Yellow Jacket Lacrosse

Ozona Elementary

Registration Form:

Name:_____ Phone Number: _____ Email Address: _____

Address:_____ City: _____ Zip: _____

Position: _____ Age: _____ Grade: _____

1st Session

Time: 3:00 PM to 4:00 PM

Days: Wednesdays

Dates: October 21, 28. November 4, 18. December 2, 9, 16

Cost: $90.00

Checks Payable to: Yellow Jacket Lacrosse in the amount of **$____90.00_____**

Send to: 2663 Megan Ct. Palm Harbor, FL 34684

Medical Insurance Information

Person to notify in case of Emergency: _____Phone Number: _____

Insurance Carrier: _____Policy Number: _____

Waiver Exclusion Clause: I, the undersigned parent/guardian, in enrolling in this lacrosse league/clinic/tournament, understand that in attending any sport program and using the facilities do so at the participant's own risk. The Shooters Lacrosse, its representatives, Clearwater Youth Lacrosse Inc, D & E Associates and all agents shall not be held liable for any damages whatsoever arising from any personal injury, disability, death or property loss sustained by participants or family members on the premises. Participants, parents/guardians assume full responsibilities for all injuries and damages which may occur in or around any program on the premises and hereby fully and forever release, discharge and hold harmless Yellow Jacket Lacrosse and all associated facilities and there owners, agents and employees from any claims, damages, rights of action, present or future, resulting from or arising out of any person's participation in any program or use of it's facilities. In addition, participant agrees to follow the rules and conduct set by the Yellow Jacket Lacrosse director. Participant, parent/guardian, understands that failure to comply with rules and regulations will result in suspension from participants. I, the undersigned parent/guardian, hereby grant authority to Yellow Jacket Lacrosse director, to render a judgment concerning medical assistance or illness during my absence. Yellow Jacket Lacrosse may be taking photos, videos, and other images of our participants. These images will be the property of the Yellow Jacket and may be shared with the media and posted on the internet. Yellow Jacket Lacrosse is hereby granted permission to use the image of the participant without further notification. Such use includes the display, distribution, publication, transmission, or otherwise use of photographs, images and/or video taken for use in materials that include, but may not be limited to, printed materials such as brochures and newsletters, videos, and websites.

Signed: _____ Date: _____

Effective July 1st, 2012 Florida Statute 943.0438 requires the parent or guardian and the youth who is participating in athletic competition or who is a candidate for an athletic team to sign and return an informed consent that explains the nature and risk of concussion and head injury, each year before participating in athletic competition or engaging in any practice, tryout, workout, or other physical activity associated with the youth's candidacy for an athletic team.

The Facts:

- A concussion is a brain injury.
- All concussions are serious.
- Concussions can occur without the loss of consciousness.
- Concussions can occur in any sport.
- Recognition and proper management of concussions when they first occur can help prevent further injury or even death.

What is a concussion? A concussion is an injury that changes how the cells in the brain normally work. a concussion is caused by a blow to the head or body which causes the brain to move rapidly inside the skull. Even a "Ding", "Getting your bell rung", or what seems like a mild bump or blow to the head can be serious. Concussions can also result from a fall or players colliding with each other or obstacles, such as a goal post, even if they do not directly hit their head. To help recognize a concussion, you should watch for the following signs in your athletes:
1. A forceful blow to the head or body that results in rapid movement of the head. -and-
2. any change in the athlete's behavior, thinking, or physical functioning.
Signs and symptoms of concussion that may be reported by a coach or other observer:

- appears dazed or stunned.
- Is confused about assignment or position.
- Forgets sports plays.
- Is unsure of game, score, or opponent.
- Moves clumsily.
- answers questions slowly.
- Loses consciousness(even briefly)
- Can't recall events prior to hit or fall.
- Signs and symptoms that may be reported by the player:
- Headache or pressure in the head.
- Nausea or vomiting.
- Balance problems or dizziness.
- Double or blurry vision.
- Sensitivity to light.
- Sensitivity to noise.
- Feeling sluggish, hazy, foggy, or groggy.
- Concentration or memory problems.

- Confusion.
- Does not feel right.

Both parents/guardians and players are advised to take the Center for Disease Control's free online concussion training at http://www.cdc.gov/concussion/HeadsUp/Training/HeadsUpConcussion.html Under Florida law the player who is suspected of having a concussion or head injury must be removed from play or practice. Before the player may return to practice or competition a written medical clearance to return stating the athlete no longer exhibits signs, symptoms, or behaviors consistent with a concussion or other head injury must be received from an appropriate health care professional trained in the diagnosis, evaluation, and management of concussions. In Florida, an appropriate health care professional (AHCP) is defined as either licensed physician(MD as per Chapter458, Florida Statutes) a licensed physicians assistant under the supervision of a MD/DO(as per Chapters 458.347 and 459.022, Florida statutes) or a health care professional trained in the management of concussions.

I have read and understand this consent form, and I volunteer to participate.

Player Name:_____

Signature:_____ Date:_____
As parent or guardian, I have read and understand this consent form and give permission for my child named above to participate.

Parent/Legal Guardian Name:_____

Signature: _____ Date:_____