

Winter AAU Youth Program Registration Packet

City of Chelan Parks & Recreation Division
619 W. Manson Hwy. PO Box 1669
Chelan, WA 98816
(509) 682-8023

Boys Basketball	Girls Basketball
\$25 Boys Grades K through 2 – CO-ED	\$25 Girls Grades K through 2 – CO-ED
\$35 Boys Grades 3 through 6	\$35 Girls Grades 3 through 6
There is an additional cost of \$17 for those that do not have a current AAU card for 2022/2023 Current AAU cards have an expiration date of 8/31/2023.	

Coaches Meeting: We will have a coaches' meeting on Tuesday, November 22nd, 7:00 pm, at the Chelan Parks Office. First Practice for 3rd – 6th grade is November 28th. K – 2nd grade starts December 17th at M.O.E. and is instructional only with no games.

Registration DEADLINE is Monday, November 14th at 4pm

Registration Forms Must Be Turned into the Park & Recreation Office

DO NOT Return Registration Form to any School

****BIRTH CERTIFICATE REQUIRED FOR FIRST-TIME AAU REGISTRATION****

PARTICIPANT INFORMATION:

Last Name: _____ First Name: _____ Date of Birth: _____

Age: _____ (on Aug 31st) Gender: M F (circle one) Grade: _____

Mailing Address: _____ City: _____ Postal Code: _____

Home Phone: _____ Work Phone: _____ Parent / Guardian Name: _____

Email Address: _____

Shirt Size (circle one) **Youth:** XSmall, Small, Med, Large, XLarge **Adult:** Small, Med, Large, XLarge

I will help by (circle choice): Coaching Asst. Coaching Sponsoring

Check for: PHOTO/VIDEO RELEASE – I give my permission to have photos and/or video recordings taken of me or my child(ren) for publicity purposes during City of Chelan activities even though we will not receive compensation of any kind for appearing in such photos or video recordings.

Parent Signature: _____ **Date:** _____

Official Use Only

Date Paid: _____ **Amount Paid:** _____ **Check #:** _____ **Cash:** _____ **Receipt #** _____

Minor Waiver/Release
RELEASE OF LIABILITY FOR MINOR PARTICIPANTS
READ BEFORE SIGNING

IN CONSIDERATION OF _____, my child/ward, being allowed to participate in
Name of Minor Child/Ward

any way in the **City of Chelan Parks & Recreation Department** related events and activities, the undersigned acknowledges, appreciates, and agrees that:

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,

1. FOR MYSELF, SPOUSE, AND CHILD, I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others, and assume full responsibility for my child's participation; and,
2. 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,
3. I myself, my spouse, my child, and on behalf of my/our heirs, assigns, personal representatives and next of kin, **HEREBY RELEASE AND HOLD HARMLESS the City of Chelan Parks & Recreation Department;** its directors, officers, officials, agents, employees, volunteers, other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and lessor of premises used to conduct the event ("Releasees"), **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 THE RELEASEES OR OTHERWISE, to the fullest extent permitted by law.**
4. 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 Releasees 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)

Date Signed: _____

UNDERSTANDING OR RISK

I understand the seriousness of the risks involved in participating in this program, my personal responsibilities for adhering to rules and regulation, and accept them as a participant.

(PARTICIPANT SIGNATURE)

(PRINT NAME)

Date Signed: _____

HEADS UP: CONCUSSION IN YOUTH SPORTS

A Fact Sheet for AAU Member Parents and AAU Member Athletes

(Requirement to Read and Signed by parents and athletes) Return this form to AAU member team coach.

WHAT IS A CONCUSSION?

A concussion is a brain injury that is caused by a bump or blow to the head. It can change the way your brain normally works. It can occur during practices or games in any sport. Even a “ding,” “getting your bell rung,” or what seems to be a mild bump or blow to the head can be serious. A concussion can happen even if you haven’t been knocked out. You can’t see a concussion. Signs and symptoms of a 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.

PARENTS AND GUARDIANS

What are the signs and symptoms of a concussion observed by Parents/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 being hit or falling
- Can’t recall events after being hit or falling

How can a Parent/Guardian help their 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 should a Parent/Guardian do if they think their 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. Notify your child’s coach if you think your child has a concussion.
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’s 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 in ANY sport or activity. Your child’s coach may not know about a concussion your child received in another sport or activity unless you tell the coach.

ATHLETES

What are the symptoms of a concussion?

- Headache or “pressure” in head
- Nausea or vomiting
- Balance problems or dizziness
- Double or blurry vision
- Bothered by light
- Bothered by noise
- Feeling sluggish, hazy, foggy, or groggy
- Difficulty paying attention
- Memory problems
- Confusion
- Does not “feel right”

What should an athlete do if they think they have a concussion?

- **Tell your coaches and your parents.** Never ignore a bump or blow to the head even if you feel fine. Also, tell your coach if one of your teammates might have a concussion.
- **Get a medical check up.** A doctor or health care professional can tell you if you have a concussion and when you are OK to return to play.
- **Give yourself time to get better.** If you have had a concussion, your brain needs time to heal. While your brain is still healing, you are much more likely to have a second concussion. Second or later concussions can cause damage to your brain. It is important to rest until you get approval from a doctor or health care professional to return to play.
- **It is better to miss one game than the whole season.**

How can athletes prevent a concussion?

Every sport is different, but there are steps you can take to protect yourself.

- Follow your coach’s rules for safety and the rules of the sport.
- Practice good sportsmanship at all times.
- Use the proper sports equipment, including personal protective equipment (such as helmets, padding, shin guards, and eye and mouth guards). In order for equipment to protect you, it must be:
 - The right equipment for the game, position, or activity
 - Worn correctly and fit well
 - Used every time you play
 - Repaired and maintained

Student Signature: _____

Date: _____

Parent/Guardian Signature: _____

Date: _____

IT’S BETTER TO MISS ONE GAME THAN THE WHOLE SEASON.

For more detailed information on concussion and traumatic brain injury, visit:

<http://www.cdc.gov/injury> or www.cdc.gov/ConcussionInYouthSports

**YOUTH ATHLETE/PARENT/LEGAL GUARDIAN SUDDEN CARDIAC ARREST AWARENESS
INFORMATION AND COMPLIANCE STATEMENT
City of Chelan Parks & Recreation**

What is sudden cardiac arrest? Sudden Cardiac Arrest (SCA) is the sudden onset of an abnormal and lethal heart rhythm, causing the heart to stop beating and the individual to collapse. SCA is the leading cause of death in the U.S. afflicting over 300,000 individuals per year.

SCA is also the leading cause of sudden death in young athletes during sports

What causes sudden cardiac arrest? SCA in young athletes is usually caused by a structural or electrical disorder of the heart. Many of these conditions are inherited (genetic) and can develop as an adolescent or young adult. SCA is more likely during exercise or physical activity, placing student-athletes with undiagnosed heart conditions at greater risk. SCA also can occur from a direct blow to the chest by a firm projectile (baseball, softball, lacrosse ball, or hockey puck) or by chest contact from another player (called “commotio cordis”).

While a heart condition may have no warning signs, some young athletes may have symptoms but neglect to tell an adult. If any of the following symptoms are present, a cardiac evaluation by a physician is recommended:

- Passing out during exercise
- Chest pain with exercise
- Excessive shortness of breath with exercise
- Palpitations (heart racing for no reason)
- Unexplained seizures
- A family member with early onset heart disease or sudden death from a heart condition before the age of 40

How to prevent and treat sudden cardiac arrest? Some heart conditions at risk for SCA can be detected by a thorough heart screening evaluation. However, all schools and teams should be prepared to respond to a cardiac emergency. Young athletes who suffer SCA are collapsed and unresponsive and may appear to have brief seizure-like activity or abnormal breathing (gasping). SCA can be effectively treated by immediate recognition, prompt CPR, and quick access to a defibrillator (AED). AEDs are safe, portable devices that read and analyze the heart rhythm and provide an electric shock (if necessary) to restore a normal heart rhythm.

Remember, to save a life: recognize SCA, call 9-1-1, begin CPR, and use an AED as soon as possible!

The City of Chelan Parks & Recreation Department believes participation in athletics improves physical fitness, coordination, self-discipline, and gives youth athletes valuable opportunities to learn important social and life skills.

With this in mind it is important that we do as much as possible to create and maintain an enjoyable and safe environment. As a parent/legal guardian or youth athlete you play a vital role in protecting participants and helping them get the best from sports.

Athlete and parental education in this area is crucial which is the reason for the Concussion Management and Sudden Cardiac Arrest Awareness information you received. Refer to it regularly.

This form must be signed by the parent/legal guardian and youth athlete prior to participation in athletics played on City of Chelan and Lake Chelan School District premises. If you have questions regarding any of the information provided in the information sheets, please contact the City of Chelan Parks Department.

I HAVE RECEIVED, READ AND UNDERSTAND THE INFORMATION PRESENTED IN THE SUDDEN CARDIAC ARREST AWARENESS SHEET ABOVE.

Youth Athlete Name (Printed) *Youth Athlete Name (Signed)* *Date*

Parent/Legal Guardian Name (Printed) *Parent/Legal Guardian Name (Signed)* *Date*

City of Chelan Parks & Recreation AAU Youth Programs Parent and Player Contract

Guidelines

1. No player will be allowed to practice or play in a game unless this form is returned.
2. During the season, all players will get to play in at least half the games if they:
 - A. Attend practices regularly and be on time. Arrive 15 minutes or earlier to games.
 - B. Work to the best of your ability and listen to your coaches.
 - C. Treat all coaches, teammates, opponents, and officials with respect.
3. During the season **ALL PARENTS WILL:**
 - A. Express any concerns you have directly to your child's coach.
 - B. Make arrangements for transportation to and from practices and games.
 - C. Call the coach when your child is unable to attend a practice or game.
 - D. Inform the **Youth Sports Coordinator**, Mike Haerling at 670-0180, of any remaining issues or complaints, after talking to the coach first.
 - E. Show good sportsmanship and positive support to your child and others.
4. A **Sports Board** will be set up at the beginning of the season to hear any complaints that are not settled by the **Youth Sports Coordinator**.

Goals

Our goal is to provide an opportunity to play organized sports for all kids that want to play with an addition to the following:

1. Provide equipment, facilities, coaches, practice and game schedules.
2. Teach the fundamental skills of a sport with the understanding of play.
3. Develop good work ethics and positive attitudes
4. Learn to make commitments and be responsible
5. Learn teamwork and how to get along with others in group situations.
6. Develop and display good sportsmanship.
7. Make friends and **have fun.**

Please support this program and not undermine it if things don't go the way you want them to. Remember, all coaches are volunteers and are doing the best they can.

Please acknowledge that you and your child have read this document by signing your names below, and with the understanding that you can both be removed from the facility for not being respectful to others or following the sportsmanship guidelines at all times.

Player signature _____ **Date** _____

Parent signature _____ **Date** _____

Waiver of Liability and Medical Release Form

_____ has permission to participate in the City of Chelan Parks and Recreation AAU Program. I the undersigned, parent/guardian, assume all risks and hazards incidental to participating in this activity and do hereby waive, release, and hold harmless, the City of Chelan, their supervisors, participants, and coaches, from any claim arising out of injury to my child. I the undersigned, parent/guardian of the participant, am fully aware of the potential dangers and risks involved in this sport, including physical injury, death or other consequences that may arise or result directly or indirectly from participation in the activity. In the event of an accident or illness to our son/daughter, we authorize the identified representative of the AAU program to obtain such medical diagnostic services as may be deemed necessary. Emergency treatment of a life threatening condition is authorized. Telephone contact for management of all serious conditions will be attempted if possible.

INFORMATION ABOUT YOUR CHILD:

ANY MEDICAL PROBLEMS: CIRCLE YES OR NO

If yes, please explain: _____

ALLERGIC TO ANY DRUGS: CIRCLE YES OR NO

If yes, please list the drugs: _____

Parent/Guardian name: _____ Phone _____

Child's Name _____

Insurance Company _____ Number _____

Doctor: _____ Phone _____

Parent/Guardian Signature _____ Date _____

Coaches will keep this document with them at all games and practices.