



# TIFT COUNTY RECREATION DEPARTMENT REGISTRATION FORM

This form is utilized to sign up/register a child/participant in Tift County Recreation Department Programs and Activities and utilized to determine league and player eligibility. Out of County Participants are NOT ELIGIBLE for any All-Star or GRPA play- (see GRPA Rules). Participants Must Meet Eligibility and Age Control Dates to Participate in Tift County Recreation Programs/Activities.

CLASS/ SPORT/ ACTIVITY: \_\_\_\_\_ DATE REGISTRATION FORM COMPLETED: \_\_\_\_/\_\_\_\_/\_\_\_\_

PARTICIPANT/ CHILD LAST NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_ MI: \_\_\_\_\_

ADDRESS(No P.O.B.'s or Business): \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

( ) I DO ( ) DO NOT live in the City Limits of Tifton. ( ) I DO ( ) DO NOT live in TIFT COUNTY.

DATE OF BIRTH: \_\_\_\_/\_\_\_\_/\_\_\_\_ AGE: \_\_\_\_ SEX (M/F): \_\_\_\_ COUNTY of Participant Residence: \_\_\_\_\_

PARENT'S NAME (\*MINOR ONLY\*): MOTHER: \_\_\_\_\_ FATHER: \_\_\_\_\_

Home Ph: \_\_\_\_\_ Mother – Work Ph: \_\_\_\_\_ Mother – MOBILE Ph: \_\_\_\_\_

EMAIL: \_\_\_\_\_

Mother's Place of Employment & Address: \_\_\_\_\_

Father – Work Ph: \_\_\_\_\_ Father – Mobile Ph: \_\_\_\_\_ EMAIL: \_\_\_\_\_

Father's Place of Employment & Address: \_\_\_\_\_

Participant/Child's School Name & School District with County: \_\_\_\_\_

SHIRT SIZE (IF APPLICABLE) (CIRCLE ONE): **YOUTH:** \_\_ YSM \_\_ YMED \_\_ YLG  
**ADULT:** \_\_ ASM \_\_ AMED \_\_ ALG \_\_ AXL \_\_ AXXL \_\_ AXXXL

HAVE YOU PARTICIPATED IN ANY ACTIVTY WITH TCRD BEFORE?: ( ) YES ( ) NO IF YES, LIST SPORT & YEARS: \_\_\_\_\_

PARTICIPANT RECREATION INSURANCE – \*MINOR ONLY\* (\$7.50 PER CHILD) ( ) I DO want ( ) I DO NOT want Insurance offered through Tift County Recreation Department Participant Insurance Provider.

### EMERGENCY CONTACT INFORMATION:

EMERGENCY CONTACT (\*OTHER THAN PARENT FOR MINORS\*): \_\_\_\_\_

CONTACT PHONE: \_\_\_\_\_ RELATION: \_\_\_\_\_

PHYSICIAN: \_\_\_\_\_ MEDICATIONS (Y/N): \_\_\_\_\_

MEDICATION(S) NAME(S): \_\_\_\_\_

### PLEASE READ AND SIGN: (PLEASE SEE FRONT AND BACK OF FORM)

**PARTICIPATION/TRANSPORTATION CONSENT:** I hereby give permission for the child/ participant listed to participate in the activity listed on the registration form. I hereby acknowledge that there are obvious risks of injury involved in participation in all sports activities and, specifically, the sports activity for which i have registered my child/ participant as set forth above. I the parent/guardian or participant of said child, assume all risks and hazards incidental to such participation including transportation to and from activities, and do hereby waive, release, absolve and indemnify and agree to hold harmless the Tift County Recreation Department, Tift County Commissioners, the Sponsors, Supervisors, Participants and Persons Transporting the Child/ Participant to and from activities, for any claim arising out of injury to the child/participant, I do 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 further understand that Tift County Recreation Programs are Recreational and that if my child/ participant, I or my spouse should exhibit continued unsportsmanlike conduct my child/ participant may be removed from the program at the discretion of the department. Permission is granted for my child to appear in still or motion pictures using my child's name for educational, promotional or other proper purposes.

### CONSENT OF TREATMENT:

I also give permission to a representative of the Tift County Recreation Department and/or other Sponsoring Agency/Agent, Licensed Physician, and Emergency Medical Personnel to obtain medical treatment for the minor/ participant of which I am either parent/guardian/ self should the child/ participant become injured or ill in the event i am not available and medical treatment is required. The Physicians, Medical Personnel, Agents, Tift County Commissioners, or Employees of the Tift County Recreation Department are hereby released from any claim with respect to such injury during the event of program, including transportation to or from the event and/or to any program. I understand that if hospitalization or medical treatment of a more serious nature is required I will be contacted if at all possible, by telephone or in person for permission. I have read and fully understand the provisions of the above releases and will be bound thereby. I understand that health or accident insurance which would cover my child's/participant medical, hospital, or related expenses in the event of an injury in this activity is my responsibility.

**REFUNDS:** No refunds will be given after team selections for team sports or first day of class/activity for special programs. Full refunds may be made if requested at least one full week prior to team selection and/or class start time.

### Verification of Information Provided:

I affirm all information or data on this form are true and accurate. Any misrepresentation, falsification, or material omission of information or data on this form may result in my and /or my child's exclusion from further consideration or participation in recreation programs and activities. Upon request, documentation acceptable to TCRD staff confirming proof of residence will be required for participation.

Permission to Participate granted by (please print): \_\_\_\_\_ Relation of person granting permission: \_\_\_\_\_ Date: \_\_\_\_\_

PARTICIPANT/ GUARDIAN SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

RELATION (\*MINOR ONLY\*): \_\_\_\_\_ PHONE (H): \_\_\_\_\_ PHONE (W): \_\_\_\_\_

\*\*\*\*FOR TCRD USE ONLY\*\*\*\* REGISTRATION: \_\_\_\_\_ CK#/ \$: \_\_\_\_\_ DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_ REC'D BY: \_\_\_\_\_

UNIFORM: \_\_\_\_\_ CK#/ \$: \_\_\_\_\_ DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_ REC'D BY: \_\_\_\_\_

INSURANCE: \_\_\_\_\_ CK#/ \$: \_\_\_\_\_ DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_ REC'D BY: \_\_\_\_\_

DATE ENTERED IN COMPUTER: \_\_\_\_/\_\_\_\_/\_\_\_\_ ENTERED BY: \_\_\_\_\_

TCRD SPORTSMANSHIP Policy Excerpt

CODE OF CONDUCT:

THE TIFT COUNTY RECREATION DEPARTMENT AND THE ATHLETIC ADVISORY COMMITTEE BELIEVE THAT SPORTSMANSHIP IS A CORE VALUE AND ITS PROMOTION AND PRACTICES ARE ESSENTIAL. PARTICIPANTS/ PARENTS/ OFFICIALS/ ADMINISTRATORS AND SPECTATORS HAVE A DUTY TO ASSURE THAT THEIR TEAMS/ COMMUNITIES PROMOTE THE DEVELOPMENT OF GOOD CHARACTER. THIS CODE OF CONDUCT APPLIES TO ALL PARTICIPANTS INVOLVED IN ATHLETICS AND TIFT COUNTY RECREATION DEPARTMENT SPONSORED ACTIVITIES.

1. PARTICIPANTS WILL ADVOCATE, MODEL, AND PROMOTE THE DEVELOPMENT OF GOOD CHARACTER TO INCLUDE: TRUSTWORTHINESS, RESPECT, RESPONSIBILITY, TEAMWORK, FAIRNESS, CARING, AND CITIZENSHIP WHILE PROMOTING EMOTIONAL, PHYSICAL, AND MORAL WELL BEING ABOVE DESIRES AND PRESSURE TO WIN.
2. PARTICIPANTS WILL RESPECT PEERS, COACHES, OFFICIALS, OPPONENTS, AND OTHERS ASSOCIATED WITH THE EVENT.
3. PARTICIPANTS WILL PROMOTE FAIR PLAY AND UPHOLD THE SPIRIT OF THE RULES IN THE ACTIVITY.
4. PARTICIPANTS WILL MODEL APPROPRIATE BEHAVIOR AT ALL TIME.
5. PARTICIPANTS WILL ENGAGE IN A HEALTHY LIFESTYLE.

I HAVE READ AND UNDERSTAND THE REQUIREMENTS OF THIS CODE OF CONDUCT AND ACKNOWLEDGE THAT I MAY BE DISCIPLINED OR REMOVED FROM A TEAM/ TOURNAMENT/ EVENT AND/OR FACILITY IF I VIOLATE ANY OF ITS PROVISIONS.

\_\_\_\_\_  
SIGNATURE OF Parent/Guardian/Participant

\_\_\_\_/\_\_\_\_/\_\_\_\_  
DATE

By signing below, I agree that I have been provided and have reviewed a copy of the TCRD Activity Guide, TCRD Activity Registration Form & the **Parent/Athlete Concussion Information Sheet**. I understand that concussions are one of the most commonly reported injuries in children who participate in sports and recreational activities. I further understand that the risk of long-term, chronic cognitive, physical, and emotional symptoms associated with the development of post-concussion syndrome and chronic traumatic encephalopathy, as well as the risk of catastrophic injuries or even death, is significant when a concussion or head injury is not properly recognized, evaluated, and managed. I further recognize that continuing to play with a concussion or symptoms of head injury leaves a youth athlete especially vulnerable to great injury and even death. I understand and agree that should my child exhibit signs of a concussion I will remove my child from play/activity immediately and not allow my child to participate until a health care professional has released my child to resume activity.

Signature of Parent/Guardian/Participant: \_\_\_\_\_

Date: \_\_\_\_\_

# Parent/Athlete Concussion Information Sheet

(This information was taken from CDC Website and CDC Parent/Athlete Information Sheet)

A concussion is a type of traumatic brain injury that changes the way the brain normally works. A concussion is caused by bump, blow, or jolt to the head or body that causes the head and brain to move rapidly back and forth. Even a “ding,” “getting your bell rung,” or what seems to be a mild bump or blow to the head can be serious.

## WHAT ARE THE SIGNS AND SYMPTOMS OF 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 an athlete reports **one or more** symptoms of concussion listed below after a bump, blow, or jolt to the head or body, s/he should be kept out of play the day of the injury and until a health care professional, experienced in evaluating for concussion, says s/he is symptom-free and it’s OK to return to play.

### Did You Know?

- Most concussions occur without loss of consciousness.
- Athletes who have, at any point in their lives, had a concussion have an increased risk for another concussion.
- Young children and teens are more likely to get a concussion and take longer to recover than adults.

### SIGNS OBSERVED BY COACHING STAFF:

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  
 Can’t recall events prior to hit or fall  
 Can’t recall events after hit or fall

### SYMPTOMS REPORTED BY ATHLETES:

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”

## CONCUSSION DANGER SIGNS

In rare cases, a dangerous blood clot may form on the brain in a person with a concussion and crowd the brain against the skull. An athlete should receive immediate medical attention if after a bump, blow, or jolt to the head or body s/he exhibits any of the following danger signs:

• One pupil larger than the other	<ul style="list-style-type: none"> <li>• Becomes increasingly confused, restless, or agitated</li> <li>• Has unusual behavior</li> </ul> <p><b>Remember</b>  <b>Concussions affect people differently. While most athletes with a concussion recover quickly and fully, some will have symptoms that last for days, or even weeks. A more serious concussion can last for months or longer.</b></p>
• Is drowsy or cannot be awakened	
• A headache that not only does not diminish, but gets worse	
• Weakness, numbness, or decreased coordination	
• Repeated vomiting or nausea	
• Slurred speech	
• Convulsions or seizures	
• Cannot recognize people or places	
• Loses consciousness (even a brief loss of consciousness should be taken seriously)	

## **WHY SHOULD AN ATHLETE REPORT THEIR SYMPTOMS?**

If an athlete has a concussion, his/her brain needs time to heal. While an athlete's brain is still healing, s/he is much more likely to have another concussion. Repeat concussions can increase the time it takes to recover. In rare cases, repeat concussions in young athletes can result in brain swelling or permanent damage to their brain. They can even be fatal.

## **WHAT SHOULD YOU DO IF YOU THINK YOUR ATHLETE HAS A CONCUSSION?**

If you suspect that an athlete has a concussion, remove the athlete from play and seek medical attention. Do not try to judge the severity of the injury yourself. Keep the athlete out of play the day of the injury and until a health care professional, experienced in evaluating for concussion, says s/he is symptom-free and it's OK to return to play.

Rest is key to helping an athlete recover from a concussion. Exercising or activities that involve a lot of concentration, such as studying, working on the computer, or playing video games, may cause concussion symptoms to reappear or get worse. After a concussion, returning to sports and school is a gradual process that should be carefully managed and monitored by a health care professional.

### **Remember:**

Concussions affect people differently. While most athletes with a concussion recover quickly and fully, some will have symptoms that last for days, or even weeks. A more serious concussion can last for months or longer.

It's better to miss one game than the whole season. For more information on concussions, visit: [www.cdc.gov/Concussion](http://www.cdc.gov/Concussion) .

\_\_\_\_\_  
Student-Athlete Name Printed

\_\_\_\_\_  
Student-Athlete Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent or Legal Guardian Printed

\_\_\_\_\_  
Parent/Legal Guardian Signature

\_\_\_\_\_  
Date