

City of Racine – Youth Activity Registration Form

Check the box that pertains to your child’s registration

<u>Playgrounds</u>	A.M. Session	Kiddie Korner (4-6yr) Lockwood Humble	Play it Again (Gr 4-5) Lockwood Humble
	P.M. Session	Future (Gr 1-3) Lockwood Humble	The BIGS (Gr 6-8) Lockwood Humble

Basketball

Girls:	Grade 1	Grade 2	Grade 3	Grade 4	Grade 5	Grade 6	Grade 7	Grade 8
Boys:	Grade 1	Grade 2	Grade 3	Grade 4	Grade 5	Grade 6	Grade 7	Grade 8

Yes! I will volunteer as a youth basketball coach!

Other Requests:

Camps

Volleyball Grades 6-8

Volleyball Grades 9-12

Free Throw Contest

Basketball Camp

Participant Information

First Name:	Last Name:	Date of Birth:	Age:	Grade:
School:	Gender: Female Male	Shirt Size: XXS XS YM YL YXL AXS AS AM AL AXL		

Participant Medical/Allergy Information:

Parent/Legal Guardian Information

(Primary) First Name:	Last Name:	Email:
Street Address:	City:	Zip: Phone 1: Phone 2:
(Secondary) First Name:	Last Name:	Phone 1: Phone 2:

Emergency Contact (In the event we are unable to reach you.)

First Name:	Last Name:	Phone:
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Registration accepted at:
PRCS Office (262) 636-9131
 800 Center Street, Room 127, Racine, WI 53404
 Monday-Friday 8:00AM-4:30PM

PRCS Office Use Only

Height: Ft: ____ In: ____ Score: 1 2 3 4 5 6 7 8 9 10 CC\$: ____ Check # ____ \$ ____ Cash: ____
 Receipt #: Staff Initials: House Hold #:

COMPLETE BACKSIDE OF FORM! SIGNATURES REQUIRED!

RELEASE OF LIABILITY

The undersigned, for themselves or as a parent/guardian of the minor identified below, acknowledges that participation is not related to, arising from, or incidental to employment with the City for any purpose, and further hereby agree to indemnify, defend and hold harmless the City of Racine, its departments, elected officials, officers, agents, employees and volunteers for any costs (without limit), damages, expenses or liability for personal injuries, bodily injuries, death, property damage, or theft of personal belongings sustained by the undersigned: arising out of the following: **1)** participation in the team sport, program or other activity; **2)** regulation and non-regulation balls and equipment or devices that may be hazardous when handled by careless or inexperienced persons; **3)** competitive/aggressive players and body contact between players that may or may not be within the rules of contact of the sport; **4)** moving balls, equipment and devices resulting in eye injuries, facial injuries, bruises, broken bones, muscular sprains, strains, stress to the nervous system, skeletal system, circulatory system, and respiratory system; **5)** name calling and abuse from fans/spectators, other players or coaches; **6)** facilities, vehicles, equipment and devices that are subject to “wear and tear” malfunctions or design problems; **7)** acts or omissions of third-parties; **8)** acts or omissions of City of Racine without regard to whose negligence caused the costs, damages, expenses, or liability; **9)** that the undersigned or authorized minor may be exposed to adverse weather conditions and is solely responsible for appropriate clothing.

It is further understood that this sport is not monitored or controlled by professionals. Balls, equipment, and devices used in this sport or objects thrown by spectators may cause injuries to participants and some activities carry inherent risk of bodily injuries, death, or property damage. This program/activity encourages activities for the development of motor skills, coordination and social interaction that may include running, jumping, climbing, lifting, walking, sitting, bending, and reaching. I acknowledge that it is recommended that participant consult a healthcare professional before starting this program. Participation in the program or any activity is at the undersigned’s and participant’s own risk. The City of Racine is not responsible for lost or stolen items.

I have read this release and waiver of liability, fully understanding its terms and understand that I have given up substantial rights by signing it. I realize I am not required to sign the release and may instead choose to withdraw my child’s registration. If registering online or via e-mail, my online or facsimile signature shall substitute for and have the same legal effect as an original form signature.

I acknowledge that by signing this I am providing my child permission to participate in selected programs. I also accept and agree to abide by PRCS policies as they relate to programs and registration.

I acknowledge that photographs may be taken of me and/or my child and used for promotional purposes.

Parent//Legal Guardian Signature:	Date:
Print Name:	Print Name of Minor:

What is a concussion? A concussion is a type of brain injury that changes the way the brain normally works. A concussion is caused by a bump, blow, or jolt to the head, but may also occur from a blow to the body that causes the head and brain to move rapidly back and forth. Even what seems to be a mild bump to the head can be serious. Concussions can occur during practices or games in any sport or recreational activity.

What to do if a player is suspected of having a concussion: **1)** Inform coach and parents immediately. **2)** Remove player from practice/game. Player must provide written clearance from a qualified healthcare provider before being allowed to return to practice/play. **3)** Allow player time to rest and heal. While the brain is still healing, repeat concussions are more likely to occur.

Common symptoms of concussion: Difficulty thinking clearly. Difficulty concentration or remembering. Feeling sluggish, hazy, foggy, or groggy. Nervous, irritable, sad, more emotional than normal. Changes in normal sleep patterns. Headache or “pressure” in head. Nausea or vomiting. Balance problems or dizziness. Fatigue or feeling tired. Blurry or double vision. Sensitivity to light or noise. Numbness or tingling. Does not “feel right”.

Players may exhibit the following: Appears dazed or stunned. Forgets sport plays. Is confused about assignment or position. Moves clumsily. Answers questions slowly. Repeats questions. Can’t recall events prior to hit, bump or fall. Can’t recall events after hit, bump or fall. Loses consciousness (even briefly). Shows behavior or personality changes.

Parent Agreement: I have read the concussion information and understand what a concussion is and how it may be caused. I also understand the common signs, symptoms, and behaviors. I agree that my child must be removed from practice/play if a concussion is suspected. I understand that it is my responsibility to seek medical treatment if a suspected concussion is reported to me. I understand that my child cannot return to the program until providing written clearance from an appropriate healthcare provider to the PRCS program coordinator. I understand the possible consequences of my child returning to the program too soon.

Parent/Legal Guardian Signature:	Date:
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