

Sport: \_\_\_\_\_

Travel / School Ball Player? YES NO If so, what sport? \_\_\_\_\_

Church Hill – Mt. Carmel – Surgoinsville Recreation  
Registration Form and Contract  
Website: <http://www.churchhilltn.gov/depts/rec/php>

Participant Information

Full Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Age: \_\_\_\_\_

Sex: [ ] M [ ] F School: \_\_\_\_\_ Grade: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

If you played this sport last year, what team did you play for? \_\_\_\_\_

T-Shirt Size: (Participants Only) Please Circle One: Youth: M L Adult: S M L XL

Special Needs/Medications/Allergies: \_\_\_\_\_

Parent/Guardian Information: Complete if participant is under the age of 18. Leave blank if information is same as above.

Full Name: \_\_\_\_\_ Sex: [ ] M [ ] F

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Main Phone: \_\_\_\_\_

Alternate Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Would you like to receive text message updates? [ ] Y [ ] N Circle one to receive text: Main or Alternate

Would you like to receive email updates? [ ] Y [ ] N

**Would you be willing to be a head coach? [ ] Y [ ] N Willing to be an assistant coach? [ ] Y [ ] N**

**EMERGENCY AUTHORIZATION MUST BE SIGNED BY PARENT OR GUARDIAN**

We, the undersigned, parent of the participant, a minor, do hereby authorize the coaches, assistant coaches, or parent of team members acting in capacity of activity supervisor as agents for the undersigned to consent to medical, surgical, or dental examination, on an emergency basis. In case of emergency, I/We hereby authorize treatment and/or care of registered player at any hospital. If there is an emergency and I/We cannot be reached, please contact:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Main Phone: \_\_\_\_\_ Address: \_\_\_\_\_

If you wish for a family doctor to be contacted in case of emergency, please list their name and phone number:

Doctor's Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**WARNING: Your child may be injured while playing youth league ball.**

**WAIVER OF LIABILITY AND DISCLAIMER:**

To induce the Church Hill/Mt. Carmel/Surgoinsville Recreation to accept registration and permit participation in the youth league by individual named above, I, the parent/guardian of said individual, hereby give my consent and agree to release, indemnify, and hold harmless Church Hill/Mt. Carmel/Surgoinsville Recreation, its officials, coaches, and representatives, from and claim arising out of injuries or conditions caused by our/my refusal to seek or obtain available medical treatment for the child.

Legal Authorization for emergency care and acknowledgement of disclaimer:

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

<p>Official use only:  City Resident: Cash Amt: _____ Check Amt: _____ Check #: _____  Non-City Resident: Cash Amt: _____ Check Amt: _____ Check #: _____</p>
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# Children's Rights

## "Let Them Have Fun"

- 1) They should not be subject to verbal abuse or obnoxious behavior by coaches, other players, parents, grandparents, or other spectators.
- 2) It is good to applaud and support your child's team, but unacceptable to ridicule the coaches and children of the other teams.
- 3) Errors are to be expected. If you know the rules you will be less likely to be critical of officials, coaches, and players.
- 4) Behavior in the stands represents sportsmanship by you. Recognize and show appreciation for an outstanding play by either team. No taunting or derogatory remarks are to be used by spectators.
- 5) Respect the game official. They make calls in full view of the public. They do the best they can. Do not make an ugly scene over a call you disagree with.

## Parents' Pledge

I have read the above and acknowledge I am a role model. I accept my responsibility to be a model of good sportsmanship that comes with being the parent of a child athlete.

Name(s): \_\_\_\_\_

Address: \_\_\_\_\_

Phone  
Number: \_\_\_\_\_

Date: \_\_\_\_\_ Sport: \_\_\_\_\_

Timmy Wilson, Recreation Director  
Phone: (423) 357-7010  
recdirector@churchhilltn.gov

## Student-athlete & Parent/Legal Guardian Concussion Statement

Must be **signed and returned** to school or community youth athletic activity 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:

Student-Athlete initials		Parent/Legal Guardian initials
	A concussion is a brain injury, which should be reported to my parents, my 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.	
	I will tell my parents, my coach and/or a medical professional about my injuries and illnesses.	N/A
	I will not return to play in a game or practice if a hit to my head or body causes any concussion-related symptoms.	N/A
	I will/my child will need written permission from a <i>health care provider*</i> 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 or 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 I am/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 concussion 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, clinical neuropsychologist with concussion training, or physician assistant with concussion training who is a member of a health care team supervised by a Tennessee licensed medical doctor or osteopathic physician.

\_\_\_\_\_  
Signature of Student-Athlete

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent/Legal guardian

\_\_\_\_\_  
Date

## **Athlete/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:

- All youth athletes and their parents or guardians must read and sign this form. It must be returned to the school before participation in any athletic activity. A new form must be signed and returned each school 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.*

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Signature of Student-Athlete

Print Student-Athlete's Name Date

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Signature of Parent/Guardian

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Print Parent/Guardian's Name Date