



# City of University Place Parks & Recreation

# YOUTH BASKETBALL

Boys & Girls  
Pre-K - 7th Grade

## REGISTRATION FORM

Please complete this form and submit with appropriate registration fee to:

City of University Place / ATTN: Recreation Services  
3715 Bridgeport Way W. University Place, WA 98466  
Fax: 253 460-5416 / Info. 253 460-2530

**Pre-K - 2/3 Grd. / CO ED**  
**“Early-Bird” Deadline 11/20/09**  
**\$60 Res. / \$65 Non-Res.**  
**Final Deadline 11/25/09**  
**\$70 Res. / \$75 Non-Res.**

**4th-7th Grd / Girls & Boys**  
**“Early-Bird” Deadline 1/22/10**  
**\$60 Res. / \$65 Non-Res.**  
**Final Deadline 1/29/10**  
**\$70 Res. / \$75 Non-Res.**

Player’s Name: \_\_\_\_\_ Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
*(Last Name), (First Name)* Age: \_\_\_\_\_ Grade: \_\_\_\_\_ Sex:  M  F

School Attending: \_\_\_\_\_

Parents Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State: \_\_\_\_\_ Zip: \_\_\_\_\_

Hm. Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Preferred Coach/Friend: \_\_\_\_\_

COED	ID#	BOYS	ID#	GIRLS	ID#
<input type="checkbox"/> Pre-K (4&5 yrs)	5305	<input type="checkbox"/> 4th Grade	5308	<input type="checkbox"/> 4th / 5th Grade	5312
<input type="checkbox"/> K/1st	5306	<input type="checkbox"/> 5th Grade	5309	<input type="checkbox"/> 6th / 7th Grade	5313
<input type="checkbox"/> 2nd/3rd Grade	5307	<input type="checkbox"/> 6th Grade	5310		
		<input type="checkbox"/> 7th Grade	5311		

Youth T-Shirt Sizes: \_\_\_\_\_ YS (size 6-8 ) \_\_\_\_\_ YM (size 10-12) \_\_\_\_\_ YL (size 14-16)

Adult T-Shirt Sizes: \_\_\_\_\_ AS \_\_\_\_\_ AM \_\_\_\_\_ AL \_\_\_\_\_ AXL \_\_\_\_\_ AXXL  
(Please order correct size as shirts will not be exchanged)

### Parent/Guardian Permission/Medical Consent

Parents/Guardians of all participants are requested to sign the following release. I/We assume all risks and hazards incidental to such participation including transportation to and from the activities and do hereby waive, release, absolve, indemnify and agree to hold harmless City of University Place Recreation Division, City of University Place, University Place School District, supervisors, officials, coaches, volunteers and persons transporting myself or my/our child for any claim arising from injury to myself or my/our child. Furthermore, in case of an emergency, and my child should require medical attention, I give permission for a City UP coach, or the coaches designee, to secure the emergency medical attention required. Any direction to the contrary should be noted and signed. I agree that pictures taken during program hours may be used for future promotional purposes.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

CHECK _____ (payable to “City of University Place”) VISA _____ MC _____	<b>STAFF USE ONLY</b>
CARD # _____ / _____ / _____ / _____ EXPIRATION DATE: ____/____	Amt. Paid: _____ Cash / Ck / CC
SIGNATURE: _____ AMOUNT \$ _____	Date: _____ Received By: _____

# UP Recreation

## City of University Place Parks & Recreation CONCUSSION INFORMATION SHEET

Adapted from the CDC and the 3rd International Conference on Concussion in Sport  
“The Lystedt Law” HB 1824

**Due to recent Washington State Legislation the City of University Place Parks and Recreation is now requiring all parents/participants to sign documentation acknowledging receipt and understanding of the management of concussion and head injury in youth sports and activities. The participants will not be allowed to practice or play until the paperwork is signed.**

**Please read the following information, sign and return the form along with your Youth Sport registration form to our Parks and Recreation office; 3715 Bridgeport Way W., U.P. 98466**

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.

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; when in doubt, the athlete sits out.

***For current information on concussions visit this: <http://www.cdc.gov/ConcussionInYouthSports>***

Participant Name Printed

Participant Signature

Date

Parent or Legal Guardian Printed

Parent or Legal Guardian Signature

Date