



**SAVANNAH YOUTH FOOTBALL
REGISTRATION FORM**

Players Name: _____

Address (including zip code): _____

Phone: _____ Age: _____ Birth Date: _____

School Attending Fall 20 : _____ Grade: _____

Both Parents or Guardian Data:

Name: _____ Mother or Spouse: _____

Check if same as player

Address (including zip code): _____

Phone: _____

In Case of Emergency Contact: _____

Address: _____ Phone: _____

Family Doctor: _____ Phone: _____

Please read back carefully and then complete the next item.

Declaration: I have fully read and agree to the terms and conditions of the liability release form ON the backside of this registration form.

Players Birth Certificate is Required

Signature of Parent or Legal Guardian (X): _____

TO BE FILLED OUT BY LEAGUE

WEIGHT _____			LEAGUE STAMP
DEPOSIT	EQUIPMENT	SIZE	
<input type="checkbox"/> PAID (ATTACHED) <input type="checkbox"/> REFUNDED DATE _____	Jersey	#	
	Game Pants/ Pads		
BIRTH CERTIFICATE <input type="checkbox"/> ATTACHED <input type="checkbox"/> IN FILE	Girdle		
	Helmet/ Shoulder Pads		
PLAYER FEE <input type="checkbox"/> PAID CK # _____ by _____ date _____ <input type="checkbox"/> HARDSHIP – LEAGUE APPROVAL _____			

LIABILITY RELEASE

TERMS AND CONDITIONS

PLEASE READ CAREFULLY:

1. Health and Safety:

Our youth sports league strongly recommends that each player have medical approval. The League must be informed of any medical condition that may require special treatment or attention. No parent or guardian will register any child whose physical capabilities or general health prevent participation in, or may be impaired any, involvement in the league.

2. Equipment:

Players shall provide their own shoes and athletic supporter. The league will provide complete uniform and one set of equipment with a deposit of \$100.00 that will be refunded when equipment is returned to SYF. Abuse of equipment or uniforms by players may result in suspension or dismissal from the program and/ or forfeiture of deposit.

All equipment must be turned in CLEAN

3. Participation Fee:

Each player must pay a participation fee of \$150.00. This is the league's main source of funds in order to purchase equipment, pay game officials, and purchase new jerseys and pants.

4. Privacy:

All information given will be for league use only.

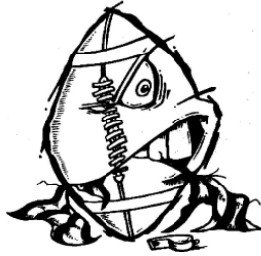
5. *NOTE: The submission of false information will result in dismissal from the league without refund.*

6. Release:

I, the parent or legal guardian of the candidate for a position on a league team, agree to the terms and conditions of this Liability Release Form. I hereby give my approval to participate in all our youth league activities. I waive, release, absolve, indemnity, and agree to hold harmless SYF, its league officers, director, property owner, coordinators, sponsors, and coaching staff for any claim arising out of an injury to my child, except to the extent and in the amount covered by accident or liability insurance.

Signature of Parent or Legal Guardian: (X)_____

SAVANNAH



YOUTH FOOTBALL

PARTICIPANTS' CODE OF CONDUCT

All players participating in the Savannah Youth Football Program must abide by the following Code of Conduct:

1. I will attend all practice sessions', games, meetings and any other team function on time, unless a member of my coaching staff has excused me.
2. I will show respect toward all coaches, players and referees at all times.
3. I will demonstrate good sportsmanship on and off of the field.
4. I will not fight, use foul language or argue with coaches or teammates.
5. I will stay within the established areas of the sidelines during games.
6. I will be coached and ready to learn and have fun.
7. I will be a team player and always put the team first.
8. I will obey the rules of the Savannah Youth Football Program.
9. I will take excellent care of the equipment I am issued and return it in clean and good condition.
10. I will try my very best to learn and have fun.

I understand that failure to comply with the provisions of this Code of Conduct may result in the suspension or revocation of my privileges to participate in any SYF practice, game, or function. Serious or repeated violations may result in my being ban.

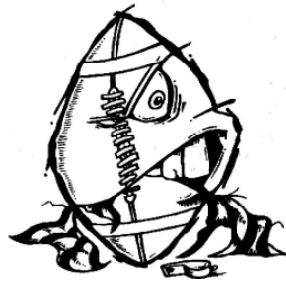
I further understand that by signing below, I am acknowledging receipt of this Code of Conduct, and that I have read it, understand it, and agree to comply with its provisions.

Participant Signature

Date

Parent/Guardian Signature

Date



SAVANNAH

YOUTH FOOTBALL

PARENTS' CODE OF CONDUCT

All parents/guardians who have children participating in the Savannah Youth Football Program must abide by a Code of Conduct that includes the following provisions:

1. I/We agree to support the volunteer coaches in their efforts and never argue with a coach during a practice.
2. I/We agree not to incite or participate in "un-sportsman-like" conduct at any SYF function.
3. I/We agree not to use abusive or profane language at any time during a SYF function.
4. I/We agree not to criticize, belittle, antagonize, or otherwise incite the opposing team, its players, coaches, or fans by word of mouth or by gesture.
5. I/We agree to accept all decisions of the game officials as being fair and called to the best of their ability.
6. I/We agree to take responsibility for any actions by a guest or relative that violates this Code of Conduct.
7. I/We agree to not smoke at or within sight of a practice or playing field, or in the presence of a gathering of the team/squad.
8. I/We agree to abstain from the possession and drinking of alcoholic beverages and the possession or use of any illegal substance at any SYF function.
9. I/We agree to return all equipment in clean and good condition to my child's team at the time and place designated by the coaching staff. I understand that failure to do so may result in forfeit of my equipment deposit and/or my child being banned from the league and criminal and/or civil act.

Any violation of these rules may result in one or both of the following actions being taken by the SYF Board of Directors:

- The suspension or revocation of privileges associated with a parent/guardian's attendance or child's participation in any SYF practice, game, or other activity.
- The forfeiture of games and/or wins against teams whose parents and/or supporters consistently fail to comply with this Code of Conduct and/or fail to comply with any subsequent disciplinary action that is imposed.

I/We understand that by signing below, I/we are acknowledging that I/we have received the SYF Parent Code of Conduct, have read it, understand it, and agree to comply with its provisions. I/we further understand the consequences of failure to comply with this agreement and acknowledge that I/we are not entitled to a refund of any SYF fees as a result of a suspension or revocation of privileges from league activities.

Parent/Guardian Signature

Date

Parent/Guardian Signature

Date



Parent/Athlete Concussion Information Sheet

A concussion is a type of traumatic brain injury that changes the way the brain normally works. A concussion is caused by bump, blow, or jolt to the head or body that causes the head and brain to move rapidly back and forth. Even a “ding,” “getting your bell rung,” or what seems to be a mild bump or blow to the head can be serious.

WHAT ARE THE SIGNS AND SYMPTOMS OF 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 an athlete reports **one or more** symptoms of concussion listed below after a bump, blow, or jolt to

Did You Know?

- Most concussions occur *without* loss of consciousness.
- Athletes who have, at any point in their lives, had a concussion have an increased risk for another concussion.
- Young children and teens are more likely to get a concussion and take longer to recover than adults.

the head or body, s/he should be kept out of play the day of the injury and until a health care professional, experienced in evaluating for concussion, says s/he is symptom-free and it’s OK to return to play.

SIGNS OBSERVED BY COACHING STAFF	SYMPTOMS REPORTED BY ATHLETES
Appears dazed or stunned	Headache or “pressure” in head
Is confused about assignment or position	Nausea or vomiting
Forgets an instruction	Balance problems or dizziness
Is unsure of game, score, or opponent	Double or blurry vision
Moves clumsily	Sensitivity to light
Answers questions slowly	Sensitivity to noise
Loses consciousness (<i>even briefly</i>)	Feeling sluggish, hazy, foggy, or groggy
Shows mood, behavior, or personality changes	Concentration or memory problems
Can’t recall events <i>prior</i> to hit or fall	Confusion
Can’t recall events <i>after</i> hit or fall	Just not “feeling right” or “feeling down”

CONCUSSION DANGER SIGNS

In rare cases, a dangerous blood clot may form on the brain in a person with a concussion and crowd the brain against the skull. An athlete should receive immediate medical attention if after a bump, blow, or jolt to the head or body s/he exhibits any of the following danger signs:

- One pupil larger than the other
- Is drowsy or cannot be awakened
- A headache that not only does not diminish, but gets worse
- Weakness, numbness, or decreased coordination
- Repeated vomiting or nausea
- Slurred speech
- Convulsions or seizures
- Cannot recognize people or places
- Becomes increasingly confused, restless, or agitated
- Has unusual behavior
- Loses consciousness (*even a brief loss of consciousness should be taken seriously*)

WHY SHOULD AN ATHLETE REPORT THEIR SYMPTOMS?

If an athlete has a concussion, his/her brain needs time to heal. While an athlete's brain is still healing, s/he is much more likely to have another concussion. Repeat concussions can increase the time it takes to recover. In rare cases, repeat concussions in young athletes can result in brain swelling or permanent damage to their brain. *They can even be fatal.*

Remember

Concussions affect people differently. While most athletes with a concussion recover quickly and fully, some will have symptoms that last for days, or even weeks. A more serious concussion can last for months or longer.

WHAT SHOULD YOU DO IF YOU THINK YOUR ATHLETE HAS A CONCUSSION?

If you suspect that an athlete has a concussion, remove the athlete from play and seek medical attention. Do not try to judge the severity of the injury yourself. Keep the athlete out of play the day of the injury and until a health care professional, experienced in evaluating for concussion, says s/he is symptom-free and it's OK to return to play.

Rest is key to helping an athlete recover from a concussion. Exercising or activities that involve a lot of concentration, such as studying, working on the computer, or playing video games, may cause concussion symptoms to reappear or get worse. After a concussion, returning to sports and school is a gradual process that should be carefully managed and monitored by a health care professional.

It's better to miss one game than the whole season. For more information on concussions, visit: www.cdc.gov/Concussion.

Student-Athlete Name Printed

Student-Athlete Signature

Date

Parent or Legal Guardian Printed

Parent or Legal Guardian Signature

Date