

ST. JOSEPH, MQP, OLOS PARISH CYO VOLLEYBALL
WINTER 2011 Registration & Consent and Release Form

Registration Fees (per child)

Grades 5-8 \$ 75

Office Use Only

Paid _____
Check # _____

Note: Make checks payable to St. Joseph School
No refunds after January 21, 2011

Please submit one set of forms and one check per child. Online registration and additional forms are available at www.sjsissaquah.org

CONSENT AND RELEASE: I agree to allow my child to participate in the St. Joseph, Mary, Queen of Peace, Our Lady of Sorrows Parish CYO athletic program and hereby give my approval for participation in all activities of the St. Joseph, Mary Queen of Peace, and Our Lady of Sorrows Parish CYO athletic program during the current season. I acknowledge CYO activities are conducted by parent volunteers, most of whom are not formally trained as coaches, trainers or first-aid providers. Accordingly, on behalf of myself and the player mentioned, I assume all risks and hazards incidental to the player's participation in the St. Joseph, Mary Queen of Peace, Our Lady of Sorrows CYO activities and transportation to and from these activities; and do hereby release, absolve, indemnify and hold harmless St. Joseph, Mary Queen of Peace, Our Lady of Sorrows Parish and School, its board members, directors, coaches, and sponsors, and any agents or employees appointed by them, from and against all claims, damages, injuries, demands, losses, costs, expenses (including reasonable attorneys' fees) incurred by the player while participating in St. Joseph, Mary Queen of Peace, Our Lady of Sorrows Parish CYO activities and arising out of any act or omission of those indemnified herein. The information supplied in this form is true and correct.

I ACKNOWLEDGE THAT I HAVE READ AND FULLY UNDERSTAND THIS CONSENT AND RELEASE FORM AND AGREE TO MY CHILD'S PARTICIPATION IN THE CYO SOCCER PROGRAM.

Date _____ Signature of Parent/Guardian _____

REGISTRATION DEADLINE: January 21, 2011

PLEASE SUBMIT PAYMENT AND SIGNED PARTICIPANT AGREEMENT TO YOUR PARISH OR THE SCHOOL OFFICE AT

220 Mountain Park Blvd. SW
Issaquah, WA 98027

For more information regarding CYO Volleyball, visit the Archdiocesan website:
http://seattleooyam.org/?page_id=154

For more information regarding CYO Soccer at St Joseph, MQP, and OLOS Parishes, go to www.sjsissaquah.org and follow the 'CYO Sports' link from the home page or Contact Maria Recchi at: recchis@gmail.com

Please scroll down for additional required forms

CYO PARTICIPANT AGREEMENT Please read, sign, and return this form to your parish or school office

Through organized athletic competition, the Catholic Youth Organization aims to assist all participants in becoming both better Catholics and athletes and to help each child understand that fairness, respect, and sportsmanship are integral components of athletic competition. It is with these goals in mind that we present the following Participant Agreement.

As an individual participant:

- I will develop my skills to the best of my ability, and I will give my best effort in practice and competition.
- I will compete within the spirit and letter of the rules of my sport.
- I will respect the dignity of every human being, and I will not be abusive or dehumanizing of anyone either as an athlete or as a fan.

As a member of a team:

- I will place team goals ahead of personal goals.
- I will be a positive influence on the relationships on the team.
- I will follow the team rules established by the coach.

As a spectator:

- I will remember that the players are children and that they are playing for their enjoyment, not mine.
- I will remain in the spectator area during all contests.
- I will respect decisions made by contest officials.
- I will act as a role model, positively support teams and not shout instructions or criticism to the players, coaches, or officials. I will not coach from the stands.
- I will not make derogatory comments or gestures to players, coaches, or fans of my own or opposing team.
- Please Note: Any spectator who interferes with the conduct of a CYO activity will be barred from attending subsequent CYO athletic activities.

I have read this agreement and agree to follow its guidelines to the best of my abilities.

Players Name (please print) Parent /Guardian Signature (print)

Player Signature Parent/Guardian Signature Date

MEDICAL RELEASE INFORMATION

Physician/Phone:

_____ Emergency

Contact/Phone: _____ Known

allergies of this player, including any allergies to medicine: _____ Any

other medical problems which should be noted: _____ I

hereby authorize medical care and treatment for my child/guardian, as necessary, while under the supervision of the CYO sports program representatives.

Parent/Guardian Signature _____

St. Joseph Church/ Mary, Queen of Peace CYO Sports
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.

<input type="checkbox"/> Headaches <input type="checkbox"/> “Pressure in head” <input type="checkbox"/> Nausea or vomiting <input type="checkbox"/> Neck pain <input type="checkbox"/> Balance problems or dizziness <input type="checkbox"/> Blurred, double, or fuzzy vision <input type="checkbox"/> Sensitivity to light or noise <input type="checkbox"/> Feeling sluggish or slowed down <input type="checkbox"/> Feeling foggy or groggy <input type="checkbox"/> Drowsiness <input type="checkbox"/> Change in sleep patterns	<input type="checkbox"/> Amnesia <input type="checkbox"/> “Don’t feel right” <input type="checkbox"/> Fatigue or low energy <input type="checkbox"/> Sadness <input type="checkbox"/> Nervousness or anxiety <input type="checkbox"/> Irritability <input type="checkbox"/> More emotional <input type="checkbox"/> Confusion <input type="checkbox"/> Concentration or memory problems (forgetting game plays) <input type="checkbox"/> Repeating the same question/comment
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<input type="checkbox"/> Appears dazed <input type="checkbox"/> Vacant facial expression <input type="checkbox"/> Confused about assignment <input type="checkbox"/> Forgets plays <input type="checkbox"/> Is unsure of game, score, or opponent <input type="checkbox"/> Moves clumsily or displays incoordination <input type="checkbox"/> Answers questions slowly <input type="checkbox"/> Slurred speech <input type="checkbox"/> Shows behavior or personality changes <input type="checkbox"/> Can’t recall events prior to hit <input type="checkbox"/> Can’t recall events after hit <input type="checkbox"/> Seizures or convulsions <input type="checkbox"/> Any change in typical behavior or personality <input type="checkbox"/> Loses consciousness
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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
Adapted from the CDC and the 3rd International Conference on Concussion in Sport
Document created
6/15/2009

St. Joseph Church/ Mary, Queen of Peace CYO Sports Concussion Information Sheet

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. 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/>

Student-athlete Name Printed

Student-athlete Signature

Date

Parent or Legal Guardian Printed

Parent or Legal Guardian Signature

Date