

REGISTRATION PACKET

PARENT CONSENT FORM

Sport

Team Name (N/A if you're an individual sign-up)

Age Division

Dear Parent,
Your child, _____, has elected to participate in the sport(s) as indicated above which are City of Savannah sponsored activities. Please be advised that the City, its agents, coaches, and employees accept no liability or responsibility for injuries, loss, or damage sustained by your child while participating in these programs.

By executing this consent form, you consent to your child's participation under the terms described above and under the rules and regulations under which this program operates.

Parent/Legal Guardian (Please Print)

Parent/Legal Guardian Signature

Participant's Name

Date of Birth

M M D D Y Y Y Y

Address

City

State

Zip Code

Phone Number

Email

School

Grade

Special Needs Participant Yes No

T-Shirt Size

THANK YOU FOR REGISTRATION.

Paperwork Received By:

Date

- Signed Consent Forms
- Signed Code of Ethics Form
- Signed Concussion Form
- Current Picture of the Player (billfold size)
- Copy of Birth Certificate



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PARENT CODE OF ETHICS

I hereby pledge positive support, care, and encouragement for my child's participation in youth sports by following this Parents' Code of Ethics.

- I will encourage good sportsmanship by demonstrating positive support for all players, coaches, and officials at every game, practice, or other youth sports event.
- I will place my child's emotional and physical well-being ahead of a personal desire to win. I will remember that the game is for youth and not for adults.
- I will insist that my child plays in a safe and healthy environment.
- I will support coaches and officials working with my child to encourage a positive and enjoyable experience.
- All sports environments will be free of drugs, tobacco, alcohol, and patrons will refrain from their use.
- I will ask my child to treat other players, coaches, fans, and officials with respect regardless of race, sex, creed, or ability.
- I will help my child enjoy the youth sports experience, such as being a respectable fan, assisting with coaching, or providing transportation.
- I will refrain from any obscene or demeaning language, arguing with umpires, tournament officials, players, and other fans at all times.
- I will always remain in designated spectator areas.

The following disciplinary action -verbal warning for the first offense, then ejection from the game and/or facility for one or multiple games if you choose not to respect this code of ethics.

Parent/Legal Guardian Signature

Date

ACTIVITY WAIVER FORM

PERMISSION TO PARTICIPATE

Activity / Sport

I / We, the undersigned, consent for me, my/our minor child/ward to participate in the programs sponsored by the City of Savannah. In consideration of me, my/our child's/ward's participation in the program I/we hereby agree(s) to assume all the risks and hazards incidental to said participation and do further agree(s) to release, absolve, indemnify and otherwise hold harmless the City of Savannah, its employees, administrators, agents and assigns and others who assist the above, for any loss, damages or personal injuries that I, said child/ward may receive as a result of such participation. I/we hereby agree(s) to waive all claims against the City of Savannah, its employees, administrators, and agents.

MEDICAL RELEASE FORM

Please list below any medical conditions, (including allergies), or other special needs concerning the participant. I/we understand that there are some risks inherent in the activities that are included in the Program, but willingly assume these risks in order to allow me/my child/ward to participate. I/we give permission for any emergency medical care or treatment by a physician, surgeon, nurse, and doctor's assistant, or medical care facility that may be required and assume responsibility for the cost of medical care.

Medical Conditions / Special Needs

PHOTO RELEASE FORM

I / We hereby grant permission to the City of Savannah Department of Cultural Resources and/or agents acting on its behalf, the right to use, edit, reproduce, assign and distribute photographs, films, video/audio recordings and other audio/visual productions of myself and/or my child(ren) for use in public displays, publications, public relations, slide shows, newspapers, advertising and other communications, to include transmission via film, print, video, computer, worldwide web, internet website, email, FTP, computer network and digital reproduction and distribution. I indemnify and hold harmless the City of Savannah Department of Cultural Resources, its officers, employees, sponsors and volunteers (the "indemnified parties") from and against any and all claims of any kind, including royalties or other compensation, and any liabilities arising from or related to the use of the photographs or recordings.

I have reviewed the photo release and do **NOT** consent

Participant Name (Please Print)

Parent/Legal Guardian Signature

Today's Date



REGISTRATION PACKET

CONCUSSION CONSENT FORM

It is the policy of the Savannah Recreation and Leisure Services Department that athletes cannot practice or compete in activities until this form has been signed or completed online with our department. You acknowledge that you have received the fact sheet on concussions by signing this form.

What is a Concussion: A type of brain injury caused by trauma? It can be caused by a hard bump or blow to or around the head, which causes the brain to move quickly inside the skull. You do not have to lose consciousness to have a concussion. If a concussion is not adequately treated, symptoms last longer and delay recovery. A second head trauma before recovery could lead to more severe injuries.

What are the signs and symptoms: Many signs and symptoms are linked with concussions? Your child may not have any symptoms until a few days after the injury. Signs are conditions observed by other people, and symptoms are feelings reported by the athlete.

Sign observed by others:

- Appears dazed or stunned
- Forgets plays
- Is unsure of game or opponent
- Moves clumsily
- Answers questions slowly
- Shows behavior or personality changes

Symptoms reported by athletes:

- Headache
- Nausea
- Dizziness
- Fuzzy vision
- Feeling foggy
- Concentration problem

What should you do if you suspect a concussion?

- Do not let your child play with a head injury.
 - Check on your child often after the injury for new or worsening signs or symptoms. If the symptoms are getting worse, take them to the nearest emergency department. Take your child to the doctor for any symptoms of a concussion.
 - Do not give your child pain medications without talking to your child's doctor.
 - Your child should stop all athletic activity until the doctor says it's OK. Your child must stay out of play until a licensed healthcare provider clears them. They must also bring a release form that the healthcare provider clears them.
 - Educate your child on concussions and why he cannot play until the symptoms are gone.
- Your child will need a gradual return to schools and activities.
- In case of an urgent concern or emergency, tell your child's coaches, school nurses, and teachers if he has a concussion.
 - Call 911 or go to the nearest emergency right away in an urgent concern or emergency.

Warning signs - Call your child's doctor right away if:

- New signs that the doctor does not know about
- Existing signs that get worse
- Headaches that get worse
- A seizure
- Neck pain
- Tiredness
- Continued vomiting
- Trouble sleeping
- Slurred speech
- Loss of consciousness
- Blood or fluid from nose or ear
- A large bump or bruise on the scalp

Additional information can be found at: choa.org/concussion

This is general information and not specific medical advice. Always consult with a doctor or healthcare provider if you have questions or concerns about a child's health.

Parent/Legal Guardian (Please Print)

Parent/Legal Guardian Signature

Participant's Name

Date