

2021-2022 Basketball Registration



REGISTRATION BEGINS November 16, 2021



WELCOME TO THE YOUTH SPORTS PROGRAM

The Seattle Department of Parks and Recreation welcomes your child to our Youth Sports Program. Our goal is to ensure all children that have an interest to play have the opportunity. We hope that your child will find the experience rewarding and will develop skills and friendships that he or she will keep for the rest of his/her life.

Your child will be placed on a team based on an assessment by Recreation staff and/or volunteer coaches using the following criteria: safety, skills, and ability. If there are only enough youth to form one team in your child's age division and gender at the desired community center, your child will automatically be placed on that team. The ability of the team is then assessed by Recreation staff and the team is placed for example in the appropriate league, either Recreation, Competitive or Advanced for Citywide leagues or Cub League (ages 8-9).

If there are not enough participants to form a team with your child's age and/or gender identification at the community center where you signed up, effort will be made to find an appropriate team for your child.

As a condition of your child's participation in this activity, you must complete and sign the attached forms and return them to the community center where your child is participating. **Please note: All participants ages 12 and older will be required to show proof of Covid vaccination or a negative proof of negative covid test that has been taken 72 hours before every practice and game. Also, this upcoming 2022 season, only ONE spectator will be allowed per "family" during game times. There will be NO spectators allowed during practices times.**

Please keep pages 1 through 2 for your records – Welcome (pg. 1), Concussion Information Sheet (pg. 2) Please return pages (3-4).

Please return the following forms:

1. **Participant Information** *(Parent/Guardian Signature required)*
2. **Assumption of Risk and Release and Safety Rules** *(Parent/Guardian Signature required)*
Medical Authorization *(Parent/Guardian Signature required)*
Concussion Information Received and Read *(Parent/Guardian and Participant Signature required)*
3. **Birth Certificate or Proof of birth date***
4. **Proof of Covid 19 Vaccination or negative covid test within 72 hours**

The first section provides the Department important information about your child. The second section tells you about risks of injury that may arise from participating in a sport or activity and rules regarding safety of the Department's Youth Sports Program to aid you in making an informed decision as to whether your child should participate in this athletic activity and requires you to assume its risks. The third section gives the Department authorization to provide medical care in case of injury when you cannot be reached. The fourth section is information about the signs and effects of concussion. *The last section is providing proof of age through birth certificate or other accepted documentation of birth date if not already on file at the community center.

As a parent or guardian, you should ask staff, coaches, physicians, and other knowledgeable persons about any concerns that you might have at any time about your child's participation or safety. The decision for your child to participate is yours.

Thank you for choosing Seattle Parks and Recreation!

Seattle Parks and Recreation - Concussion Information Sheet

A concussion is a brain injury and all brain injuries are serious. They are caused by a bump, blow, or jolt to the head, or by a blow to another part of the body with the force transmitted to the head. They can range from mild to severe and can disrupt the way the brain normally works. Even though most concussions are mild, **all concussions are potentially serious and may result in complications including prolonged brain damage and death if not recognized and managed properly.** In other words, even a “ding” or a bump on the head can be serious. You can’t see a concussion and most sports concussions occur without loss of consciousness. Signs and symptoms of concussion may show up right after the injury or can take hours or days to fully appear. If your child reports any symptoms of concussion, or if you notice the symptoms or signs of concussion yourself, seek medical attention right away.

Symptoms may include one or more of the following		
<ul style="list-style-type: none"> • Headaches • “Pressure in head” • Nausea or vomiting • Neck pain • Balance problems or dizziness • Blurred, double, or fuzzy vision • Sensitivity to light or noise • Feeling sluggish or slowed down 	<ul style="list-style-type: none"> • Feeling foggy or groggy • Drowsiness • Change in sleep patterns • Amnesia • “Don’t feel right” • Fatigue or low energy • Sadness • Nervousness or anxiety 	<ul style="list-style-type: none"> • Irritability • More emotional • Confusion • Concentration/memory problems (forgetting game plays) • Repeating the same question or comment

Signs observed by teammates, parents, and coaches include:	
<ul style="list-style-type: none"> • Appears dazed • Vacant facial expression • Confused about assignment • Forgets plays • Is unsure of game, score, or opponent • Moves clumsily or displays incoordination 	<ul style="list-style-type: none"> • Answers questions slowly • Slurred speech • Seizures or convulsions • Any change in typical behavior or personality • Loses consciousness

What can happen if my child keeps on playing with a concussion or returns too soon?

Athletes with the signs and symptoms of concussion should be removed from play immediately. Continuing to play with the signs and symptoms of a concussion leaves the young athlete especially vulnerable to greater injury. There is an increased risk of significant damage from a concussion for a period of time after that concussion occurs, particularly if the athlete suffers another concussion before completely recovering from the first one. This can lead to prolonged recovery, or even to severe brain swelling (second impact syndrome) with devastating and even fatal consequences. It is well known that adolescent or teenage athlete will often under report symptoms of injuries. And concussions are no different. As a result, education of administrators, coaches, parents and students is the key for student-athlete’s safety.

If you think your child has suffered a concussion

Any athlete even suspected of suffering a concussion should be removed from the game or practice immediately. 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. 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” and

“...may not return to play until the athlete is evaluated by a licensed health care provider trained in the evaluation and management of concussion and received written clearance to return to play from that health care provider”.

You should also 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 out.

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PARTICIPANT INFORMATION

Community Center: _____

Participant's Name: _____ Birth Date: _____ Age: _____ Gender: _____ Grade: _____

Participant's School: _____ Parent/Guardian Name: _____

Address: _____ City: _____ Zip: _____

My child may be photographed (stills or video) for the City of Seattle, its Department of Parks and Recreation, the Associated Recreation Council, Advisory Council, or Community Center publications.

(Circle one) YES NO Initial Here _____

My child (12 or older) has been vaccinated or I am willing to provide proof of a negative covid test taken within every 72 hours before practices and games.

(Circle one) YES NO Initial Here _____

Parent/Guardian Email: _____ Cell Phone: _____

Parent/Guardian Signature: _____ Date: _____

New Player Returning Player

Uniform Size: YS YM YL AS AM AL AXL AXXL

The League / Team your child is placed on depends on their age as of August 31, 2021

Birth Certificate must be on file

League	Level		Amount
<input type="checkbox"/> Cub Basketball	BOYS <input type="checkbox"/> Age 8-9	GIRLS <input type="checkbox"/> Age 8-9	\$100
<input type="checkbox"/> Citywide Basketball	BOYS <input type="checkbox"/> Age 10 <input type="checkbox"/> Age 11 <input type="checkbox"/> Age 12 <input type="checkbox"/> Age 13 <input type="checkbox"/> Age 14-15 <input type="checkbox"/> Age 16-17	GIRLS <input type="checkbox"/> Age 10 <input type="checkbox"/> Age 11 <input type="checkbox"/> Age 12 <input type="checkbox"/> Age 13 <input type="checkbox"/> Age 14-17	\$100

Coach/Team Request: _____ Practice Day/Time: _____

If you have any specific requests regarding coaches or need a practice day, please indicate them here. These are requests only and cannot be guaranteed

Please make checks payable to: City of Seattle Please return form to your Community Center of Choice

- I would be interested in being a volunteer coach or assistant coach.
- I would like to help sponsor a child to play sports by donating \$_____ to my center's Scholarship Fund.

II. ASSUMPTION OF RISKS

Injuries to participants in the Youth Sports Program may occur from risks inherent in the sports or activity; from placing stress on the body that has not been prepared for; from accidents in learning or practicing playing techniques; from failing to follow game, training, safety or other team rules; from the use of transportation to and from games and other

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events; and from administration of first aid. Injury can include direct physical, and possibly crippling, injury to one's body, and emotional injury experienced as a result of inflicting injury to another or witnessing it. The severity of injury can range from minor cuts, scrapes, or muscle strain to catastrophic injury, such as paralysis or even death. In consideration of the City and the Seattle Department of Parks and Recreation permitting my child or ward to participate in its Youth Sports Program, I hereby agree on behalf of my child that he or she will assume the risk of injury or death from participating as outlined above. I release the City, its Department of Parks and Recreation, the Department's employees, advisory councils, and/or volunteers from any liability resulting from my child's participating in the sport or activity. This assumption of risk and release binds by child's heirs, estate, executor or administrator, and assigns all members of my family.

SAFETY RULES

I have told my child to obey all directions of the instructors and personnel in charge of the sport or activity and their assistants; to comply with all safety instructions; and to refrain from horseplay and other unsafe practices.

III. MEDICAL AUTHORIZATION and EMERGENCY AND MEDICAL INFORMATION

In the case of an accident or illness, I authorize the City to provide medical treatment for my child if I cannot be contacted immediately and I consent to the administration of any and all medical procedures deemed necessary by the attending authorities. I understand that the City, its staff, and volunteers assume no financial obligations or liability for the immediate medical treatment that they provide to or for my child.

Emergency Contact: _____ Day Phone: _____ Evening Phone: _____

Address: _____ City: _____ Zip: _____

Alternate Contact: _____ Day Phone: _____ Evening Phone: _____

Address: _____ City: _____ Zip: _____

Physician: _____ Telephone: _____

Address: _____ City: _____ Zip: _____

Participant Allergies: _____

Participant Medications: _____

Participant Medical Concerns: _____

Insurance Company: _____

Comments: _____

I/We have agreed to assume the risks of participation and the release, given the instruction, authorized immediate medical attention if I/we cannot be contacted, and completed the emergency and medical information.

Parent/Guardian Signature: _____ Date: _____

IV. CONCUSSION INFORMATION RECEIVED & READ

We have received and read the Concussion Information Sheet and understand the risks, symptoms and signs related to concussion and assume all risks of participation.

Student-athlete Name Printed

Student-athlete Signature

Date

Parent or Legal Guardian Printed

Parent or Legal Guardian Signature

Date

Office Use Only Participant Info Risk & Release Medical Auth. Concussion form Scholarship % _____