



REGISTRATION FORM

Winter Season 2014-15

To register a player, please return this form to the Parks and Rec Building or mail to: **FCYBA; PO Box 422; Fayetteville, GA 30214**

Boy	Girl	6U Developmental	8U	10U	12U	14U	16U	18U
-----	------	------------------	----	-----	-----	-----	-----	-----

Player Last Name: _____ Player First Name: _____

Birth Date: ____/____/____ M F Grade: _____ Age: _____ School: _____

Home Address: _____ Apartment/Space Number: _____

City: _____ Within City Limits(Y/N): _____ Zip: _____

Home Phone: (____) _____ Email Address: _____

Parent/Guardian: _____ Cell Phone: (____) _____

Parent/Guardian: _____ Cell Phone: (____) _____

PLAYER'S AGE AS OF DECEMBER 31, 2014? _____

IS PLAYER TRYING OUT FOR MIDDLE OR HIGH SCHOOL TEAM? YES NO

***** FCYBA must be notified by November 1, 2014 if player makes the school team and requests a refund. *****

Emergency Contact (we will only contact this person if FCYBA is unable to reach parent/guardian):

Name: _____ Phone #: (____) _____

As a parent, I am willing to help: (Circle please) Coach Assist Coach Team Mom Clock Operator

I/We the parents of the above named youth, hereby give my/our approval to his/her participation in basketball program being conducted by the F.C.Y.B.A. Inc., during the current season. I assume all risks and hazards incidental to such participation including transportation to and from the activities and I/We do hereby waive, release and agree to hold harmless the F.C.Y.B.A., Inc. the organizers, officers, directors, participants and persons transporting my child to/from activities, from any claim arising out of injury to my child. I also give my permission to the person in charge of the activity to take my child to the doctor or the hospital/ clinic in case of injury. I will furnish proof age certification upon request or when needed for tournament games. Refunds will be made in full if requested before the teams are drafted. All requests for refunds should be made to the President or the Treasurer of the F.C.Y.B.A. Inc. There will be NO refunds once the teams are drafted. Coaches, Assistant Coaches or Assistants must submit to having a background investigation performed by the Fayette County Marshall's Office and also must be certified by the National Youth Sports Coaches Association.

Date _____

Parent's Signature _____

Uniform Sizes					
Jersey					
Youth:	S	M	L	XL	
Adult:	S	M	L	XL	XXL
Short					
Youth:	S	M	L	XL	
Adult:	S	M	L	XL	XXL

Registration Fees			
6U Developmental League	\$75.00 per player	-	
8U-18U	\$130 one player	-	
	\$250 two players	-	
	\$360 three players	-	
	\$460 four players	-	
After October 25, 2014	+\$25 late fee	-	
Total Registration Due			

AMT Paid \$ _____ Check/Transaction # _____ Received By: _____

Parents Code of Ethics

National Association of Youth Sports

- I hereby pledge to provide positive support, care and encouragement for my child participating in youth sports by following this Code of Ethics.
- I will encourage good sportsmanship by demonstrating positive support for all players, coaches and officials at every game, practice or other youth sport events.
- I will place the emotional and physical well-being of my child ahead of any personal desire to win.
- I will insist that my child play in a safe and healthy environment.
- I will provide support for coaches and officials working with my child to provide a positive, enjoyable experience for all.
- I will demand a drug, alcohol and tobacco-free sports environment for my child and agree to assist by refraining from their use at all youth sports events.
- I will remember that the game is for children and not for adults.
- I will do my very best to make youth sports fun for my child.
- I will ask my child to treat other players, coaches, fans and officials with respect regardless of race, sex, creed or ability.
- I will promise to help my child enjoy the youth sports experience within my personal constraints by assisting with coaching, being a respectful fan, providing transportation or whatever I am capable of doing.
- I will require that my child's coach be trained in the responsibilities of being a youth sports coach and that the coach agree to the youth sports Coaches' Code of Ethics.
- I will read the NAYS National Standards for Youth Sports and do everything in my power to assist all youth sports organizations to implement and enforce them.

Parent's Signature

Parent's Signature

Date



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”

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.

Student-Athlete Name Printed

Student-Athlete Signature

Date

Parent or Legal Guardian Printed

Parent or Legal Guardian Signature

Date