

FOR YOUTH DEVELOPMENT® FOR HEALTHY LIVING FOR SOCIAL RESPONSIBILITY

FEES PAID (DATE)	
CHECK #	
STAFF SIGNATURE	
BRANCH	

DATE

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## SPORT REGISTRATION YMCA OF FLORIDA'S FIRST COAST

The Y is the starting point for many youth to learn about becoming and staying active, and developing healthy habits that they'll carry with them throughout their lives. And the benefits are far greater than just physical health. Whether it's gaining the confidence that comes from learning to swim or building the positive relationships that lead to good sportsmanship and teamwork, participating in sports at the Y is about building the whole child, from the inside out.

## SEBASTIAN MIDDLEINTRAMURAL LEAGUE

PARTICIPANT'S NAME				
NEW PLAYER (Y / N)	YMEMBER (Y/N)	ETHNICITY (CIRCLE ON	NE) W B A H I O	HEIGHT
AGE AS OF AUGUST 1, 2019	DATE OF BIRTH /	/ SCHOOL		GRADE
ADDRESS				ZIP
GUARDIAN'S NAME				
PREFERRED PHONE#		ALTERNATE PHONE	#	
CELL PHONE PROVIDER	EMAIL			
ADDITIONAL CONTACT		RELA	TIONSHIP	
PREFERRED PHONE#		ALTERNATE PHONE	#	
CELL PHONE PROVIDER	EMAIL			
REQUESTS				
AT THE Y, WE STRIVE FOR TEAM P BUT THEY ARE NOT GUARANTEED			CIPANTS. WE WILL DO OUR B	EST TO HONOR REQUESTS,
	GRADE Z <sup>TH</sup> GRADE 8 <sup>TH</sup>	H <u>GRADE</u>		
ABILITY LEVEL (CIRCLE ONE)	1. ADVANCED 2. INTERME	DIATE <b>3.</b> BEGINNER		
SPECIAL MEDICAL INFORMATIO	۹			
INDICATE UNIFORM SIZE YOU				
VOLUNTEERS NEEDED				
IF YOU ARE INTERESTED IN HELPI	NG OUR YOUTH SPORTS PROGRA	AM THIS UPCOMING SEASON, P	LEASE CHECK ONE OF THE FO	ILLOWING:

□ HEAD COACH □ ASST. COACH □ REFEREE □ TEAM PARENT

#### PLEASE SIGN ATTACHED WAIVERS

#### CONDITIONS OF YOUTH DEVELOPMENT PROGRAM PARTICIPATION

While the YMCA will make every attempt to provide reasonable accommodations for mentally and physically challenged children, the YMCA will not accept children that are (1) of danger to themselves, (2) of danger to others, or (3) a disruption to the normal activities making it unreasonably difficult for other children to enjoy YMCA programs. Any of the above reasons will be grounds for dismissal from YMCA programs. The YMCA strongly recommends that you discuss with YMCA staff any special conditions or circumstances involving your child. The YMCA requests that the undersigned do this PRIOR to registration so that the YMCA can advise you as to whether we can make reasonable accommodation for your child.

The undersigned understands that the YMCA is NOT responsible for personal property lost or stolen while members and/or program participants are using YMCA facilities or on YMCA premises.

I give my permission to the YMCA of Florida's First Coast Inc. to use, without limitation or obligation, photographs, film footage or tape recordings that may include mine and or my family member's image(s) or voice(s) for purposes of promoting or interpreting YMCA programs.

In the event of an emergency and my emergency contact person cannot be reached, the undersigned hereby gives his or her permission to the physician selected by the YMCA to hospitalize, secure proper treatment for, and to order injections, anesthesia or surgery for the individual named on this application.

The undersigned understands that no accident or medical insurance is provided with this activity.

The undersigned gives his or her permission for my child to be transported by the bus service secured by the YMCA for related programs activities.

#### I UNDERSTAND THE FEE MUST ACCOMPANY THIS APPLICATION AND IS NON-REFUNDABLE EXCEPT FOR VERIFIED MEDICAL REASONS

#### ACCEPTANCE

I accept the Conditions of Youth Development Program Participation set forth above and, being in sympathy with the Mission of the YMCA, hereby apply to participate.

SIGNATURE OF MEMBER / PARTICIPANT

SIGNATURE OF PARENT / GUARDIAN

DATE

#### FLORIDA MINOR RELEASE AND WAIVER OF LEGAL LIABILITY

**THIS IS YOUR RELEASE AND WAIVER OF LIABILITY** (the "Release"). You individually and on behalf of your minor child, release the YMCA of Florida's First Coast, Inc. ("YMCA"), its officers, directors, board members, employees, volunteers, agents, independent contractors, other participants and/or others acting on its behalf (collectively, "YMCA"). You agree that this Release is effective immediately.

### NOTICE TO THE MINOR CHILD'S NATURAL GUARDIAN

READ THIS FORM COMPLETELY AND CAREFULLY. YOU ARE AGREEING TO LET YOUR MINOR CHILD ENGAGE IN A POTENTIALLY DANGEROUS ACTIVITY. YOU ARE AGREEING THAT, EVEN IF YMCA USES REASONABLE CARE IN PROVIDING THIS ACTIVITY, THERE IS A CHANCE YOUR CHILD MAY BE SERIOUSLY INJURED OR KILLED BY PARTICIPATING IN THIS ACTIVITY BECAUSE THERE ARE CERTAIN DANGERS INHERENT IN THE ACTIVITY WHICH CANNOT BE AVOIDED OR ELIMINATED. BY SIGNING THIS FORM YOU ARE GIVING UP YOUR CHILD'S RIGHT AND YOUR RIGHT TO RECOVER FROM [YMCA] IN A LAWSUIT FOR ANY PERSONAL INJURY, INCLUDING DEATH, TO YOUR CHILD OR ANY PROPERTY DAMAGE THAT RESULTS FROM THE RISKS THAT ARE A NATURAL PART OF THE ACTIVITY. YOU HAVE THE RIGHT TO REFUSE TO SIGN THIS FORM, AND YMCA HAS THE RIGHT TO REFUSE TO LET YOUR CHILD PARTICIPATE IF YOU DO NOT SIGN THIS FORM.

SIGNATURE OF PARTICIPANT (If less than 18-years-old, parents or legal guardians must sign below)	DATE
PARENT / GUARDIAN	DATE
PARENT / GUARDIAN	DATE

For Youth Development® For Healthy Living For Social Responsibility



# Athletics and Head Injuries Informed Consent What You Need to Know

Dear Youth Sports Parents and Athletes:

The Y is the leading nonprofit organization focused on youth development, healthy living and social responsibility. As a part of our mission, your child's safety is extremely important, so we'd like to take a few minutes to share with you information about the risks of head injuries and some new requirements under Florida Law for youth sports organizations.

During its 2012 regular session, the Florida Legislature passed House Bill 291 to ensure that parents, coaches and athletes are informed of the risks associated with head injuries and to mandate minimum standards for education, informed consent and reentry after suspected injury.

The law requires the following:

- Athletic coaches, officials, administrators and youth athletes and their parents or guardians must be educated about the nature and risk of concussion and head injury.
- The parent or guardian of a youth who is participating in athletic competition or who is a candidate for an athletic team must sign and return an informed consent each year before participating in athletic competition or engaging in any practice, tryout, workout or other physical activity associated with the youth's candidacy for an athletic team.
- Each youth athlete who is suspected of sustaining a concussion or head injury in a practice or competition must be immediately removed from the activity.
- A youth athlete who has been removed from an activity may not return to practice or competition until the youth submits to the athletic coach a written medical clearance to return stating that the youth athlete no longer exhibits signs, symptoms or behaviors consistent with a concussion or other head injury.
- Medical clearance must be authorized by the appropriate health care practitioner trained in the diagnosis, evaluation and management of concussions as defined by the Sports Medicine Advisory Committee of the Florida High School Athletic Association.

After reviewing the attached materials from the CDC please sign and return the informed consent below to the YMCA staff.

By signing below, I acknowledge that I have received and reviewed the attached Concussion in Sports Fact Sheet from the Department of Health and Human Services, Centers for Disease Control and Prevention www.cdc.gov/concussion/pdf/parents\_Eng.pdf, www.cdc.gov/concussion/pdf/athletes\_Eng.pdf. I also acknowledge and I understand the risks of brain injuries associated with participation in athletic activity, and I am aware of the requirements of the State of Florida's House Bill 291-Youth Athletes.

Athlete's P	Print Name	Athlete's Signature (if 18 or over)	Date
			Parent or Guardian Print
Name	Parent or Guardian Signature	Date	