

Spring Break Soccer Camp Registration 2018

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

SYSA Office Use

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 29th

☐ Birth Years 2012 - 2010 10:00 am - 11:30 am \$75

□Ві	☐ Birth Years 2009 – 2004 11:30 am – 1:00 pm \$75					
Participant First	M.I Last		DOB//			
Current School	Grade	GradeCity		Gender: <u>Male</u> <u>Female</u>		
Family Address				Zip	<u> </u>	
Parent/Guardian 1 Name:	Parent/G	Guardian 2 Name:				
Primary Phone	P/G2	Phone:				
P/G1 Email:	P/G2	2 Email:				
Allergies or Special Needs						
Emergency Contact (other than parent/guar	dian)	Eme	ergency Contact Ph	l		
(Central Valley, Cheney, Deer Park, East Valley, Rogers, Shadle, University, West Valley) Payment Must Accompany Form*:						
			•	aid in SYSA C	Jilice	
□ Debit/Credit Card (Circle One) <u>Visa</u> <u>Master</u> Card Number *Forms received without full payment information will not be processed.				CCV:		
Release of all claims against Spokane Youth Spoto participate in the activity checked above, I, the Spokane Youth Sports Association, it's officers, executions which the child, parent or guardian eventave or claim to have against Spokane Youth Spotor all personal injuries, known or unknown to my activities. Also, I, the parent or guardian of the abpublication, taken during games and events. I, the knowledge of the significance. My signature is leguing See Page 2/Back for additional information. SYSA Release above as well as Concussion	rts Association: In consideration of parent or guardian of the above of mployees, representatives, coacher had, now has or may have, or ports Association, it's officers, empehild/ward, and injuries to proper ove named child, hereby authorize parent or guardian, have read the all authorization for emergency care.	of permission granted named child, hereby in thes, and referees from which the child or gualloyees, representative ty, real or personal, controlled ty, real or perso	d my child/ward by Sprelease and discharge mall claims, demands ardian's heirs, executives, coaches, and referenced by, or arising opports Association the restand all terms. I exement of release of all of	e Spokane s, actions, judg ors, administra erees; their suc out of the above ability to use p cute it voluntar claims stateme	gments and ators or assigns ma ccessors or assigns e described sports bhotos for rily and with full	
Parent/Guardian:				Date		
printed name		signature				



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 more of the following:		
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 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