

CHURCH OF THE HOLY COMMUNION
2019 Spring Developmental Volleyball Registration Form

This will be a church volleyball developmental league to introduce girls to volleyball and to help develop skills. Teams will have 2 games each Saturday and will play 8 games beginning March 30 and ending April 27. Games will be played at Ridgeway Baptist or St. George's on Saturdays.

Season Dates:

February 26	Registration Ends
Mid-March	Practices Begin
March 30	Games Begin
April 27	Season Ends

Player Name _____
Grade _____ Birth Date _____ Age _____ M _____ F _____
Address _____ City _____ State _____ Zip _____
E-Mail _____
Parent _____ Home # _____ Cell # _____
Parent _____ Home # _____ Cell # _____
School _____ Church _____
Special Medical Condition or Allergies (if any) _____

Shirt Size: YS _____ YM _____ YL _____ AS _____ AM _____ AL _____ AXL _____

Volunteer List: Coach _____ Asst. Coach _____ E-Mail _____

Please check the appropriate division:

_____ 4th/5th/6th Grade Girls _____ 7th/8th Grade Girls

Friend/Carpool Request _____

Coaches: If you are interested in coaching a team or being an assistant coach, please volunteer on the registration form. The diocese requires a one-time background check on all coaches and coaches must attend a training session of Safeguarding God's Children. The Safeguarding God's Children training is good for 3 years.

Online registration is available at www.holycommunion.org.

Please Turn to Back of this Form to Sign Waiver

REGISTRATION FEE: \$75.00

REGISTRATION DEADLINE: February 26

Registration Form can be dropped off at the Church or Recreation Office or mailed to:
Church of the Holy Communion, ATTN: Julie Fike, 4645 Walnut Grove Road, Memphis, TN 38117

CHURCH OF THE HOLY COMMUNION

MEDICAL RELEASE AND WAIVER FORM

Release and Waiver: In consideration of my child being allowed to participate in the Church of the Holy Communion sports program and its related activities and events, I hereby release, discharge, indemnify and agree to hold harmless Church of the Holy Communion, its directors, employees and all volunteer personnel from any and all liability for personal injuries and/or damages(s), or illness that may be suffered by my child during participation in the program, even if arising from their negligence. I represent that my child is in good health and able to participate in the physical activities of the sports program. I understand and acknowledge that there are inherent risks in my child's participation in these activities; and that my child's participation may result in injury, damage or illness, including, without limitation, disability or death. I assume all risks and hazards incidental to such participation, including transportation to and from the activities.

Medical Authorization/Release: In case of emergency, I do hereby authorize Church of the Holy Communion staff and volunteer coaches to obtain emergency medical care and treatment for my child if I am not immediately available. I release Church of the Holy Communion, staff and volunteers from claim or liability due to sickness or injury. I attest to the fact that the above named child is covered by an insurance policy covering illness and injury. I accept all financial responsibilities concerning any medical emergency.

Photo Release:

_____ Yes, I grant permission to Church of the Holy Communion to use photographs taken of my child during any Holy Communion sports/recreation activities for use in any Church of the Holy Communion printed or electronic publications.

_____ No, I do not give Church of the Holy Communion permission to use photographs taken of my child during any Holy Communion sports/recreation activities for use in any Church of the Holy Communion printed or electronic publications.

Child's Name _____

Parent's Name _____

Parent's Signature: _____

Date: _____

CONCUSSION INFORMATION AND SIGNATURE FORM PARENTS/LEGAL GUARDIANS

(Adapted from CDC “Heads Up Concussion in Youth Sports”)
Read and keep this page.
Sign and return the signature page.

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 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.

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.

WHAT ARE THE SIGNS AND SYMPTOMS OF CONCUSSION?

Signs and symptoms of concussion can show up right after the injury or may not appear to 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 the head or body, she/he should be kept out of play the day of the injury and until a health care provider* says she/he is symptom-free and it's OK to return to play.

SIGNS OBSERVED BY PARENTS

- 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 or *after* hit or fall

SYMPTOMS REPORTED BY ATHLETES

- 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 “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 after a bump, blow or jolt to the head or body if she/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 doesn't 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 HIS OR HER SYMPTOMS?

If an athlete has a concussion, his/her brain needs time to heal. While an athlete's brain is still healing, she/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 brains. They can even be fatal.

WHAT SHOULD I DO IF MY CHILD OR TEEN HAS A POSSIBLE CONCUSSION?

As a parent, if you think your child or teen may have a concussion, you should:

1. Remove your child or teen from play and seek medical attention.
2. Do not try to judge the severity of the injury yourself.
3. Keep your child or teen out of play the day of the injury and until a health care provider says she/he is symptom-free and it's OK to return to play.

Rest is key to helping your child 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.

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.

Health care provider means a Tennessee licensed medical doctor, osteopathic physician or a clinical neuropsychologist with concussion training

Student-Athlete & Parent/Legal Guardian Concussion Signature Form

Must be signed and returned to church prior to participation in practice or play.

Student-Athlete Name: _____

Parent/Legal Guardian Name(s): _____

After reading the information sheet, I am aware of the following information:

Parent/Legal
Guardian Initials

A concussion is a brain injury which should be reported to my parent, coach(es) or a medical professional, if one is available.

A concussion cannot be “seen”. Some symptoms might be present right away. Other symptoms can show up hours or days after an injury.

My child will need written permission from a *Health care provider* to return to play or practice after a concussion.

Most concussions take days or weeks to get better. A more serious concussion can last for months or longer.

After a bump, blow or jolt to the head of body, an Athlete should receive immediate medical attention if there are any danger signs such as loss of consciousness, repeated vomiting or a headache that gets worse.

After a concussion, the brain needs time to heal. I understand that my child is much more likely to have another concussion or more serious brain injury if return to play or practice occurs before the concussion symptoms go away.

Sometimes repeat concussions can cause serious and long-lasting problems and even death.

I have read the concussion symptoms on the Concussion Information Sheet.

**Health care provider means a Tennessee licensed medical doctor, osteopathic physician or a clinical neuropsychologist with concussion training.*

Signature of Parent/Legal Guardian

Date

Parent/Guardian Sudden Cardiac Arrest Symptoms and Warning Signs Information Sheet and Acknowledgement of Receipt and Review Form

What is sudden cardiac arrest?

Sudden cardiac arrest (SCA) is when the heart stops beating, suddenly and unexpectedly. When this happens, blood stops flowing to the brain and other vital organs. SCA doesn't just happen to adults; it takes the lives of students, too. However, the causes of sudden cardiac arrest in students and adults can be different. A youth athlete's SCA will likely result from an inherited condition, while an adult's SCA may be caused by either inherited or lifestyle issues. SCA is NOT a heart attack. A heart attack may cause SCA, but they are not the same. A heart attack is caused by a blockage that stops the flow of blood to the heart. SCA is a malfunction in the heart's electrical system, causing the heart to suddenly stop beating.

How common is sudden cardiac arrest in the United States?

SCA is the #1 cause of death for adults in this country. There are about 300,000 cardiac arrests outside hospitals each year. About 2,000 patients under 25 die of SCA each year. It is the #1 cause of death for student athletes.

Are there warning signs?

Although SCA happens unexpectedly, some people may have signs or symptoms, such as:

- fainting or seizures during exercise;
- unexplained shortness of breath
- dizziness
- extreme fatigue
- chest pains; or
- racing heart

These symptoms can be unclear in athletes, since people often confuse these warning signs with physical exhaustion. SCA can be prevented if the underlying causes can be diagnosed and treated.

What are the risks of practicing or playing after experiencing these symptoms?

There are risks associated with continuing to practice or play after experiencing these symptoms. When the heart stops, so does the blood that flows to the brain and other vital organs. Death or permanent brain damage can occur in just a few minutes. Most people who experience SCA die from it.

Public Chapter 325 – the Sudden Cardiac Arrest Prevention Act

The act is intended to keep youth athletes safe while practicing or playing. The requirements of the act are:

- Parents or guardians must read and sign this form. It must be returned to the church before participation in any athletic activity. A new form must be signed and returned each year.
- The immediate removal of any youth athlete who passes out or faints while participating in an athletic activity, or who exhibits any of the following symptoms:
 - (i) Unexplained shortness of breath;
 - (ii) Chest pains;
 - (iii) Dizziness;
 - (iv) Racing heart rate; or
 - (v) Extreme fatigue; and

- Establish as policy that a youth athlete who has been removed from play shall not return to the practice or competition during which the youth athlete experienced symptoms consistent with sudden cardiac arrest
- Before returning to practice or play in an athletic activity, the athlete must be evaluated by a Tennessee licensed medical doctor or an osteopathic physician. Clearance to full or graduated return to practice or play must be in writing.

I have reviewed and understand the symptoms and warning signs of SCA.

Signature of Parent/Guardian

Print Parent/Guardian's Name

Date

Print Child's Name