

Fayette County Parks & Recreation Department
(770) 716 - 4320 recreation@fayettecountyga.gov

GIRLS VOLLEYBALL LEAGUE (Grade 5 - High School)
Spring 2017 REGISTRATION FORM

****STAFF USE ONLY**** Total Paid: _____
 Date: _____ NR Fee Yes / No
 Check # or Cash: _____ Late fee Yes / No
 Employee Initials: _____ Extra Shirts? # _____

REGISTRATION DATES: Jan. 23 - Feb. 6 -- *First Come, First Served Until Full!* **Late fee: Add \$5 after 2/6**

Fees: \$40 Fayette Resident **Register in person:** 980 Redwine Rd., Fayetteville (Mon.-Fri., 8am - 5pm)

\$60 Another County **Register by mail:** 140 W. Stonewall Ave., Fayetteville, GA 30214

Register online*: www.fayettecountyga.gov/parks_and_recreation (click "Online Payment Information")

**Participants registering online must still submit this form (in person, mail, email, or fax: 770-460-1931).*

PLEASE PRINT CLEARLY.

Athlete #1 _____ Grade _____ Division (circle one) **BRONZE** (Ages 8 - 10)
SILVER (Grades 5 & 6)
GOLD (Grades 7 & 8)

Current School Attending _____ Age _____

List Volleyball Experience _____ Height _____ Ft _____ In

Shirt Size (circle): **YOUTH** Medium / Large / X-Large -or- **ADULT** Small / Medium / Large / X-Large

Athlete #2 _____ Grade _____ Division (circle one): **BRONZE** (Ages 8 - 10)
(OPTIONAL second player - must be living in the same household) **SILVER** (Grades 5 & 6)
GOLD (Grades 7 & 8)

Current School Attending _____ Age _____

List Volleyball Experience _____ Height _____ Ft _____ In

Shirt Size (circle): **YOUTH** Medium / Large / X-Large -or- **ADULT** Small / Medium / Large / X-Large

Address _____

City _____ State _____ Zip _____ County _____

Primary Phone _____ Secondary Phone _____

Primary Email _____ Secondary Email _____

**Please PRINT your complete e-mail address(es) clearly and legibly. Email will be the primary means of communication during the season.*

Mother/Guardian _____ Father/Guardian _____

Please circle one: I live in the following area:

Fayetteville Unincorporated Fayette County Town of Brooks Peachtree City

Town of Tyrone Woolsey Another County (**Add 50% Surcharge to League Fee**)

Does your child need a modification due to disability to enjoy this program? _____

Would you like to pre-pay for additional t-shirts (\$10 each) for athlete (or family members to support team)?

Yes _____ No _____ If yes, list quantity and shirt size(s) _____

Additional fee: _____ shirts x \$10 each = \$_____ (Must be paid at time of league registration.)

In past seasons, some parents have found it helpful to have more than one shirt per player, so they didn't have to wash laundry as frequently or if the shirt is accidentally bleached/stained/lost (it has happened). **Silver/Gold players will not be able to compete in games without the correct team jersey. There will be no late/replacement shirt orders.**

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PRINT Name of Player(s) _____

The undersigned participant or guardian acknowledges that participation is voluntary and agrees to waive and release any and all rights and claims for damages against the Fayette County Board of Commissioners and all employees and members of the same, for any claim arising out of any injury or damages to myself/child. By signing this release, I/the guardian consent to such participation and also verify that adequate medical insurance is in effect during this period. In the event of an emergency and I cannot be reached, I give permission for authorities of the above name agency to seek immediate medical attention for myself/my child.

I hereby consent to the use and reproduction of any and all photographs and/or video clips taken of me/my child in any form whatsoever for use in the Fayette County Parks & Recreation newsletter, brochures, flyers, on the County and department web sites, and in any other publications produced for the Fayette County Parks and Recreation Department. Consent is also granted for any use of my name/child's name in any part of those publications listed above. I have read this document and am fully aware of the content and implications, legal and otherwise. I have read and will adhere to the FCPRD Program Refund Policy (see brochure / website).

CODE OF CONDUCT

The Fayette County Parks & Recreation Department understands that sportsmanship is a core value and its promotion and practice are essential. Participants, parents, official, administrators and spectators have a duty to assure that their teams/communities promote the development of good character. This code of conduct applies to all participants involved in athletics and Fayette County Parks and Recreation Department sponsored activities/events.

- ◆ Participants will advocate, model, and promote the development of good character to include trustworthiness, respect, responsibility, teamwork, fairness, caring, and citizenship while promoting emotional, physical, and moral well-being above desires and pressure to win.
- ◆ Participants will respect peers, coaches, officials, opponents, and others associated with the activity/event.
- ◆ Participants will promote fair play and uphold the spirit of the rules in the activity/event.
- ◆ Participants will model appropriate behavior at all times.
- ◆ Participants will engage in a healthy lifestyle.

I have read and understand the requirements of this Code of Conduct and acknowledge that league participants and spectators may be disciplined or removed from a Fayette County Parks & Recreation Department sponsored event/activity and/or facility if found in violations of any of its provisions. I will make sure that the participant, family members, and our invited guests (observing practices/games) are familiar with, and adhere to, the Code of Conduct.

Initials I understand that my contact information (phone number and/or email) will be shared with my child's coach(es) & teammates (Silver/Gold only). Contact information for Bronze Division players will only be shared with instructor.

Initials I have received a copy of the "HEADS UP Concussion in Youth Sports" Fact Sheet for Parents (included with registration packet).

PRINT Name of Parent/Guardian

SIGNATURE of Parent/Guardian

Date

WANTED – COACHES AND VOLUNTEERS - Ask for a Volunteer Application & Background Check.

Volunteers are an integral part of our Youth Volleyball Leagues. We are in need of adult volunteers (especially in Silver & Gold divisions) for coaches and assistants, as well as teen volleyball players (Middle & High School age) to assist as peer mentors for younger divisions. NYSCA Volleyball Coaches Training is available.

PRINT Name _____ Email: _____ Circle (one Coach Team Parent
or more): Phone: _____ Assist. Coach Line Judge

Head Coach Only: Shirt Size _____ Preferred Team Color 1) _____ 2) _____ 3) _____

★ [FREE Mandatory Reporter of Suspected Abuse Training](http://www.prosolutionstraining.com) - www.prosolutionstraining.com (under Course Menu)

★ [FREE Online Concussion Training for Youth Sports](http://www.cdc.gov/concussion/HeadsUp/online_training.html): www.cdc.gov/concussion/HeadsUp/online_training.html

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Teen Volleyball Players: We are also in need of teen volleyball players to assist as Peer Mentors (coaches' assistants) for younger divisions (e.g., a 6th grader can only work with the Bronze Division, but a 7th grader can volunteer with Bronze or Silver Divisions).

Name: _____ Phone: _____ Email: _____

Your Grade Level: _____ Preferred Division/Weeknight: _____

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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 (<i>even briefly</i>)	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”

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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.*

FREE Concussion Training Course for Parents: www.cdc.gov/concussion/HeadsUp/online_training.html

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

Athlete Name(s) _____

Parent/Guardian Name PRINT _____

Parent/Guardian Name SIGNATURE _____ Date _____

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.

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