



2011-2012 Youth Recreation Registration Forms

After School Program Only:

School Attending: _____

Circle one: Full Drop in (approx. days) _____

All lines must be filled in completely

Child's Name:	Last	First	Middle	Name Used <i>(if different)</i>	Birth Date
Street Address			City	Zip Code	
1. Child's Parent/Guardian Name <i>(to be called first if emergency)</i>		Home Phone Number		Work Phone Number	
Home Street Address <i>(leave blank if same as above)</i>			City	Zip Code	
Work Address			City	Zip Code	
2. Child's Parent/Guardian's Name		Home Phone Number (and area code)		Work Phone Number (and area code)	
Home Street Address <i>(leave blank if same as above)</i>			City	Zip Code	
Work Address			City	Zip Code	
Family Email Address:			Can we use this email for any upcoming events or reminders?		
			Yes No		
<u>Please List Other People To Notify In Case Of Emergency</u>					
<i>Name</i>		<i>Address</i>		<i>Phone Number</i>	
Name: Relationship:				Work: Home:	
Name: Relationship:				Work: Home:	

(Office Only):

Received by: _____ Date: _____

After School: _____ Day Camp: _____

Cash: _____ Check # _____ Credit Card: _____

Parental/Guardian Assumption of Risk, Waiver and Release

(I/we am/are the parent(s) or legal guardian of _____

Participant's Name

who desires to be a participant in any City of Port Angeles sponsored recreational activity.

I/we understand there are special dangers and risks inherent in this activity, including but not limited to, the risk of serious physical injury, death or other harmful consequences, which may arise directly or indirectly from the child's participation in this activity. Being fully informed as to these risks and in consideration of the City's allowing my child to participate in this sponsored activity and/or use of City facilities I/we, on behalf of myself/ourselves and on behalf of the above-named participant child, assume all risk of injury, damage and harm to the child which may arise from the child's participation in the activities or use of City facilities. I/we further agree, individually and on behalf of the above-named child, to release and hold harmless the City of Port Angeles, its officials, employees and agents and agree to waive any right of recovery that I/we may have to bring a claim or lawsuit for damages against them for any personal injury, death or other harmful consequences occurring to the above-named child or me arising out of the Child's voluntary participation in this activity. I/we grant my/our full and voluntary consent for the above-named child to participate in the activity described above.

Today's Date: _____

Print Parent/Guardian Name: _____

Signature of Parent/Guardian Name: _____

Consent for transportation

I DO/I DO NOT (circle one) give permission for my child, _____, to leave the program's designated site during the 2011-2012 Program for trips in transportation provided by the program by walking, public transportation or by use of City of Port Angeles Senior Center Van in all cases seatbelts and/or booster seats will be used when feasible. These field trips include, but are not limited to swimming and the Fine Arts Center when my child is in attendance on these days. I understand my signature below gives the Parks and Recreation Program my consent for the duration of the program from September 1st, 2011 to September 1st, 2012. I also understand that I will be notified before each activity and/or field trip.

Parent/Guardian Signature: _____ Date: _____





Authorized pick up Form

*This form must be on file with Parks & Recreation
In order for anyone besides the parent/guardian to
Pick up your child.*

A. Parents/Guardians/Custodians with whom the child resides:

1. Name _____ Relationship to Child _____
Address _____ Employer _____
Home Phone _____ Work Phone _____

2. Name _____ Relationship to Child _____
Address _____ Employer _____
Home Phone _____ Work Phone _____

B. Persons who are authorized to pick up your child if parents are unavailable:

1. Name _____ Relationship to Child _____
Address _____ Employer _____
Home Phone _____ Work Phone _____

2. Name _____ Relationship to Child _____
Address _____ Employer _____
Home Phone _____ Work Phone _____

3. Name _____ Relationship to Child _____
Address _____ Employer _____
Home Phone _____ Work Phone _____

4. Name _____ Relationship to Child _____
Address _____ Employer _____
Home Phone _____ Work Phone _____

5. Name _____ Relationship to Child _____
Address _____ Employer _____
Home Phone _____ Work Phone _____

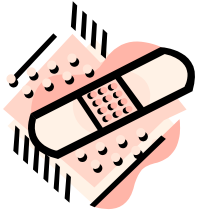
C. Custody restraints/person(s) who MAY NOT pick up your child:

1. Name: _____ Relationship to child: _____

2. Name: _____ Relationship to child: _____

This consent for authorized pick up will be in effect beginning September 1st, 2011 and continuing through the year until September 1st, 2012 while the child is enrolled in a Parks and Recreation Program.

Date: _____ Parent/Guardian Signature: _____



Child's Health History

Date of last physical Examination:	Child's Doctor:	Phone Number
Street Address	City	Zip Code

Does your child have any allergies including drug reactions? If so what?

Does your child have any special health or developmental problems and/or other pertinent health information we should know?

Any other issues or concerns about your child's health you would like to share:

Child's Medical Insurance Coverage

1. Insurance Company's Name	Member/Policy Number
Policy Holder's Name	Employer's Name
2. Insurance Company's Name	Member/Policy Number
Policy Holder's Name	Employer's Name



Consent To Medical Care And Treatment Of Minor Children

I hereby give permission that my child, _____, may be given emergency treatment by a qualified childcare provider at, _____
(Name of facility)

When I cannot be contacted, I authorize and consent to medical, surgical and hospital care, treatment and procedures to be performed for my child by a licensed physician, health care provider, hospital or aid car attendant when deemed necessary or advisable by the physician or aid car attendant to safeguard my child's health. I waive my right of informed consent to such treatment.

I also give my permission for my child to be transported by ambulance or aid car to an emergency center for treatment.

I certify (or declare) under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct.

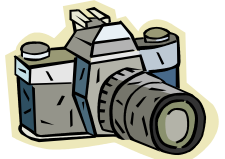
Parent/Guardian Signature:

Date:

Parent/Guardian Signature:

Date:

Consent for Photographing child



The City of Port Angeles Recreation Division takes pictures of their programming and participants for publicity use in the local newspaper, program guide and flyers.

(Please circle one)

I do do not give my consent for my child to be photographed for these purposes.

Parent/Guardian Signature





City of Port Angeles Recreation Division Concussion Information Sheet

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:

- | | |
|--|--|
| <ul style="list-style-type: none">▪ 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 | <ul style="list-style-type: none">▪ 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 in coordination
- 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



*Adapted from the CDC and the 3rd International Conference on Concussion in Sport
Document created 6/15/20*

City of Port Angeles Recreation Division
Concussion Information Sheet

What can happen if my child keeps on playing with a concussion or returns too 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 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 symptoms of injuries. Concussions are no different. As a result, education of administrators, coaches, parents and students is the key to 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/Rec program staff 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 concussions you can go to:

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

Parent/Legal Guardian Printed

Parent/Legal Guardian Signature

Date

*Adapted from the CDC and the 3rd International Conference on Concussion in Sports
Document created 6/15/2009*