

Rookie Rugby

Registration Spring 2017

Spokane Youth Sports Association 1221 N. Howard St. Spokane, WA 99201
P. 328.SYSA (7972) F. 534-0191 WWW.SYSA.COM

The mission of Spokane Youth Sports Association is to provide sports activities for all youth where everyone plays, develops skills is taught good sportsmanship, and learns the value of being a team

Register by March 23rd

	☐ Grades 1/2	\$65	s 3/4 \$65	
	☐ Grade 5/6 \$65 ☐ G	Grades 7/8 \$65	☐ Grades 9 – 12 \$6	5
Participant First	M.I.	Last		_ DOB//
Current School		Grade	Gende	er: <u>Male</u> <u>Female</u>
Family Address		City	St	_ Zip
Parent/Guardian 1 Name: _		_ Parent/Guardian 2 N	lame:	
Primary Phone		P/G2 Phone:		
P/G1 Email:		P/G2 Email:		
Allergies or Special Needs				
Emergency Contact (other than parent/guardian) Emergency Contact Ph				
For Team Building Purpose	<u>es:</u>			
	vould like to help kids play by dona	Rog		st Valley)
	ny Form*: □Check #			aid in SYSA Office
☐ Debit/Credit Card (Circle 0	One) <u>Visa</u> <u>Master</u> Card Number			
*Forms received without full p	ayment information will not be processe	<u>d.</u>	CCV:	
· ·	spokane Youth Sports Association: In co ecked above, I, the parent or guardian of	•	granted my child/ward by Sp	ookane Youth Sports Association
executions which the child, par have or claim to have against s for all personal injuries, known activities. Also, I, the parent or publication, taken during game knowledge of the significance. See Page 2/Back for addition	ation, it's officers, employees, representation, it's officers, employees, representation guardian ever had, now has or meaning the Spokane Youth Sports Association, it's concurred or unknown to my child/ward, and injuring guardian of the above named child, here and events. I, the parent or guardian, My signature is legal authorization for employed information. Signature(s) belowell as Concussion Compliance on be	ay have, or which the chi officers, employees, repre- es to property, real or per- eby authorizes Spokane have read this release ar mergency care and acknowledge that you	Id or guardian's heirs, execut sentatives, coaches, and refe sonal, caused by, or arising of Youth Sports Association the id understand all terms. I exe by weldgment of release of all of	ors, administrators or assigns may erees; their successors or assigns, out of the above described sports ability to use photos for cute it voluntarily and with full claims statement.
Danasat/Cuandia:				Data
Parent/Guardian:	printed name	signature		Date
			SYSA Office Use	

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 r		
Headaches	Feeling sluggish or slowed down	Nervousness or anxiety
"Pressure in head"	 Feeling foggy or groggy 	Irritability
Nausea or vomiting	Drowsiness	More emotional
Neck pain	Change in sleep patterns	Confusion
Balance problems or dizziness	Amnesia	 Concentration or memory problems
Blurred, double, or fuzzy vision	"Don't feel right"	(forgetting game plays)
Sensitivity to light or noise	Fatigue or low energySadness	Repeating the same question/comment

Signs observed by teammates, parents and coaches include:			
Appears dazed	Slurred speech		
Vacant facial expression	Shows behavior or personality changes		
Confused about assignment	Can't recall events prior to hit		
Forgets plays	Can't recall events after hit		
Is unsure of game, score, or opponent	Seizures or convulsions		
Moves clumsily or displays incoordination	Any change in typical behavior or personality		
Answers questions slowly	Loses consciousness		

For current and up-to-date information on concussions you can go to: http://www.cdc.gov/ConcussionInYouthSports/

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 heath care provider trained in the evaluation and management of concussion and received written clearance* to return to play from that health care provider".

Remember, it is better to miss one game than miss the whole season. When in doubt, the athlete sits out.

*Health Care Provider Clearance forms required for completion and submission to SYSA are available at

www.sysa.com or 536-1800 or the office: 800 N Hamilton #201, Spokane WA 99202