

PORTALES CITY LEAGUE SPORTS

Registration deadline August 25, 2016

-Youth Soccer-

Player's Name (Print)

Gender

Current Age

Current Grade

Date of Birth (month/day/year)

Current School Attending

RETURNER / NEW LEAGUE

If Returning: Previous Team Name

Having been informed of the organization of Portales City Sports Youth Soccer League to provide supervised soccer games, I/We the parents of the above named candidate, do hereby give my/our approval to participate in any and all of the activities during the current season. I/We do hereby state that the candidate is physically able to participate in soccer. I/We do assume all the risks and hazards incidental to the conduct of the activities and transportation to and from the activities, and I/We do further hereby release, absolve, indemnify and hold harmless Portales City Sports and the City of Portales, the organizers, the supervisors, and coaches—any or all of them. In case of injury to the candidate, I/We hereby waive all claims against the organizers, the sponsors, or any of the supervisors and coaches appointed by them. I/We are in a position to furnish upon request by league officials a certified copy of the birth certificate of the above named candidate.

A registration fee of \$30 or \$50 must be paid in full at the time of registration. Uniforms are ordered based on the size marked below. If you order the wrong size, it is the responsibility of the participant and/or guardian/parent to purchase the correct size once the uniform order has been placed and/or received.

I/WE KNOW THERE IS NO INSURANCE COVERAGE PROVIDED FOR THE PLAYERS IN THIS ACTIVITY; THEREFORE I/WE REALIZE THAT I/WE ARE ENCOURAGED TO MAKE ARRANGEMENTS FOR INSURANCE COVERAGE.

Unless this box is checked, this registration form gives consent for any pictures of participant to be taken and published.

Parent /Guardian Signature

Print Name

Date

Home Phone

Work

Cell

Street

City

State

Zip Code

*

Email

PLEASE PRINT

Interested in coaching? YES NO

Check one of the following: (4 or 5 years old)

School Grade Group: (K, 1st, 2nd) (3rd, 4th, 5th) (6th, 7th, 8th)

T-Shirt Size: YS YM YL

AS AM AL AXL

FOR PCS USE ONLY

DATE PAID _____

AMT PAID _____

RECEIPT # _____

CASH CHECK# _____

RECEIVED BY _____

Checks Payable To: PCS

Portales City League Sports

If the wrong size is marked for the participant, the parent is responsible for the payment of a new uniform.

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HOLD HARMLESS AGREEMENT

IMPORTANT: This agreement contains a waiver of rights by the people signing it. Please READ IT CAREFULLY. If you have any questions or reservations about it whatsoever, please do not sign it.

This AGREEMENT entered into this ___ day of _____, 20___ by and between THE CITY OF PORTALES ("The CITY") and _____ (the "Participant"), or _____ and _____ (the "Parent(s) of the Participant" if he or she is under the age of 18 years.)

WITNESSETH: In consideration of the Participant being allowed by the Commission to participate in all CITY OF PORTALES Recreation programs and in consideration of the covenants and representations herein made, the Participant or the Parent(s) of the Participant do hereby agree as follows:

1. The Participant or the Parent(s) of the Participant as the case may be, do hereby release and discharge and agree to hold harmless the City of Portales, it's agents, and assigns, (hereinafter the "City"), individually and collectively of and from any and all liability, action, cause of action claim, demand and responsibility whatsoever in law and in equity, arising out of or in consequence of the Participant participating in the Program, or being a passenger in a vehicle provided by the City, in conjunction with the Program - including specifically but without limitation injury and/or death -unless the same is caused by the gross negligence or willful misconduct of the City, if such claims are permitted under the New Mexico Tort Claims Act
2. The Participant or the Parent(s) of the Participant specifically acknowledge the potential of risk and injury involved in participation in the Program and do hereby assume said risk and authorize the City or its representative to obtain emergency medical treatment for the Participant should the same be necessary during the course of the Program and should the Commission or its representative be unable to make immediate contact with the Parent(s) of the Participant. The Participant or the Parent(s) shall be responsible for the costs of said emergency treatment.
3. It is understood and agreed that the City of Portales, shall not be required to maintain medical or hospitalization insurance coverage with the respect to the program and those who participate in it.

Participant _____
Parent(s) _____
Portales Rec. Dept _____



NMAA

New Mexico Activities Association

CONCUSSION IN SPORTS

A Fact Sheet for Athletes and Parents

WHAT IS A CONCUSSION?

A concussion is an injury that changes how the cells in the brain normally work. A concussion is caused by a blow to the head or body that causes the brain to move rapidly inside the skull. Even a "ding," "getting your bell rung," or what seems to be a mild bump or blow to the head can be serious. Concussions can also result from a fall or from players colliding with each other or with obstacles, such as a goalpost.

WHAT ARE THE SIGNS AND SYMPTOMS OF A CONCUSSION?

Observed by the Athlete

- 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"

Observed by the Parent / Guardian

- 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 after hit or fall
- Appears dazed or stunned

WHAT TO DO IF SIGNS/SYMPTOMS OF A CONCUSSION ARE PRESENT

Athlete

- TELL YOUR COACH IMMEDIATELY!
- Inform Parents
- Seek Medical Attention
- Give Yourself Time to Recover

Parent / Guardian

- Seek Medical Attention
- Keep Your Child Out of Play
- Discuss Plan to Return with the Coach

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

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.

RETURN TO PLAY GUIDELINES UNDER SB137

1. Remove immediately from activity when signs/symptoms are present.
2. Must not return to full activity prior to a minimum of 240 hours (10 days).
3. Release from medical professional required for return.
4. Follow school district's return to play guidelines.
5. Coaches continue to monitor for signs/symptoms once athletes return to activity.

Students need cognitive rest from the classroom, texting, cell phones, etc.

REFERENCES ON SENATE BILL 137 AND BRAIN INJURIES

Senate Bill 137:

<http://www.nmlegis.gov/Sessions/16%20Regular/final/SB0137.pdf>

For more information on brain injuries check the following websites:

<http://www.nfhs.org/resources/sports-medicine>

<http://www.cdc.gov/concussion/HeadsUp/youth.html>

<http://www.stopsportsinjuries.org/concussion.aspx>

<http://www.ncaa.org/health-and-safety/medical-conditions/concussions>



SIGNATURES

By signing below, I acknowledge that I have received and reviewed the attached NMAA's *Concussion in Sports Fact Sheet for Athletes and Parents*. I also acknowledge and I understand I the risks of brain injuries associated with participation in school athletic activity, and I am aware of the State of the New Mexico's Senate Bill 137; Concussion Law.

Athlete's Signature _____ Print Name _____ Date _____

Parent/Guardian's Signature _____ Print Name _____ Date _____



RETURN TO PLAY GUIDELINES UNDER NEW MEXICO SENATE BILL 137 (2016)

1. Remove athlete immediately from activity when signs/symptoms of a concussion are present.
 - Coaches must be educated in signs/ symptoms of a concussion.
2. Athletes must not return to full activity prior to a minimum of 240 hours (10 days).
3. Athletes must be released to participation by an appropriate medical professional before returning.
 - MD, DO, PA, CNP, Licensed Psychologist, Licensed Athletic Trainer (as per Senate Bill 137)
4. School districts are required to develop head injury protocols (guidelines).
5. Coaches must follow school district's head injury protocol when allowing athletes to return to play.
6. Coaches must continue to monitor for signs/symptoms once athletes return to activity.
7. School districts are required to inform parents/athletes of the potential risks of head injuries in sports.

