

REGISTRATION FORM

Name of Child: _____ Date of Birth: _____

Address: _____

Street City State ZIP

Home/Cell Phone: _____ Email Address (optional): _____

School/School District: _____ Age: _____ Grade Level: _____

Name of Parent/Guardian (Print): _____

Child Lives With: () Mother () Father () Both () Other

Ethnicity: () Caucasian () Hispanic () African American () Other

Does Child Receive Free/Reduced Lunch? _____

List Any Known Medical Conditions, Disabilities or Allergies: _____

Please select which camp dates your child will be attending:

June 25 - 28 July 9 - 12

July 16 - 19 July 23 - 26

July 30 - August 2 August 6 - 9

HOUSEHOLD INFORMATION:

of Residents in Household: _____ Is the Primary Guardian a Single Parent? _____

Annual Household Income: () \$0—\$9,999 () \$10,000—\$19,999
() \$20,000—\$29,999 () \$30,000—\$49,999 () \$50,000 +

EMERGENCY CONTACT INFORMATION:

Full Name (Print): _____ Relationship to Child: _____

Work Phone: _____ Cell Phone: _____

I, the undersigned parent/guardian of the individual named above, a minor, do hereby agree to allow the individual named herein to participate in the aforementioned activity and authorize the program directors and/or instructors as Agents for the undersigned to consent to Medical, Surgical, and/or Dental Examination, in addition to any and all other Treatments that may be deemed necessary by medical personnel. It is understood that this activity involves an element of risk and danger of accidents and knowing those risks I hereby assume those risks. In addition, I understand that by signing this agreement, I hereby release and discharge Jackson Sports Academy, its coaches, volunteers, officers, directors and sponsors from any liability resulting in any injury, loss of life, or other loss or damage as a result of participation in any activity of JSA. I agree that pictures taken during program hours may be used for future promotional purposes. In the absence of a parent/guardian signature below, payment of fees of participation in the program shall constitute acceptance of conditions set forth in release. As the undersigned parent/guardian I understand that no refunds will be given and no confirmations will be sent except for email confirmations if an email address is provided above.

Signature of Parent/Guardian: _____ Date: _____

For Office Use: Total Due: _____ Paid: _____ CK# _____ Scholarship: _____

Staff Signature: _____

MAY _____ CK# _____ JUNE _____ CK# _____

JULY _____ CK# _____ AUGUST _____ CK# _____

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
- * “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
- * Feeling foggy or groggy
- * Drowsiness
- * Change in sleep patterns
- * Amnesia
- * “Don’t feel right”
- * Fatigue or low energy
- * Sadness
- * Nervousness or anxiety
- * Irritability
- * More emotional
- * Confusion
- * Concentration or memory problems (forgetting game plays)
- * Repeating the same question/comment

Signs observed by teammates, parents and coaches include:

- * Appears dazed
- * Vacant facial expression
- * Confused about assignment
- * Forgets plays
- * Is unsure of game, score, or opponent
- * Moves clumsily or displays incoordination
- * Answers questions slowly
- * Slurred speech
- * Shows behavior or personality changes
- * Can’t recall events prior to hit
- * Can’t recall events after hit
- * Seizures or convulsions
- * Any change in typical behavior or personality
- * Loses consciousness

Jackson Sports Academy
Concussion Information Sheet

What can happen if my child keeps on playing with a concussion or returns to 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 its better to miss one game than miss the whole season. And when in doubt, the athlete sits out.

For current and up-to-date information on concussions you can go to:

<http://www.cdc.gov/ConcussionInYouthSports/>

Student-athlete Name Printed

Student-athlete Signature

Date

Parent or Legal Guardian Printed

Parent or Legal Guardian Signature

Date