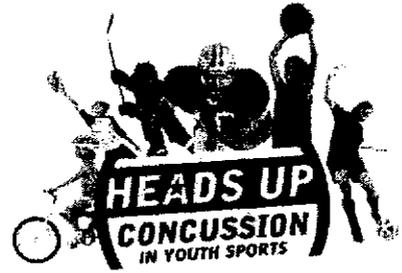
\_\_\_\_\_  
Date

Note: Please complete back of form.

**Office Use Only**

Age Division: \_\_\_\_\_ Location: C W S Birth Certificate: attached / on file

Fee Paid: \$ \_\_\_\_\_ Cash: \_\_\_\_\_ Check #: \_\_\_\_\_ Receipt #: \_\_\_\_\_ Staff: \_\_\_\_\_



# Parent/Athlete Concussion Information Sheet

A concussion is a type of traumatic brain injury that changes the way the brain normally works. A concussion is caused by bump, blow, or jolt to the head or body that causes the head and brain to move rapidly 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 listed below after a bump, blow, or jolt to

### 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.

the head or body, s/he should be kept 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.

| SIGNS OBSERVED BY COACHING STAFF                | SYMPTOMS REPORTED BY ATHLETES              |
|---|--|
| Appears dazed or stunned                        | Headache or "pressure" in head             |
| Is confused about assignment or position        | Nausea or vomiting                         |
| Forgets an instruction                          | Balance problems or dizziness              |
| Is unsure of game, score, or opponent           | Double or blurry vision                    |
| Moves clumsily                                  | Sensitivity to light                       |
| Answers questions slowly                        | Sensitivity to noise                       |
| Loses consciousness ( <i>even briefly</i> )     | Feeling sluggish, hazy, foggy, or groggy   |
| Shows mood, behavior, or personality changes    | Concentration or memory problems           |
| Can't recall events <i>prior</i> to hit or fall | Confusion                                  |
| Can't recall events <i>after</i> hit or fall    | Just not "feeling right" or "feeling down" |

## 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 not only does not diminish, but 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*)

## WHY SHOULD AN ATHLETE REPORT THEIR SYMPTOMS?

If an athlete has a concussion, his/her brain needs time to heal. While an athlete's brain is still healing, s/he is much more likely to have another concussion. Repeat concussions can increase the time it takes to recover. In rare cases, repeat concussions in young athletes can result in brain swelling or permanent damage to their brain. *They can even be fatal.*

### *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.

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

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.

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, or 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.

It's better to miss one game than the whole season. For more information on concussions, visit: [www.cdc.gov/Concussion](http://www.cdc.gov/Concussion).

\_\_\_\_\_  
Student-Athlete Name Printed

\_\_\_\_\_  
Student-Athlete Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent or Legal Guardian Printed

\_\_\_\_\_  
Parent or Legal Guardian Signature

\_\_\_\_\_  
Date