STOLEN BLOW

SPOKANE INDIANS YOUTH BASEBALL

2018 Summer Baseball Registration

Ages 4 through 15 as of April 30th 2018			
Register by May 24 th f	for 6u-8u to avoid \$20	additional Fee	
□ 6U COED T-Ball \$10 Register by May 17th f		·	
□ 10U \$125	□ 12U \$145	□ 15U \$155	
* ALL INFORMATION REQUIRED FOR REGISTRATION			
Participant First M.I	Last		DOB/_/
Current School	Grade	Ger	nder: <u>Male Female</u>
Family Address	City	St	Zip
Parent/Guardian 1 Name:	Parent/Guardian 2 Nam	ne:	
Primary Phone	P/G2 Phone:		
P/G1 Email:	P/G2 Email:		
Allergies or Special Needs			
Emergency Contact (other than parent/guardian)	Eme	ergency Contact Ph	
Coach Request:	High School area:		
Are you willing to Coach? (please circle below) Yes, Head Coach Yes, Assistant Coach Maybe, if no other Volunteer No, not at this time	Lewis & Clark, Libert	y, Shadle, North Centr	eside, Cheney, Medical Lake, Ferris, ral University, West Valley, Freeman íootenai County, Riverside
Additional Information			
	Accompany Form*:		
□ Check # (Payable to Spokane Indians Youth Baseball)			□ Cash
Debit/Credit Card (Circle One) <u>Visa</u> <u>Master</u> Card Number_			CVV #
*Forms received without complete payment information will not be pr			Exp Date

Release of all claims against Spokane Indians Youth Baseball: In consideration of permission granted my child/ward by Spokane Indians Youth Baseball to participate in the activity checked above, I, the guardian of the above named child, hereby release and discharge Spokane Indians Youth Baseball, it's officers, employees, representatives, coaches, and referees from all claims, demands, actions, judgements and executions which the child or guardian ever had, now has or may have, or which the child's guardian's heirs, executors, administrators or assigns may have or claim to have against Spokane Indians Youth Baseball, it's officers, employees, representatives, coaches, and referees; their successors or assigns, for all personal injuries, known or unknown to my child/ward, and injuries to property, real or personal, caused by, or arising out of the above described sports activities. Also, I, the guardian of the above named child, hereby authorize Spokane Indians Youth Baseball the ability to use photos for publication taken during games and events. I, the guardian of the above named child, have read this release and understand all terms. I execute it voluntarily and with full knowledge of the significance. **My signature is legal authorization for emergency care and acknowledgment of release of all claims statement.**

Signature(s) below acknowledge that you've read and understand: Spokane Indians Youth Baseball Release above as well as Concussion Compliance on back.

(See back page for additional concussion details)				
Guardian:		Date		
printed name	printed name	signature		
		SIYB Office Use		



Concussion Information Sheet

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 death if not recognized and managed properly. In other words, even a "ding" or a bump on the head can be serious. You can't see a concussion and most sports concussions occur without loss of consciousness. Signs and symptoms of concussion may show up right after the injury or can take hours or days to fully appear. If your child reports any symptoms of concussion, or if you notice the symptoms or signs of concussion yourself, seek medical attention right away.

Symptoms may include one or	more of the following:	
Headaches	 Feeling sluggish or slowed down 	Nervousness or anxiety
 "Pressure in head" 	 Feeling foggy or groggy 	Irritability
 Nausea or vomiting 	Drowsiness	More emotional
Neck pain	Change in sleep patterns	Confusion
Balance problems or dizziness	Amnesia	Concentration or memory problems
• Blurred, double, or fuzzy vision	 "Don't feel right" 	(forgetting game plays)
Sensitivity to light or noise	Fatigue or low energySadness	• Repeating the same question/comment

Signs observed by teammates, parents and co	baches include:
Appears dazed	Slurred speech
Vacant facial expression	 Shows behavior or personality changes
Confused about assignment	Can't recall events prior to hit
Forgets plays	Can't recall events after hit
 Is unsure of game, score, or opponent 	Seizures or convulsions
 Moves clumsily or displays incoordination 	 Any change in typical behavior or personality
Answers questions slowly	Loses consciousness

For current and up-to-date information on concussions you can go to: http://www.cdc.gov/ConcussionInYouthSports/

What can happen if my child keeps on playing with a concussion or returns too soon?

Athletes with the signs and symptoms of concussion should be removed from play immediately. Continuing to play with the signs and symptoms of a concussion leaves the young athlete especially vulnerable to greater injury. 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 one. This can lead to prolonged recovery, or even to severe brain swelling (second impact syndrome) with devastating and even fatal consequences. It is well known that adolescent or teenage athlete will often under report symptoms of injuries. And concussions are no different. As a result, education of administrators, coaches, parents and students is the key for student athlete's safety.

If you think your child has suffered a concussion

Any athlete even suspected of suffering a concussion should be removed from the game or practice immediately. No athlete may return to activity after an apparent head injury or concussion, regardless of how mild it seems or how quickly symptoms clear, without medical clearance. Close observation of the athlete should continue for several hours. The new "Zackery Lystedt Law" in Washington now requires the consistent and uniform implementation of long and well-established return to play concussion guidelines that have been recommended for several years:

"a youth athlete who is suspected of sustaining a concussion or head injury in a practice or game shall be removed from competition at that time" **and** "may not return to play until the athlete is evaluated by a licensed heath care provider trained in the evaluation and management of concussion and received written clearance to return to play from that health care provider".

You should also inform your child's coach if you think that your child may have a concussion. Remember, it's better to miss one game than miss the whole season. *When in doubt, the athlete sits out.*



SPOKANE INDIANS YOUTH BASEBALL

Cancellation & Refund Policy

Individual Player

SIYB understands that, from time to time, players may need to withdraw from a sport, due to unforeseen circumstances. Registration fees are based on a variety of costs determined by the number of teams and number of players registered on each team. Because many of these costs must be paid in advance, player withdrawals still result in a cost to SIYB.

We have adopted the following policy for refunds to accommodate people whose plans have changed, while maintaining the financial responsibilities associated with each sport season.

DATE	REFUND
REQUESTED BEFORE	ELIGIBLE FOR A REFUND MINUS \$20
REGISTRATION DEADLINE	PROCESSING FEE / PER REGISTRANT
TWO WEEKS PRIOR TO	ELIGIBLE FOR A REFUND MINUS 50%
GAMES STARTING	OF REGISTRATION FEES / PER REGISTRANT

- Once games have begun, refunds will not be given for cancelled registrations. Under extenuating circumstances, a partial refund may be considered
- All refund requests need to be emailed to <u>info@siyb.org</u>. Please include the player's name and reason for the refund request.
- Refunds are issued as follows:
 - Credit/Debit: Refunded to original card (allow 5-7 business days)
 - \circ Check/Cash: Refunded by SIYB issued check (allow up to 2 weeks)

Signature below acknowledge that you've read and understand Spokane Indians Youth Baseball Refund/Cancellation Policy

Parent/Gaurdian:

printed name

signature

Date ____