

Paulding County Parks and Recreation REGISTRATION FORM - Please fill out completely.

Guardian Information

Resident: Non-Resident:

First Name: _____ Last Name: _____

Street Address: _____ City: _____ State: _____ Zip: _____

Primary Phone: _____ Secondary/Emergency Phone: _____

E-Mail: _____ Birthday: _____

Program Registration

Activity Name	Class Code	Fee	Participants Name	Sex	Date of Birth
Total Payment		\$	ALL PAYMENTS MUST BE MADE BY CASH, CHECK OR CREDIT CARD		

Payment Options (Complete by PCPRD Staff ONLY)

Cash \$ _____

Check \$ _____ Check# _____ PAYABLE TO: PCBC

Credit Card \$ _____

Please Review and Sign

Out of County Residents : Out of county residents will be assessed an additional fee of \$16. Proof of residency remains with the participant. Out of county residents participating in youth athletic activities will not be eligible for GRPA post season competition.

Refund Policy : There will be a \$6 service fee on all refunds. All request for refunds must be submitted at least two weeks prior to the first date of the scheduled activity.

Transportation : I am aware that participation in some programs requires transportation to and/or from various places. I hereby give permission for the above minor to be transported by department staff, without further notice, as necessitated by program design.

Consent to Treatment : I authorize such physican or medical staff as the Paulding County Parks and Recreation Department may designate to carry out minor medical or surgical treatment and/or medication necessary, or to take my child to the emergency room of the nearest hospital, and I further authorize the hospital and its medical staff to provide treatment deemed necessary by them for the well being of my child. It is understood, however, that if hospitalization or treatment of a more serious nature is required, I will be contacted if at all possible, by telephone, for permission. The physicians, organizers, directors, agents or employees of the Paulding County Parks and Recreation Department are hereby released, acquitted and discharged from any claim for damage or suit by reason of any injury, illness, damage to person or property during the event or program, including transportation to or from the event and/or to any program, and in that regard, I hereby covenant that on my behalf and for the minor not to file a claim or bring suit with respect to any such injury or damage. I, the undersigned, am a parent (or guardian) of t he specified minor. I have read and fully understand the provisions of the above releases and have explained them to said minor. I hereby agree that said minor and I will be bound thereby.

Concussion Fact Sheet : My signature below confirms that I have received a copy of the CDC Parent Fact Sheet concerning concussions in youth.

INSURANCE : PAULDING COUNTY DOES NOT MAINTAIN A HEALTH INSURANCE POLICY FOR PARTICIPANTS ENROLLED WITH THE PAULDING COUNTY PARKS AND RECREATION DEPARTMENT THAT COVERS ACCIDENTS AND/OR INJURIES WHICH MAY RESULT FROM ACTIVITY DURING ORGANIZED GAMES, PRACTICES AND PROGRAMS. PLEASE LIST BELOW THE NAME OF YOUR HEALTH INSURANCE CARRIER AND THE NAME OF THE PRIMARY HOLDER

(THE PARENT UNDER WHOM THE POLICY IS PURCHASED): _____

Name of Insurance Company: _____ Policy No: _____

BOYS AND GIRLS WILL BE ASSIGNED TEAMS WITHOUT CONSIDERATION FOR TRANSPORTATION ARRANGEMENTS.

Note: Photographs of children, adults and/or teams may appear in local newspapers or other marketing materials in conjunction with our programs.

Participation: I hereby give permission for the mentioned minor to participate in the Paulding County Parks and Recreation Athletics or Program events and have read and understand the refund policy.

Signature (parent or guardian): _____ **Date:** _____

Disabilities Act

In compliance with Title VI of the Civil Rights Act of 1964, the Civil Rights Restoration Act of 1987, Section 504 of the Rehabilitation Act of 1973, Title II of the Americans with Disabilities Act, and all related regulations and directives, the Paulding County Board of Commissioners assures that no person shall, on the grounds of race, color, sex, age, disability or national origin, be excluded from participating in, be denied the benefits of, or be otherwise subjected to discrimination under any of its programs and activities whether or not those programs and activities are federally funded.

In accordance with the American Disabilities Act, does registrant require any special accommodations or assistance for enjoyment of the program? yes no

If yes, please describe: _____

Parents Code of Ethics (PCPRD Programs)

I hereby pledge to provide positive support, care and encouragement for my child's participation in PCPRD Youth Programs by following the Parents Code of Ethics:

1. I will encourage good sportsmanship by demonstrating positive support for all students, instructors, players, coaches, parents and officials at every class, game and practice.
2. I will place the emotional and physical well being of my child ahead of my personal desire to win.
3. I will insist that my child play in a safe and healthy environment.
4. I will insist that my child's coach be trained in the responsibilities of being a youth instructor/sports coach and that the instructor/coach upholds these PCPRD Code of Ethics.
5. I will support the instructor, coaches and officials working with my child, in order to encourage a positive and enjoyable experience for all.
6. I will demand an environment for my child that is free from drugs, alcohol and tobacco and will refrain from their use at all PCPRD youth events.
7. I will remember that the class/game is for the youth, not the adults.
8. I will do my very best to make youth activities fun for my child.
9. I will ask my child to treat other students, players, instructors, coaches, fans and officials with respect regardless of race, sex, creed or ability.
10. I will expect all who come to watch my child participate in any PCPRD youth program to follow this Code of Ethics.

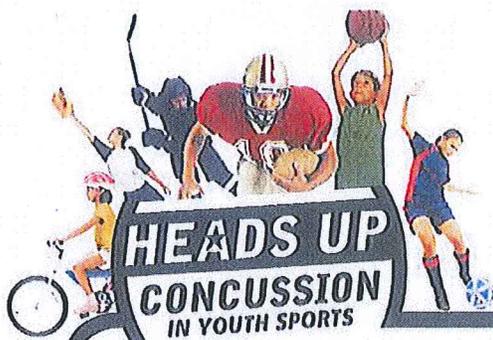
Childs Name: _____

Parents Signature: _____

Parent Name (please print): _____

Date: _____

Circle correct t-shirt size for child participating in YOUTH SPORTS: YS YM YL AS AM AL AXL AXXL



A Fact Sheet for PARENTS

WHAT IS A CONCUSSION?

A concussion is a type of traumatic brain injury. Concussions are caused by a bump or blow to the head. Even a “ding,” “getting your bell rung,” or what seems to be a mild bump or blow to the head can be serious.

You can't see a concussion. Signs and symptoms of concussion can show up right after the injury or may not appear or be noticed until days or weeks after the injury. If your child reports any symptoms of concussion, or if you notice the symptoms yourself, seek medical attention right away.

WHAT ARE THE SIGNS AND SYMPTOMS OF A CONCUSSION?

Signs Observed by Parents or Guardians

If your child has experienced a bump or blow to the head during a game or practice, look for any of the following signs and symptoms of a concussion:

- Appears dazed or stunned
- Is confused about assignment or position
- Forgets an instruction
- Is unsure of game, score, or opponent
- Moves clumsily
- Answers questions slowly
- Loses consciousness (even briefly)
- Shows mood, behavior, or personality changes

Symptoms Reported by Athlete

- Headache or “pressure” in 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
- Just “not feeling right” or “feeling down”

HOW CAN YOU HELP YOUR CHILD PREVENT A CONCUSSION OR OTHER SERIOUS BRAIN INJURY?

- Ensure that they follow their coach's rules for safety and the rules of the sport.
- Encourage them to practice good sportsmanship at all times.
- Make sure they wear the right protective equipment for their activity. Protective equipment should fit properly and be well maintained.
- Wearing a helmet is a must to reduce the risk of a serious brain injury or skull fracture.
 - However, helmets are not designed to prevent concussions. There is no “concussion-proof” helmet. So, even with a helmet, it is important for kids and teens to avoid hits to the head.

WHAT SHOULD YOU DO IF YOU THINK YOUR CHILD HAS A CONCUSSION?

1. SEEK MEDICAL ATTENTION RIGHT AWAY.

A health care professional will be able to decide how serious the concussion is and when it is safe for your child to return to regular activities, including sports.

2. KEEP YOUR CHILD OUT OF PLAY.

Concussions take time to heal. Don't let your child return to play the day of the injury and until a health care professional says it's OK. Children who return to play too soon—while the brain is still healing—risk a greater chance of having a repeat concussion. Repeat or later concussions can be very serious. They can cause permanent brain damage, affecting your child for a lifetime.

3. TELL YOUR CHILD'S COACH ABOUT ANY PREVIOUS CONCUSSION.

Coaches should know if your child had a previous concussion. Your child's coach may not know about a concussion your child received in another sport or activity unless you tell the coach.

It's better to miss one game than the whole season.

For more information, visit www.cdc.gov/Concussion.