

BARRACUDA'S SWIM TEAM REGISTRATION

SWIMMER INFORMATION

Swimmer 1 Name:		School swimmer attends:	
Date of Birth:	Male / Female	Does swimmer belong to club team? Yes No	
# of years swimming:	Any Medical issues to be aware of?	Yes No	Explain issue:
Swimmer 2 Name:		School swimmer attends:	
Date of Birth:	Male / Female	Does swimmer belong to club team? Yes No	
# of years swimming:	Any Medical issues to be aware of?	Yes No	Explain issue:
Swimmer 3 Name:		School swimmer attends:	
Date of Birth:	Male / Female	Does swimmer belong to club team? Yes No	
# of years swimming:	Any Medical issues to be aware of?	Yes No	Explain issue:

FAMILY INFORMATION

Name of both Parents:		Your Parish:
Swimmer's Address:		
Swimmer's Home Phone:	Family E-mail:	
Mother's Cell or work:	Mother's E-mail:	
Father's Cell or work:	Father's E-mail:	

EMERGENCY CONTACT

Name:	
Address:	
Relationship:	Phone:

PLEASE ANSWER THE FOLLOWING QUESTIONS:

IN CASE OF EMERGENCY, I GIVE PERMISSION TO CONTACT THE NEAREST EMERGENCY MEDICAL CARE FACILITY AVAILABLE IN ORDER TO APPLY SUCH MEDICAL SERVICES AS ARE NECESSARY FOR THE WELL BEING OF MY CHILD	Yes	No
I CERTIFY THAT MY CHILD/CHILDREN IS/ARE COVERED UNDER A MEDICAL INSURANCE PLAN	Yes	No
I CERTIFY THAT MY CHILD/CHILDREN IS/ARE ABLE TO SWIM 25 YARDS WITHOUT STOPPING OR HOLDING ON TO A LANE ROPE OR WALL	Yes	No
I UNDERSTAND THAT EACH SWIM TEAM FAMILY IS REQUIRED TO WORK AT SWIM MEETS	Yes	No
I AM INTERESTED IN LEARNING TO BECOME A STROKE AND TURN JUDGE	Yes	No
I GIVE THE SWIM TEAM PERMISSION TO PHOTOGRAPH MY CHILD/CHILDREN DURING SWIM MEETS	Yes	No

SIGNATURE

I give my child/children permission to become a member and participate in all activities of the swim program which runs from September 2018 to February 2019 including traveling in another person's vehicle to and from swim meets and practices if needed. I assume the risks and hazards incidental with the activities of swimming. I do further release, absolve, indemnify and hold harmless the Catholic Youth Swim League program, its officials, directors, coaches, etc. from any actions, demands, suits or claims which my child/children or I as a parent or guardian, result of being a member of St. Charles / St. Ephrem Swim Team.

Signature of Parent:	Date:
Amount paid:	Cash or Check
	Check #:

Print Family Last Name: _____ Team: _____

RELEASE OF LIABILITY FOR MINOR PARTICIPANTS READ BEFORE SIGNING

IN CONSIDERATION OF the children listed below ,my minor child/ward("my child"), being allowed to participate in any way in the Catholic Youth Swim League program ,related events and activities, the undersigned acknowledges, appreciates, and agrees that:

- 1.The risk of injury to my child from the activities involved in these programs is significant, including the potential for permanent disability and death, and while particular rules, equipment, and personal discipline may reduce this risk, the risk of serious injury does exist; and,
- 2. FOR MYSELF, SPOUSE, AND CHILD, I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THESE LEASEES or others, and assume full responsibility for my child's participation; and,
- 3 .I willingly agree to comply with the program's stated and customary terms and conditions for participation .If I observe any unusual significant concern in my child's readiness for participation and/or in the program itself, I will remove my child from the participation and bring such attention of the nearest official immediately; and,
- 4.I myself, my spouse, my child, and on behalf of my/our heirs, assigns, personal representatives and next of kin, HEREBY RELEASE THE other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and lessors of premises used to conduct the event("Releases"), WITH RESPECT TO ANY AND ALL INJURY ,DISABILITY, DEATH, or loss or damage to person or property incident to my child's involvement or participation in these programs, WHETHER ARISING FROM THE NEGLIGENCE OF THESE LEASEES OR OTHERWISE, to the fullest extent permitted by law.
- 5.I, for myself, my spouse ,my child, and on behalf of my/our heirs ,assigns, personal representatives and next of kin, HEREBY INDEMNIFY AND HOLD HARMLESS all the above Releases from any and all liabilities incident to my involvement or participation in these programs, EVEN IF ARISING FROM THEIR NEGLIGENCE, to the fullest extent permitted by law.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

(PARENT/GUARDIAN SIGNATURE)

(PRINT NAME OF PARENT/GUARDIAN)

PARISH REGISTERED: _____

SCHOOL CHILD/CHILDREN ATTEND: _____

TEAM SWIMMING FOR: _____

PARTICIPATING SWIMMERS:

Full Name of Participating Swimmers (First and Last Names)	Date of Birth	Parent/Guardian Initials
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

PLEASE INITIAL:

_____ Good sportsmanship and adherence to the Archdiocese of Philadelphia's Safe Environment Guidelines are required by all members of the Catholic Youth Swim League. This includes all swimmers, coaches, staff, families and officials. Disregard to these may result in the expulsion of the swimmer and his/her family from the CYSL with no refund.

_____ I give my permission for my child/children to be photographed/videotaped for us by their swim team.

_____ I have read and understand the signs and risks of concussion/traumatic brain injury while participating in interscholastic athletic, including the risks associated with continuing to compete after a concussion/traumatic brain injury.

_____ I have read and understand the symptoms and warning signs of Sudden Cardiac Arrest, Act 59.

SECTION 3: UNDERSTANDING OF RISK OF CONCUSSION AND TRAUMATIC BRAIN INJURY

What is a concussion?

A concussion is a brain injury that:

- Is caused by a bump, blow, or jolt to the head or body.
- Can change the way a student's brain normally works.
- Can occur during Practices and/or Contests in any sport.
- Can happen even if a student has not lost consciousness.
- Can be serious even if a student has just been "dinged" or "had their bell rung."

All concussions are serious. A concussion can affect a student's ability to do schoolwork and other activities (such as playing video games, working on a computer, studying, driving, or exercising). Most students with a concussion get better, but it is important to give the concussed student's brain time to heal.

What are the symptoms of a concussion?

Concussions cannot be seen; however, in a potentially concussed student, *one or more* of the symptoms listed below may become apparent and/or that the student "doesn't feel right" soon after, a few days after, or even weeks after the injury.

- Headache or "pressure" in head
- Nausea or vomiting
- Balance problems or dizziness
- Double or blurry vision
- Bothered by light or noise
- Feeling sluggish, hazy, foggy, or groggy
- Difficulty paying attention
- Memory problems
- Confusion

What should students do if they believe that they or someone else may have a concussion?

- Students feeling any of the symptoms set forth above should immediately tell their Coach and their parents. Also, if they notice any teammate evidencing such symptoms, they should immediately tell their Coach.
- The student should be evaluated. A licensed physician of medicine or osteopathic medicine (MD or DO), sufficiently familiar with current concussion management, should examine the student, determine whether the student has a concussion, and determine when the student is cleared to return to participate in interscholastic athletics.
- Concussed students should give themselves time to get better. If a student has sustained a concussion, the student's brain needs time to heal. While a concussed student's brain is still healing, that student is much more likely to have another concussion. Repeat concussions can increase the time it takes for an already concussed student to recover and may cause more damage to that student's brain. Such damage can have long term consequences. It is important that a concussed student rest and not return to play until the student receives permission from an MD or DO, sufficiently familiar with current concussion management, that the student is symptom-free.

How can students prevent a concussion? Every sport is different, but there are steps students can take to protect themselves.

- Use the proper sports equipment, including personal protective equipment. For equipment to properly protect a student, it must be:
 - The right equipment for the sport, position, or activity;
 - Worn correctly and the correct size and fit; and
 - Used every time the student Practices and/or competes.
- Follow the Coach's rules for safety and the rules of the sport.
- Practice good sportsmanship at all times.

If a student believes they may have a concussion: Don't hide it. Report it. Take time to recover.

I hereby acknowledge that I am familiar with the nature and risk of concussion and traumatic brain injury while participating in interscholastic athletics, including the risks associated with continuing to compete after a concussion or traumatic brain injury.

Student's Signature _____ Date ____/____/____

I hereby acknowledge that I am familiar with the nature and risk of concussion and traumatic brain injury while participating in interscholastic athletics, including the risks associated with continuing to compete after a concussion or traumatic brain injury.

Parent's/Guardian's Signature _____ Date ____/____/____

SECTION 4: UNDERSTANDING OF SUDDEN CARDIAC ARREST SYMPTOMS AND WARNING SIGNS

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 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?

There are about 300,000 cardiac arrests outside hospitals each year. About 2,000 patients under 25 die of SCA each year.

Are there warning signs?

Although SCA happens unexpectedly, some people may have signs or symptoms, such as:

- dizziness
- lightheadedness
- shortness of breath
- difficulty breathing
- racing or fluttering heartbeat (palpitations)
- syncope (fainting)
- fatigue (extreme tiredness)
- weakness
- nausea
- vomiting
- chest pains

These symptoms can be unclear and confusing in athletes. Often, people 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 have SCA die from it.

Act 59 – the Sudden Cardiac Arrest Prevention Act (the Act)

The Act is intended to keep student-athletes safe while practicing or playing. The requirements of the Act are:

Information about SCA symptoms and warning signs.

- Every student-athlete and their parent or guardian 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.
- Schools may also hold informational meetings. The meetings can occur before each athletic season. Meetings may include student-athletes, parents, coaches and school officials. Schools may also want to include doctors, nurses, and athletic trainers.

Removal from play/return to play

- Any student-athlete who has signs or symptoms of SCA must be removed from play. The symptoms can happen before, during, or after activity. Play includes all athletic activity.
- Before returning to play, the athlete must be evaluated. Clearance to return to play must be in writing. The evaluation must be performed by a licensed physician, certified registered nurse practitioner, or cardiologist (heart doctor). The licensed physician or certified registered nurse practitioner may consult any other licensed or certified medical professionals.

I have reviewed and understand the symptoms and warning signs of SCA.

_____	_____	Date <u> </u> / <u> </u> / <u> </u>
Signature of Student-Athlete	Print Student-Athlete's Name	
_____	_____	Date <u> </u> / <u> </u> / <u> </u>
Signature of Parent/Guardian	Print Parent/Guardian's Name	