

# PICKENS COUNTY RECREATION DEPARTMENT

## 2018

### T-BALL / BASEBALL / SOFTBALL REGISTRATION FORM

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
(LAST) (FIRST) (M.I.)

**GENDER:** \_\_\_\_\_

*Male Baseball*  
*Female Softball/ T-Ball*

*Age as of May 1, 2018* \_\_\_\_\_  
*Age as of January 1, 2018* \_\_\_\_\_

Street Address \_\_\_\_\_  
 City \_\_\_\_\_, GA Zip Code \_\_\_\_\_ Phone # \_\_\_\_\_

Mother's Name \_\_\_\_\_ Work # \_\_\_\_\_ Cell # \_\_\_\_\_  
 Father's Name \_\_\_\_\_ Work # \_\_\_\_\_ Cell # \_\_\_\_\_

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

Uniform Size (circle one) \*\*\*\*\* When in doubt-order a larger size!!!

**SHIRT SIZE:** Youth XS S M L Adult S M L XL XXL

**PANTS SIZE:** Youth XS S M L XL Adult S M L XL XXL

Are you or someone in your family interested in being a Volunteer? Circle one if you are interested in any of the following.

Head Coach    Assistant Coach    Umpire    Scorekeeper

Has your child participated in this activity before? (Y/N) \_\_\_\_\_ # of Yrs. \_\_\_\_\_  
 If Your Child Played What Position Did He/She Play \_\_\_\_\_

**AGE GROUP:** (check one)\*\*\* Please Do Not ask to play in a lower age group if your age requires you to move up.

	<b>3-4 yr. old T-Ball Co-Ed</b>	<b>\$75.00</b>
<b>5-6 T-Ball Girls</b>	\$75.00	<b>5-6 T-Ball Boys</b>
<b>7-8 Softball</b>	\$85.00	<b>7-8 Baseball</b>
<b>9-10 Softball</b>	\$85.00	<b>9-10 Baseball</b>
<b>11-12 Softball</b>	\$85.00	<b>11-12 Baseball</b>

**EMERGENCY INFORMATION:**

Emergency Contact (Other Than Parent) \_\_\_\_\_

Contact Phone # \_\_\_\_\_ Relation \_\_\_\_\_

Name of Insurance Co. \_\_\_\_\_

List any physical or mental defects or diseases your child has or may have such as epilepsy, heart murmur, asthma, food or insect allergies, etc. Also, please include any other special medical information or history we should know about your child.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PLEASE READ & SIGN:**

**PARTICIPATION / TRANSPORTATION AND PHOTOGRAPHY CONSENT:**

I HEREBY GIVE PERMISSION FOR THE CHILD 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. I, THE PARENT/GUARDIAN OF SAID CHILD, ASSUME ALL RISKS AND HAZARDS INCIDENTAL TO SUCH PARTICIPATION INCLUDING TRANSPORTATION TO AND FROM THE ACTIVITIES, AND DO HEREBY WAIVE, RELEASE, ABSOLVE AND INDEMNIFY AND AGREE TO HOLD HARMLESS THE PICKENS COUNTY RECREATION DEPARTMENT, PICKENS COUNTY COMMISSION AND ITS EMPLOYEES AND AGENTS, THE SPONSORS, SUPERVISORS, PARTICIPANTS AND PERSONS TRANSPORTING THE CHILD TO AND FROM ACTIVITIES, FOR ANY CLAIM ARISING OUT OF INJURY TO THE CHILD, 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 PICKENS COUNTY RECREATION DEPARTMENT PROGRAMS ARE RECREATIONAL AND THAT IF MY CHILD, MY SPOUSE OR I SHOULD EXHIBIT CONTINUED UNSPORTSMANLIKE CONDUCT, MY CHILD MAY BE REMOVED FROM THE PROGRAM AT THE DISCRETION OF THE DEPARTMENT. I HEREBY GIVE THE PICKENS COUNTY RECREATION DEPARTMENT THE ABSOLUTE RIGHT AND PERMISSION TO PUBLISH, COPYRIGHT AND USE OF ANY AND ALL PICTURES AND VIDEOS TAKEN, WHILE AT THE ROPER PARK FACILITES.

**CONSENT OF TREATMENT:**

I ALSO GIVE PERMISSION TO A REPRESENTATIVE OF THE PICKENS COUNTY RECREATION DEPARTMENT AND/OR OTHER SPONSORING AGENCY/AGENT, LICENSED PHYSICIAN AND EMERGENCY MEDICAL PERSONNEL TO OBTAIN MEDICAL TREATMENT FOR THE MINOR OF WHICH I AM EITHER PARENT/GUARDIAN SHOULD THE CHILD BECOME INJURED OR ILL IN THE EVENT I AM NOT AVAILABLE AND MEDICAL TREATMENT IS REQUIRED. THE PHYSICIANS, MEDICAL PERSONNEL, AGENTS, PICKENS COUNTY COMMISSIONER OR EMPLOYEES OF THE PICKENS 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 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 FOR PERMISSION. I HAVE READ AND FULLY UNDERSTAND THE PROVISIONS OF THE ABOVE RELEASES AND WILL BE BOUND THEREBY. I UNDERSTAND HEALTH OR ACCIDENT INSURANCE, WHICH WOULD COVER MY CHILD'S MEDICAL, HOSPITAL OR RELATED EXPENSES IN THE EVENTS OF AN INJURY IN THIS ACTIVITY, IS MY RESPONSIBILITY.

**REFUNDS / SPECIAL REQUESTS:**

NO REFUNDS WILL BE GIVEN AFTER TEAMS ARE SELECTED FOR THIS SPORT OR FIRST DAY OF CLASS/ACTIVITY FOR SPECIAL PROGRAMS. BY SIGNING THIS CONSENT FORM I ALSO STATE THAT I HAVE READ AND UNDERSTAND THE PICKENS COUNTY RECREATION DEPARTMENT REQUEST POLICY AND HAVE SIGNED AND AGREED TO ABIDE BY THE PARENTS CODE OF ETHICS.

PARENT/GUARDIAN SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

\*\*\*\*FOR P.C.R.D. USE ONLY\*\*\*\*

PAID: \$ \_\_\_\_\_ CASH \_\_\_\_\_ CHECK # \_\_\_\_\_ RECEIPT # \_\_\_\_\_

Pickens County Parks & Recreation Department  
1329 Camp Road \* Jasper, Georgia 30143  
E-mail: sboyd@pickenscountyga.gov  
Phone: (706) 253-8862  
Fax: (706) 253-8865

## PARENT'S CODE OF ETHICS

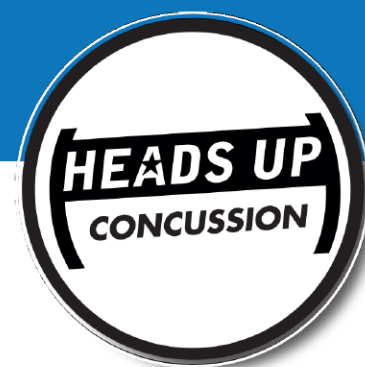
1. I will encourage good sportsmanship by demonstrating positive support for all players, coaches and officials at every game, practice or other youth sports events.
2. I will place the emotional and physical well being of my child ahead of a personal desire to win.
3. I will insist that my child play in a safe and healthy environment.
4. I will support coaches and officials working with my child, in order to encourage a positive and enjoyable experience for all.
5. I will demand a sports environment for my child that is free of drugs, tobacco and alcohol, and will refrain from their use at all youth sports events.
6. I WILL REMEMBER THAT THE GAME IS FOR YOUTH --- NOT FOR ADULTS!
7. I will do my very best to make youth sports fun for my child.
8. I will ask my child to treat other players, coaches, fans and officials with respect regardless of race, sex, creed or ability.
9. I will help my child enjoy the youth sports experience by doing whatever I can, such as being a respectful fan, assisting with coaching or providing transportation.
10. I will try to be the best Role Model I can for the youth participating in this program. This means no open criticizing of the officiating, no claiming of cheating by officials and no acting up at the games.
11. I understand that if I fail to adhere to this Code of Ethics or the PCRD Zero Tolerance Policy I may be removed from the Recreational Facility and not return before I appear before the Pickens County Recreation Board and Director.

PARENTS NAME \_\_\_\_\_

CHILDS NAME \_\_\_\_\_

PARENTS PROMOTING POSITIVE SPORTS

# PARENT & ATHLETE CONCUSSION INFORMATION SHEET



## WHAT IS A CONCUSSION?

A concussion is a type of traumatic brain injury that changes the way the brain normally works. A concussion is caused by a bump, blow, or jolt to the head or body that causes the head and brain to move quickly 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 after a bump, blow, or jolt to the head or body, s/he should be kept out of play the day of the injury. The athlete should only return to play with permission from a health care professional experienced in evaluating for concussion.

### 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.

## SYMPTOMS REPORTED BY ATHLETE:

- 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 is "feeling down"

## 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



Pickens County  
Recreation &  
Parks Department



**"IT'S BETTER TO MISS ONE GAME  
THAN THE WHOLE SEASON"**

## 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
- Is drowsy or cannot be awakened
- A headache that gets worse
- Weakness, numbness, or decreased coordination
- Repeated vomiting or nausea
- Slurred speech
- Convulsions or seizures
- Cannot recognize people or places
- Becomes increasingly confused, restless, or agitated
- Has unusual behavior
- Loses consciousness (even a brief loss of consciousness should be taken seriously)

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

1. 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.
2. 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, and 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.
3. 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.

## 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.

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STUDENT-ATHLETE NAME PRINTED

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STUDENT-ATHLETE NAME SIGNED

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DATE

---


PARENT OR GUARDIAN NAME PRINTED

---

PARENT OR GUARDIAN NAME SIGNED

---

DATE

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**HEADS UP**

TO LEARN MORE GO TO >> [WWW.CDC.GOV/CONCUSSION](http://WWW.CDC.GOV/CONCUSSION)

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