

Rookie Rugby

Registration Spring 2018
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

☐ Grades 3/4 \$65

Register by March 22nd

☐ Grades 1/2 \$65

	☐ Grade 5/6 \$65 ☐ Grades 7/8	\$65
Participant First	M.I Last	
Current School		
	City	
	Parent/Guardian 2 Name	
Primary Phone		
	P/G2 Email:	-
Allergies or Special Needs		
Emergency Contact (other than parent/gu	ardian) Er	nergency Contact Ph
Closest high school area:		
(Central Valley, Cheney, Deer Park, East Valle Rogers, Shadle, University, West Valley)	ey, Ferris, Lakeside, Lewis & Clark, Mead, Mt Spokand	e, North Central, Riverside,
Payment Must Accompany Form*:	□Check # (Payable to SYSA)	☐ Cash paid in SYSA Office
☐ Debit/Credit Card (Circle One) <u>Visa</u> <u>Mas</u>	ter Card Number	Exp Date
*Forms received without full payment informat	ion will not be processed.	CCV:
to participate in the activity checked above, I, the Spokane Youth Sports Association, it's officers executions which the child, parent or guardian thave or claim to have against Spokane Youth Stor all personal injuries, known or unknown to mactivities. Also, I, the parent or guardian of the apublication, taken during games and events. I,	ne parent or guardian of the above named child, hereby, employees, representatives, coaches, and referees fever had, now has or may have, or which the child or goports Association, it's officers, employees, representative child/ward, and injuries to property, real or personal above named child, hereby authorizes Spokane Youth	from all claims, demands, actions, judgments and guardian's heirs, executors, administrators or assigns matives, coaches, and referees; their successors or assigns I, caused by, or arising out of the above described sports a Sports Association the ability to use photos for derstand all terms. I execute it voluntarily and with full
See Page 2/Back for additional informatio SYSA Release above as well as Concuss	n. Signature(s) below acknowledge that you've r ion Compliance on back.	read and understand:
Parent/Guardian:		Date
printed name	signature	
	1 9	VSA Office Use



Concussion Information

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 energy	Repeating the same question/comment
	Sadness	

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 guestions slowly	• Loses consciousness	l

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



Cancellation & Refund Policy

Spokane Youth Sports Association

DATE	<u>E:</u>	<u>Refund</u>	
Early	Request for Refund/Cancellation	\$20 Administration fee	
game	uest either two weeks prior to first e/meet or when rosters are sent out chever is first	Eligible for a 50% refund, upon approval of the SYSA Sport Coordinator	
Once	e games/meets have begun	Refunds will not be given for cancelled Registrations. Under extenuating Circumstances, a partial refund may Be considered	
 SYSA equipment issued for the season must be returned to SYSA before the refund process begins; issued uniforms are non-refundable. 			
Late fees are non-refundable, NO EXCEPTIONS.			
Credit/Debit: Refunded to original card [allow 5-7 business days]			
Check/Cash: Refunded by SYSA issued check [allow up to 2 weeks]			
Parent/Guardia	an: printed name	Datesignature	