

**2016 Hickman Area Ball Registration**Hickman Parks & Recreation Department - P.O. Box 127, Hickman, NE 68372 - www.hickman.ne.gov

Participant Name		Date of Birth	Age
Sex:   M  F  Current Grade in School			•
Parent Name			
Address			
Phone Number: Home ()			
□ I am Interested in Coaching	Cell ()	VVOIK (	_)
Late Fee of \$10.00 Will A NO REGISTRATIONS WILL	ars old by June 1st, 2016 of 8, Must have played T-Ba 8, Must have played T-Ba 11 years old & under as of 14 years old & under as of 17 years old & under as only 10 years old & under as only 12 years old & under as only 12 years old & under as only 14 years old & under as only 14 years old & under as only 15 years old & under as only 16 years old & under as only 17 years old & under as only 18 years old & under as only 19 years old & under as old & under as only 19 years old & under as old & under as only 19 years old & under as old	Includes Shirts) Ill one year (No Shirt) Ill one year (Includes Short December 31st, 20 In Se of May 1st 2016 (In In I	15 (Includes Shirts) 15 (Includes Shirts) 15 (Includes Shirts) 15 (Includes Shirts) 16 (Includes Shirts) 17 (Includes Shirts) 18 (Includes Shirts) 18 (Includes Shirts) 18 (Includes Shirts) 19 (Includes Shirts) 19 (Includes Shirts) 10 (Includes Shirts) 10 (Includes Shirts) 10 (Includes Shirts) 11 (Includes Shirts) 12 (Includes Shirts) 13 (Includes Shirts) 14 (Includes Shirts) 15 (Includes Shirts) 16 (Includes Shirts) 17 (Includes Shirts) 18 (Includes Shirts) 19 (Includes Shirts) 19 (Includes Shirts) 10 (Includes Shirts) 10 (Includes Shirts) 11 (Includes Shirts) 11 (Includes Shirts) 11 (Includes Shirts) 12 (Includes Shirts) 13 (Includes Shirts) 14 (Includes Shirts) 15 (Includes Shirts) 16 (Includes Shirts) 17 (Includes Shirts) 17 (Includes Shirts) 18 (Inclu
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Please read this form carefully and be aware that in parminor child/ward might sustain arising out of this particip As a participant or parent/guardian of a participant assume the full risk of any injuries, including death, damages activities connected with or associated with this program.  I agree to waive and relinquish all claims I or my servants and employees as a result of participating. I do it servants, employees and volunteers from any and all claims which may incur or may accrue to me or my minor child/ward I further agree to indemnify and hold harmless and volunteers from any and all claims resulting from injuries, included out of connected with, or in any way associated with the activities of connected with, or in any way associated with the activities accordance with Nebraska Statute 71-9105 (201  1) The Signs and Symptoms of a Concussion; 2) The Risks Posed by Sustaining a Concussion; 3) The Actions an athlete should take in response (More information is available at www.cdc.gov.	pation.  i, I recognize and acknowledge the or loss which I or my minor child/w minor child/ward may have against the reby fully release and discharge from injuries, including death, dam on account of my participation. defend the City of Hickman and its uding death, damages and losses sties of my participation.  1), parents and coaches must revie and, et o sustaining a concussion, includ/concussion/HeadsUp/youth.html)	at there are certain risks of rard may sustain as a result st the City of Hickman and the the City of Hickman and tage or loss which I or my mofficials, officers, agents, secustained by me or my minor with the provided items that and ding the notification of his or	physical injury and agree to for participating in any and a lits officials, officers, agents its officials, officers, agents hinor child/ward may have convents, employees and richild/ward and or arising ddress the following:  ther coaches.
By signing this form I acknowledge that I have read and fully ureceived information in accordance with Nebraska Statute 71-		isk and Waiver and Release	of All Claims and have
Parent/Guardian Signature (Required)		Date	
Witness Signature (Required)		Date	
Make Checks Payable to: City of	Hickman Parks & Rec (Only Co	sh or Checks are Accepto	4)

□ Check # \_\_\_\_\_

☐ Cash Receipt #\_\_\_\_\_

For Office Use Only ■ Date Received \_

☐ Fees Paid Total \_\_\_\_\_



# Parent/Athlete Concussion Information Sheet

A concussion is a type of traumatic brain injury that changes the way the brain normally works. A concussion is caused by bump, blow, or jolt to the head or body that causes the head and brain to move rapidly 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 listed below after a bump, blow, or jolt to

#### 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.

the head or body, s/he should be kept 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.

SIGNS OBSERVED BY COACHING STAFF	SYMPTOMS REPORTED BY ATHLETES		
Appears dazed or stunned	Headache or "pressure" in head		
Is confused about assignment or position	Nausea or vomiting		
Forgets an instruction	Balance problems or dizziness		
Is unsure of game, score, or opponent	Double or blurry vision		
Moves clumsily	Sensitivity to light		
Answers questions slowly	Sensitivity to noise		
Loses consciousness (even briefly)	Feeling sluggish, hazy, foggy, or groggy		
Shows mood, behavior, or personality changes	Concentration or memory problems		
Can't recall events <i>prior</i> to hit or fall	Confusion		
Can't recall events <i>after</i> hit or fall	Just not "feeling right" or "feeling down"		

#### 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 not only does not diminish, but 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)

## 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.

#### 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.

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

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.

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, or 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.

It's better to miss one game than the whole season. For more information on concussions, visit: **www.cdc.gov/Concussion**.