



Basketball 2018/19

REGISTRATION FORM (PLEASE PRINT)

Athlete's Name: _____ Date of Birth: ____ / ____ / ____

Street Address: _____

City: _____ State: _____ Zip: _____

Gender: Male or Female Grade: _____

Parent's/Guardian's Name(s): _____

Home Phone: _____ Other Phone (specify): _____

Parent or Guardian Email: _____

Parent or Guardian Email: _____

PERSON TO NOTIFY IN CASE OF EMERGENCY IF PARENT/GUARDIAN CANNOT BE REACHED:

Name _____ Relationship _____ Phone _____

Signature of Parent or Legal Guardian: _____

Date: _____



LIABILITY AND PUBLICITY RELEASE:

The undersigned applicant, and/or the undersigned parent/guardian, hereby holds harmless the District, Davidson Middle School and the PTA, and waive, release and discharge any and all claims or rights to claims for damages for death, personal injury or property damage which I may have, or which may hereafter accrue to me, as a result of participation in said activity. This Release is intended to discharge in advance the District, Davidson Middle School and the PTA, and its officials, officers, agents, volunteers and employees, from and against any and all liability arising out of or connected in any way with my participation in said activity. I further understand that accidents may occur during said activity, and that participants in such activity may sustain personal injuries, and/or property damage, as a consequence thereof. Knowing the risks of said activity, nevertheless, I hereby agree to assume those risks and to release and hold harmless all of the persons and entities mentioned above. It is further understood and agreed that this waiver, release and assumption of risk is to be binding on my heirs and assigns.

Parent/Guardian Signature: _____

Date: _____

AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT:

In case of illness or accident, I, _____ give my permission for the emergency medical treatment of my child, _____ if I cannot first be contacted. My home number is _____. I understand that I am responsible for all costs associated with the treatment of my child.

Furthermore, I notify Davidson Athletics that my child has the following health concerns, problems, and/or issues: _____

He/She is taking the following medications: _____

Signature of Parent/Guardian: _____ Date _____



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.** 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:	Signs observed by teammates, parents and coaches:
• Headaches or feeling of 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 drowsy • Change in sleep patterns • Amnesia • Sadness, anxiety or confusion • Concentration or memory problems	• Appears dazed • Vacant facial expression • Confused about assignment • Forgets plays or events • Unsure of game, score, or opponent • Moves clumsily or displays incoordination • Answers questions slowly • Slurred speech • Behavior or personality changes • Seizures or convulsions • Loses consciousness

You should also inform your child's coach if you think that your child may have a concussion. Remember, it's 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 concussion you can go to:

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