



Draper Parks & Recreation

-ALL PROGRAMS-

YOUTH INDIVIDUAL REGISTRATION FORM

(To be filled out and signed by minor's Parent or Legal Guardian only)

Yes, I have registered with Draper Recreation in the past

No, this is my first registration with Draper

Office Use Only	
Amt. Paid \$	_____
Receipt #	_____
Date paid:	_____
Received by:	_____

Male Female **Name of Program:** _____

Day of Play: _____	Location: _____	League: _____
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Name of participant: _____ Age: _____ Birthdate: _____ Grade: _____

Address: _____ City, State, & Zip: _____

Parent Email: (print clearly, it is our main communication): _____

Player Shirt Size: yth small yth medium yth large adt small adt medium adt large adt x-large

School to be grouped with:

- Draper Willow Springs Oak Hollow Sprucewood Lone Peak Crescent Elem Summit Elem Jordan HS
- A.P.A DPMS Summit Jr. Crescent Jr. Alta HS Channing Hall Ridgeline CCHS St. John Other _____

of years' experience in this program type _____ I will also be playing on a comp./travel team this season yes no

Father/Guardian: _____

Mother/Guardian: _____

Phone: _____

Phone: _____

****I am willing to be a HEAD COACH** yes no (Name : _____)

Emergency Contact (not parent/guardian) _____ **Relation:** _____

Emergency Contact phone #: _____

For **Jr. Jazz Basketball only**, would you like to purchase matching uniform shorts for an additional \$15.00? Yes No

Players wishing to play together on the same team must register & turn in forms together, otherwise requests will NOT be guaranteed. **Requests of 4 or more must provide a coach and fill out a separate team roster application.**
All players must be in the same age/grade division.
Players to be grouped with:

1. _____
2. _____

GENERAL INFORMATION:

- Age/locations/day may be changed or combined due to enrollment numbers.

- \$10.00 of fee is non-refundable. After the registration period has ended, a refund of 50% will be offered. No refunds will be offered once program has started (beginning with the coach's meeting, first session, etc.)

- Draper Rec. goals are to have fun, learn skills, and good sportsmanship.

- We reserve the right to restrict participation by a coach, player, or spectator.

Program Fee \$ _____

Payment Method: Check Cash Credit Card

If refunds are due, they will be issued by your payment form. Cash payments will be refunded by check.

PROGRAM GOALS: Draper Recreation programs are designed to be inclusive, for development and learning and to teach principals of teamwork, friendship, sportsmanship, and fun. We strive to program a safe, fun, and enjoyable environment for all involved.

PARENTAL SPORTSMANSHIP PLEDGE: As a parent/guardian, I understand the mission and goals of Draper Recreation. I pledge to uphold these goals. I further pledge to always display a high level of sportsmanship and behavior and create an environment of fair play for my child to accomplish the program goals.

Parent/Guardian acceptance of Sportsmanship Pledge: _____

AGREEMENT TO PARTICIPATE

I, the undersigned parent or legal guardian, understand the inherent hazards and risks of personal and emotional injury or bodily harm possible to my child involved with this activity. I agree to inform my child of such risks. Knowing this, I hereby give my consent for my child to participate in Draper Recreation sponsored programs. I take full responsibility in his/her actions and agree to release, indemnify and hold Draper City, its employees, sponsors and volunteers from any liability, loss, cost or expense (including attorney and medical fees). I authorize the Recreation Dept. to use my fees at their discretion. I give my consent for my child's photograph to be taken and used in a promotional manner (webpage, brochure, etc.). I know transportation is my responsibility. I state that the information I have provided is true and accurate.

Signed _____ Relationship _____ Date _____

CONCUSSION AND HEAD INJURY ACKNOWLEDGEMENT AND CONSENT

In compliance with **House Bill 204 – “Protection of Athletes with Head Injuries Act”**, Draper City has implemented a Concussion and Head Injury Awareness Policy, which requires adherence by all coaches, volunteers, parents, legal guardians, participants, and agents of Draper City.

General Concussion Description

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 even death if not recognized and managed properly. In other words, even a “ding” or a bump on the head can be serious.

Symptoms and signs of concussions (see traumatic head injury below) may show up right after the injury or can take hours or days to fully appear. If your athlete reports any symptoms of concussion, or if you notice the symptoms or signs of concussion yourself, seek medical attention right away. You cannot see a concussion and most sports concussions occur without loss of consciousness.

Nature and Risk

Continuing to participate in a sporting event after sustaining a concussion or a traumatic head injury can leave the athlete vulnerable to greater injury or death. 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. This can lead to prolonged recovery, or even severe brain swelling with devastating and even fatal consequences.

Policy Requirements

If Draper City, its agents, coaches, volunteers, parks & recreation staff, parents or legal guardians suspects a youth athlete (a child who is under the age of 18) of sustaining a concussion or traumatic head injury while participating in a sporting event, the athlete shall be removed immediately. Upon removal of an athlete suspected of sustaining a concussion or a traumatic head injury, a written medical clearance from a qualified health care provider is required before the athlete can return to participate in any sporting event.

1) **“Qualified Health Care Provider”** means a health care provider who: (a) is licensed under Utah Code Title 58, Occupations and Professions; (b) may evaluate and manage a concussion within the health care provider's scope of practice; and (c) within three years before the day on which the written statement is made, has successfully completed a continuing education course in the evaluation and management of a concussion.

2) **“Sporting event”** means any of the following athletic activities that is organized, operated, managed, or sponsored by Draper City such as: a game, a practice, a clinic, a sports camp, an educational class, a competition, or a tryout.

3) **“Traumatic head injury”** means an injury to the head arising from blunt trauma, an acceleration force, or a deceleration force, with one of the following observed or self-reported conditions attributable to the injury: (a) transient confusion, disorientation, or impaired consciousness, (b) dysfunction of memory, (c) loss of consciousness, or (d) signs of other neurological or neuropsychological dysfunction, including: (i) seizures, (ii) irritability, (iii) lethargy, (iv) vomiting, (v) headache, (vi) dizziness, or (vii) fatigue.

Concussion Action Plan

What should be done when a concussion is suspected? Report the suspicion to the coach.

a. Look for the symptoms and signs of a concussion (see “traumatic head injury” above).

b. When in doubt, remove the athlete from play.

1) Ensure that the athlete is evaluated right away. Do not judge the severity yourself; get assistance from a qualified Health Care Provider as soon as possible.

2) Allow the athlete to return to play only with permission from a qualified Health Care Provider. A repeated concussion prior to recovery can increase the likelihood of further problems.

3) Both coach and parent should record:

a. the cause of the head injury and with what force; b. any loss of consciousness and for how long;

c. any memory loss immediately after the injury; d. any seizures immediately after the injury; and

e. any other pertinent information you think will help the Health Care Provider.

Acknowledgment & Consent

Having read Draper City's Concussion and Head Injury Awareness Policy and this Acknowledgment and Consent, I understand what a concussion is, have been informed on how to recognize the signs and symptoms of a traumatic head injury, and agree to abide by the policy. I understand and give consent that if my child, the participating athlete, is suspected of having a concussion, he/she will be removed from the sporting event and will not be permitted to continue participating in any upcoming sporting events until a qualified Health Care Provider has determined it to be safe, at which time I will provide Draper City with a written statement by a qualified Health Care Provider acknowledging my child is cleared to resume participation.

Signed _____ Relationship _____ Date _____