



COLUMBIA COUNTY PARKS & RECREATION DEPARTMENT

P.O. Box 498, Evans, GA 30809

SPRING SOCCER REGISTRATION FORM

(Please Print or Type)

Participant's Name _____ Birth Date _____ Male or Female _____
Last First MI Month/Day/Year (Circle one)

Address _____ City _____ Zip Code _____

Home Phone _____ School _____ Grade _____

Primary Guardian _____ Work Phone _____ Cell Phone _____

Secondary Guardian _____ Work Phone _____ Cell Phone _____

Email Address: _____ Cell Phone Provider (for texts): _____

Would you be interested in being Head Coach? Yes No First time participant? Yes No Birth Certificate (circle if provided)

Cost: \$80 - 1st child, \$70 - 2nd child, \$60 - each additional child

Out-of-County participants add \$65 - 1st child, \$55 - 2nd child, \$45 each additional child

Make Check payable to: CCPRD (Columbia County Parks & Recreation Department)

PLEASE CHECK APPROPRIATE LEAGUE

- Boys: U-8 (6 & 7 yr olds), U-10 (8 & 9 yr olds), U-12 (10 & 11 yr olds)
Girls: U-8 (6 & 7 yr olds), U-10 (8 & 9 yr olds), U-12 (10 & 11 yr olds)
Co-ed: 5 yr old Beginners*, U-14 (12 & 13 yr olds), 18 & Under (14 - 18 yr olds)

* New this Season

Age Control Date: August 1, 2015

The Parks & Recreation Department may combine or cancel leagues due to the lack of participants.

NOTE: All participants will be in a draft system. We do not honor any special requests to be with another participant regardless the circumstance. All participants are required to play with their age group. Participants will not be allowed to move up or stay down in age divisions.

As a parent (guardian) of the above named participant for a position on a Parks & Recreation Department sports team, I hereby give my approval for his/her participation in any and all activities during the current season. I assume all risks and hazards incidental to such participation including transportation to and from the activities, and I do hereby release and hold harmless Columbia County, the Parks & Recreation Department, its employees, sponsors, participants and persons transporting my child to events or activities from all suits, claims, injuries, damages and demands for any and all forms of damages or injury to persons or property including all consequential and derivative damages resulting from or in any way associated with my attendance at events held at any County Parks & Recreation facility. Requests for refunds must be made prior to the league's first scheduled game in writing. No refunds will be issued after that time.

I have read / received a copy of the required information reference concussions. _____ (initial here)

I am aware that the Columbia County Parks & Recreation Department no longer offers accident insurance. It is my responsibility to provide insurance for my child. _____ (initial here)

Signature: _____ Date: _____

*****OFFICE USE ONLY*****

FEES: RESIDENT \$ _____ OUT-OF-COUNTY \$ _____ LATE \$ _____ TOTAL RECEIVED \$ _____ STAFF _____

CASH / CHECK / MONEY ORDER # _____ CREDIT AUTH # _____ RECEIPT # _____



A Fact Sheet for PARENTS

WHAT IS A CONCUSSION?

A concussion is a brain injury. Concussions are caused by a bump or blow to the head. Even a “ding,” “getting your bell rung,” or what seems to be a mild bump or blow to the head can be serious.

You can’t see a 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 your child reports any symptoms of concussion, or if you notice the symptoms yourself, seek medical attention right away.

WHAT ARE THE SIGNS AND SYMPTOMS OF A CONCUSSION?

Signs Observed by Parents of Guardians

If your child has experienced a bump or blow to the head during a game or practice, look for any of the following signs and symptoms of a concussion:

- 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 behavior or personality changes
- Can’t recall events prior to hit or fall
- Can’t recall events after hit or fall

Symptoms Reported by Athlete

- 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

- Does not “feel right”

HOW CAN YOU HELP YOUR CHILD PREVENT A CONCUSSION?

Every sport is different, but there are steps your children can take to protect themselves from concussion.

- Ensure that they follow their coach’s rules for safety and the rules of the sport.
- Encourage them to practice good sportsmanship at all times.
- Make sure they wear the right protective equipment for their activity (such as helmets, padding, shin guards, and eye and mouth guards). Protective equipment should fit properly, be well maintained, and be worn consistently and correctly.
- Learn the signs and symptoms of a concussion.

WHAT WOULD YOU DO IF YOU THINK YOUR CHILD HAS A CONCUSSION?

1. **Seek medical attention right away.** A health care professional will be able to decide how serious the concussion is and when it is safe for your child to return to sports.
2. **Keep your child out of play.** Concussions take time to heal. Don’t let your child return to play until a health care professional says it is OK. Children who return to play too soon-while the brain is still healing-risk a greater chance of having a second concussion. Second or later concussions can be very serious. They can cause permanent brain damage, affecting your child for a lifetime.
3. **Tell your child’s coach about any recent concussion.** Coaches should know if you child had a recent concussion in ANY sport. Your child’s coach may not know about a concussion your child received in another sport or activity unless you tell the coach.

It’s better to miss one game than the whole season.

