RKS & RECREATION	Registration	FALL SPORTS RE May 20th – Aug. Fees: Soccer/Flag/ <u>NTROL DATE: on or before Se</u> NTS MUST PLAY IN APPRO	<b>14th)</b> <u>Tackle/Cheer \$4</u> <u>ptember 1, 2024</u>	
SOCCER – 5-U CHEERLEADII	(4) 6-U(5-6) 8 <b>VG[]</b>	<b>PROGRAMS: (CHEC</b> Flea (7-8) Mite (9-10) 8-U (7-8) 10-U (9-10) 12- 10-U 12-U <b>(age as of 9</b> )	) Midget (11-12) U (11-12) 14-U (13-14)	) 17-U (15-17)
<mark>Shirt Size:</mark> (	When in doubt order	a larger size!) YXS YS YM	YL AS AM AL AXL A	AXXL
PARTICIPAN	T'S NAME		AGE	(Age as 9/1/24)
	MALE FEMALE	Date Of Birth:		_
PHONE:		PHONE		
**Volunteers a ****If you are <u>ASSISTANT CO</u>	are you willing to HE willing HEAD <u>COAC</u> <u>ACH</u> :	[_]- Odum (Must live or a EAD Coach a team (Circle) YE <u>H.</u> COACHES' shirt size (circle) Phone same age group (must live in	ES NO : AS AM AL AXL AXXL AS AM AL	. AXXXL
Street Addres City, State, Zi	ss p Code			
<u>Explain any l</u>	medical, physica	l, or other conditions tha	<u>t we should be aware</u>	<u>of</u> -
	ian Signature nt and back of this	Form:	_ Date	
NO REFUNDS \	WILL BE GIVEN AFT	ER Sept 1, 2024		
OFFICE USE O	NLY: Date	Amount\$		
Cash	Check#	Credit Card	Received by	/:

In consideration of my (and/or my child's) participation in this activity, I hereby release and discharge the Wayne County Parks & Recreation Department (WCRD), and its representatives, successors, and assigns, from any and all liability arising from accident, injury, and illness that I (he/she) may suffer as a result of my (our) participation in this activity. I (we) also will follow the rules and regulations set by WCRD and above named parties. Parent or guardian must sign for anyone age 18 and under. I do hereby grant and give these groups the right to use my or my child(s) name, both singly and in conjunction with other persons or objects and presentations, advertising, publicity, and promotion relating thereto. WCRD encourages all attempts to increase attendance and reduce truancy in our school system. This may include, but is not limited to players being asked about attendance and truancy by the coach. By signing the front of this form I understand the concussion protocol on the back of form.

## **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 ju dge 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 graual 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.