



Resurrection Catholic School Athletic Association

CYO Registration Form

Boys Basketball (2nd through 8th grade) Girls Basketball (2nd through 8th grade)

Name of Child: _____ Grade: _____

Address: _____ Age: _____

School: _____ Date of Birth: _____

Parish: _____

Father's Name: _____ Email: _____

Phone# - Home: _____ Work: _____ Cell: _____

Mother's Name: _____ Email: _____

Phone# - Home: _____ Work: _____ Cell: _____

In order to have a successful season, we need ALL families to help.

***We are always looking for volunteer coaches who must pass background checks & Diocesan certification.**

All parents are expected to help with one of the following. Please check 1 or more of the following:

Team Help

Program Help

*Coach/Assistant: _____

Concessions: _____

Scoreboard Operator: _____

Fund Raising Helper: _____

Team Parent: _____

Tournament Helper: _____

Scorebook Keeper: _____

All **CCD students** must have the **Religious Education Coordinator's** signature here to register.
(St. Anthony - St. Joseph - St. Mary - San Juan Bautista - St. Catherine - St. Phillip)

Signature - Rel Edu Coor

Print Name - Rel Edu Coor

I, the parent/guardian of the registrant, agree that the registrant and I will abide by the rules of the R.C.S.A.A. (Resurrection Catholic School Athletic Association). Recognizing the possibility of physical injury associated with sports and in consideration for the R.C.S.A.A. accepting the registrant for its sports program and activities, I hereby release the R.C.S.A.A., and its associated personnel, against any claim by or on behalf of the registrant as a result of the registrant's participation in the sports program, and/or being transported to or from the same, which transportation I hereby authorize.

Registration fee per child	\$60.00
# of children	x _____

TOTAL DUE	\$ _____
*All registrations are due by October 15th	

Parent/Guardian Signature: _____ Date: _____



Resurrection Catholic School Athletic Association

Authorization for Medical Attention / Surgical Treatment for My Child / Parental Consent Form

I, _____ as _____
(Print Name of Parent/Guardian) (Relationship to Child)

of _____
(Print Name of Child: First, Middle, and Last)

give consent for treatment in any case of my unavailability, should medical or surgical need arise for my child.

Treating hospital, medical, and nursing staffs are authorized to perform or arrange necessary treatment.

I authorize the use of specialists as necessary as determined by the treating hospital emergency room physician and the treating hospital emergency room specialist on call.

My child's doctor is Dr. _____, practicing at _____
can be reached at the following phone number if necessary: Doctor's Phone _____

Medical conditions the coach should be aware of:

Asthma _____ (inhaler should be kept with the player for use as needed)

Bee Stings _____

Heart Murmur _____

List Any Allergies _____

Other Concerns _____

I can be reached at the following phone number(s): Phone1 _____ Phone2 _____

If I cannot be reached, please notify _____ at telephone _____
of the advisability of treatment if any is to be performed under this authorization. This authorization expires 1 year from Date.

Parental Consent

I, _____ give _____
(Print Name of Parent/Guardian) (Print Name of Child: First, Middle, and Last)

permission to participate in the RCSAA basketball program. For your acceptance of my enrollment, I, the player, and we, the parents individually or collectively, intending to be legally bound, hereby for ourselves and our heirs, executors and administrators, waive and release the Resurrection Catholic School Athletic Association, their agents or representatives, from any and all claims or rights to damages for injuries or losses suffered by me, the player/cheerleader, directly or indirectly, in training for, or traveling to or from, or competing in or while attending any future athletic association functions. I acknowledge the registration fee does not include primary medical insurance coverage. I consent to medical treatment for my child in an emergency.

SIGNATURE OF PARENT/GUARDIAN _____ DATE _____

Athlete/Parent/Guardian Sudden Cardiac Arrest Symptoms and Warning Signs Information Sheet and Acknowledgement of Receipt and Review Form 7/2012

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.

Signature of Student-Athlete

Print Student-Athlete's Name

Date

Signature of Parent/Guardian

Print Parent/Guardian's Name

Date

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 blurred 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 had 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 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.

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