

Updated: 8/18/17

Registration for North Kitsap Lacrosse (Spring League)

Participant's Name _____ Gender _____ Grade in School _____ Age _____

Parent/Guardian Name _____ Phone Number _____

Mailing Address _____ City _____ Zip _____

US Lacrosse # /Exp. Date _____ Player Email Address _____

School Attending _____ Parent Email Address _____

Emergency Contact 1 _____ Phone Number _____

Emergency Contact 2 _____ Phone Number _____

Family Physician _____ Phone Number _____

Insurance Carrier _____ ID _____ Phone Number _____

Date of last Tetanus Booster _____ Allergies _____

Waiver and Release

It is important to me (us) that this child be allowed to participate in this activity. I (we) understand there are special dangers and risks inherent in this activity, including but not limited to, the risk of serious physical injury, death or other harmful consequences which may arise directly or indirectly from the child's participation in this activity. Being fully informed as to these risks and in consideration of the City of Poulsbo allowing my child to participate in this sponsored activity and/or use of the City of Poulsbo's facilities I (we), on behalf of myself (ourselves) and on behalf of the above-named participant child, assume all risk of injury, damage and harm to the child which may arise from the child's participation in the activities or use of the City of Poulsbo's facilities. I (we) further agree, individually and on behalf of the above-named child, to release and hold harmless the City of Poulsbo, its officials, employees, volunteers and agents and agree to waive any right of recovery that I (we) may have to bring a claim or lawsuit for damages against them for any personal injury, death or other harmful consequences occurring to the above-named child or me arising out of the Child's voluntary participation in this activity. I (we) grant my (our) full and voluntary consent for the above-named child to participate in the activity described.

____ Parent Initials here indicating review of concussion and Sudden Cardiac Arrest information, as provided on the City of Poulsbo Sports website: <https://www.cityofpoulsbo.com/parks/documents/concussioninformation.pdf> & https://www.cityofpoulsbo.com/parks/documents/sudden_cardiac_arrest_Flyer5.pdf

I hereby consent to allow my child's picture or likeness to appear in any official document, Member website, sponsor advertisement and/or Member produced television coverage of sponsored recreational activity without compensation to me.

I _____ hereby authorize _____ to be treated by another Licensed physician who is available in the event injury does occur.

Signature (Parent / Guardian) _____ Date _____

Signature (Participant) _____ Date _____

Please put any special requests on the back of this form. Questions, call 360-779-9898

PLEASE RETURN REGISTRATION PACKET, ALONG WITH PAYMENT IN THE AMOUNT OF

HS & MS fee: \$225; Grade 5/6 fee: \$150, payable to "City of Poulsbo"

TO PAY BY VISA, MASTERCARD, OR DISCOVER DEBIT OR CREDIT CARD, YOU MAY DO THIS BY BRINGING YOUR FORMS TO:

The RECREATION CENTER

19540 FRONT Street

Poulsbo WA 98370

YOU CAN ALSO MAIL THE PACKET WITH PAYMENT TO:

POULSBO PARKS & RECREATION

200 NE MOE Street

POULSBO WA 98370

LACROSSE CODES OF CONDUCT

COACH SECTION

1. Coaches will be fair, firm and consistent.
2. Coaches will promote a positive attitude and lead by example.
3. Coaches will stress teamwork and respect with each and every athlete.
4. Coaches will listen to their players concerns and try to help them any way they can.
5. Coach's use of profanity, drugs, alcohol or tobacco during any BYLW event (including practices) is prohibited.
6. Coaches will allow each athlete the opportunity to compete and excel
7. Coaches must submit to a Washington State background check before allowed to coach, a copy must be on file with Program Director.
8. Coaches will strictly adhere to the policies and procedures of BYLW.
9. Coaches will not engage in violent conduct, or verbal abuse towards any player, parent, or referee / official in BYLW.
10. Coaches who do not comply with the rules as outlined in BLYW or sport rule package run the risk of expulsion.

PARENT / GUARDIAN SECTION

1. Parents should support the efforts of the volunteer coaches and of BYLW.
2. Parents should set the right example for your child by always showing good sportsmanship.
3. Parents will not argue with a coach, referee or official at any BYLW event.
4. Parent's use of profanity, drugs, alcohol or tobacco during any BYLW event is prohibited.
5. Any parent who crosses the field barriers during a game risks their child being disqualified from BYLW. Parents and spectators are to be situated on the opposite side of the field from the players box (where applicable).
6. Parents who incur an un-sportsmanlike behavior penalty risk their child being disqualified from further participation.
7. Parents should never voice any complaints or concerns towards coaches, referees or league officials in front of the children.
8. Understand that your child will be given every opportunity to participate; however, the safety of our athletes is our #1 concern.
9. Parents should praise your child's efforts and always offer your support. Please allow your child to play as a child and have fun.
10. Parents who do not comply with the rules as outlined in BYLW or sports rule package run the risk of expulsion.

PLAYER SECTION

1. Players will try their very best to support their team.
2. Players will be team players and always put the team first.
3. Players will stay within the team areas of the sidelines during games.
4. Players will accept their coaching and be ready to learn and have fun.
5. Players will listen to the coaches and follow the rules of BYLW and of the sport.
6. Players will demonstrate good sportsmanship on and off of the field of play and will not be malicious or retaliate with their lacrosse stick.
7. Players will attend all practices, games, meetings and any other team function on time.
8. Players will show respect towards all coaches, players and referees / officials at all times.
9. Players will not fight, use foul language or argue with coaches, teammates, or referees / officials.
10. Players who do not comply with the rules as outlined in BYLW or sports rules package run the risk of expulsion.

Participants Signature

Parents Signature

Coaches Signature

North Kitsap School District

Student/Parent Concussion and Sudden Cardiac Arrest Awareness Form

The North Kitsap School District believes participation in athletics improves physical fitness, coordination, self-discipline, and gives students valuable opportunities to learn important social and life skills.

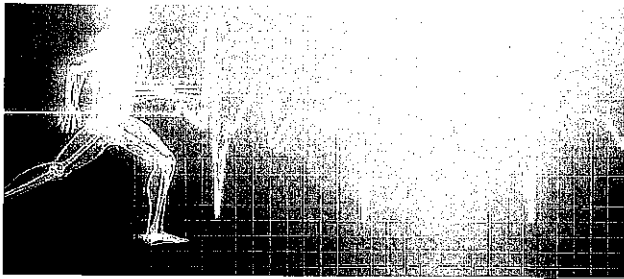
With this in mind it is important that we do as much as possible to create and maintain an enjoyable and safe environment. As a parent/guardian or student you play a vital role in protecting participants and helping them get the best from sport.

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

This form must be signed annually by the parent/guardian and student prior to participation in North Kitsap School District athletics. If you have questions regarding any of the information provided in the pamphlet, please contact the athletic director at your school.

I HAVE RECEIVED, READ AND UNDERSTAND THE INFORMATION PRESENTED IN THE CONCUSSION RECOGNITION AND SUDDEN CARDIAC ARREST AWARENESS PAMPHLETS.

_____	_____	_____
<i>Student Name (Printed)</i>	<i>Student Name (Signed)</i>	<i>Date</i>
_____	_____	_____
<i>Parent Name (Printed)</i>	<i>Parent Name (Signed)</i>	<i>Date</i>

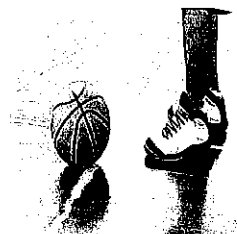
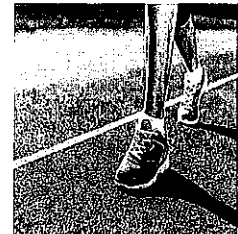
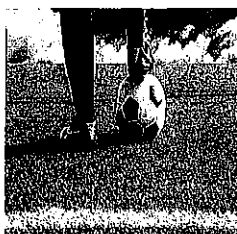
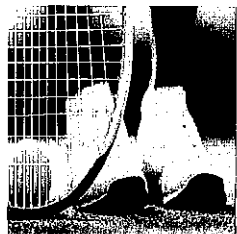
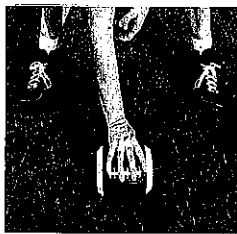


Sudden Cardiac Arrest

Information Sheet for

Student-Athletes, Coaches and Parents/Guardians

SSB 5083 ~ SCA Awareness Act



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

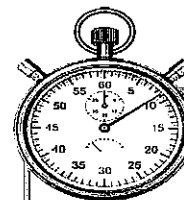
What causes sudden cardiac arrest? SCA in young athletes is usually caused by a structural or electrical disorder of the heart. Many of these conditions are inherited (genetic) and can develop as an adolescent or young adult. SCA is more likely during exercise or physical activity, placing student-athletes 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 (gaspings). 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!



Cardiac 3-Minute Drill

1. RECOGNIZE Sudden Cardiac Arrest

- Collapsed and unresponsive
- Abnormal breathing
- Seizure-like activity

2. CALL 9-1-1

- Call for help and for an AED

3. CPR

- Begin chest compressions
- Push hard/ push fast (100 per minute)

4. AED

- Use AED as soon as possible

5. CONTINUE CARE

- Continue CPR and AED until EMS arrives



Be Prepared! Every Second Counts!



North Kitsap School District Concussion Fact Sheet

for High School Sports
Fact sheet for **STUDENT-ATHLETES**



What is a concussion?

A concussion is a brain injury that:

- Is caused by a bump, blow, or jolt to the head.
- Can change the way your brain normally works.
- Can range from mild to severe.
- Can occur during practices or games in any sport.
- Can happen even if you haven't been knocked out.
- Can be serious even if you've just been "dinged" or had your "bell rung."

How can I prevent a concussion?

It's different for every sport. But there are steps you can take to protect yourself from concussion.

- 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). In order for equipment to protect you, it must be:
 - Appropriate for the game, position, and activity
 - Well maintained
 - Properly fitted
 - Used every time you play

What are the symptoms of a concussion?

- Nausea (feeling that you might vomit)
- Balance problems or dizziness
- Double or fuzzy vision
- Sensitivity to light or noise
- Headache
- Feeling sluggish
- Feeling foggy or groggy
- Concentration or memory problems (forgetting game plays)
- Confusion



What should I do if I think I have a concussion?

- **Tell your athletic trainer, coaches and your parents.** Never ignore a bump, blow, or jolt to the head. Also, tell your coach if one of your teammates might have a concussion.
- **Get a medical check up.** A licensed health care professional can tell you if you have had a concussion and when you are OK to return to play.
- **Give yourself time to recover.** 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 permanent brain damage, and even death in rare cases. Severe brain injury can change your whole life.

How do I know if I've had a concussion?

You can't see a concussion, but you might notice some of the symptoms right away. Other symptoms can show up days or weeks after the injury. It's best to see a health care professional if you think you might have a concussion. An undiagnosed concussion can affect your ability to do schoolwork and other everyday activities. It also raises your risk for additional, serious injury.

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

Information from:
Department of Health and Human Services- Center for Disease Control and Prevention
http://www.cdc.gov/ncipc/tbi/Coaches_Tool_Kit.htm





North Kitsap School District Concussion Fact Sheet

for High School Sports

Fact Sheet for **Parents**

What is a concussion?

A concussion is a brain injury. Concussions are caused by a bump, blow, or jolt to the head. They can range from mild to severe and can disrupt the way the brain normally works. Even a “ding” or a bump on the head can be serious.



What are the signs and symptoms of concussion?

You can't see a concussion. Signs and symptoms of concussion can show up right after the injury or can take days or weeks to appear. If your teen reports any symptoms of concussion, or if you notice the symptoms yourself, seek medical attention right away.

Signs observed by athletic trainer, coaches, parents or guardian	Symptom reported by athlete
<ul style="list-style-type: none"> ◆ Appearing dazed or stunned ◆ Is confused about assignment ◆ Forgets plays ◆ Is unsure of game, score, or opponent ◆ Moves clumsily ◆ Answers questions slowly ◆ Loses consciousness ◆ Shows behavior or personality changes ◆ Can't recall events prior to hit ◆ Can't recall events after hit 	<ul style="list-style-type: none"> ◆ Headache ◆ Nausea ◆ Balance problems or dizziness ◆ Double or fuzzy vision ◆ Sensitivity to light or noise ◆ Feeling sluggish ◆ Feeling foggy or groggy ◆ Concentration or memory problems ◆ Confusion



What should you do if you think your teenage athlete has a concussion?

- 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 teen to return to sports.
- Keep your teen out of play. Concussions take time to heal. Don't let your teen return to play until a health care professional says it's OK. Athletes 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 teen for a lifetime.
- Tell your teen's athletic trainer and coaches about any recent concussion. Athletic Trainers and coaches should know if your teen had a recent concussion in ANY sport. Your teen's athletic trainer and coaches may not know about a concussion your teen received in another sport or activity unless you tell them. Knowing about the concussion will allow the athletic trainer and coach to keep your teen from activities that could result in another concussion.
- Remind your teen: It's better to miss one game than the whole season.

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

Information from:

Department of Health and Human Services- Center for Disease Control and Prevention
http://www.cdc.gov/ncipc/tbi/Coaches_Tool_Kit.htm





A Great Place to Live & Learn

Emergency Insurance Information & Consent 2017-2018

Athlete's Name: _____ Phone: _____ Sport(s): _____

Address: _____ City: _____ State: _____ Zip: _____

Parent/Guardian Name(s): _____ Employer: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____ Cell: _____

Emergency Contact: _____ Phone: _____

Emergency Contact (other than a parent/guardian): _____ Phone: _____

Each student participating in athletic activities is required to have medical insurance that covers injuries. I understand that NKSJ does not provide medical insurance for student injuries, but does make available information about student accident/health insurance that you may purchase.

Family Health Accident Insurance

Carrier: _____

Group#: _____ Policy #: _____ ID#: _____

Family Physician: _____ Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

Any serious medical conditions? _____

Allergies? _____

I/We hereby grant consent to any and all health care providers designed by NKSJ to provide my child (name) _____ (does / does not) cover sports. I understand and agree that medical information may be shared with other healthcare professionals and athletic department personnel.

I will notify the school in writing of any changes or cancellation of my insurance.

Parent Signature _____ Date _____

Pre-participation History & Physical Examination Form

Name _____ Birth Date _____
 Address _____
 City/State _____ Phone _____
 Zip _____ Sports(s) _____
 Grade _____ School _____

Physical Examination

Age _____ Pulse _____
 Height _____ Blood Pressure _____
 Weight _____ Visual Acuity Left 20/ _____
 Right 20/ _____

History
Please explain any "yes" answers below.

- | | | | |
|----|------------------------------|-----------------------------|---|
| 1 | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Have you had any illness/injury recently, or do you have an illness/injury now? |
| 2 | <input type="checkbox"/> | <input type="checkbox"/> | Have you had a medical problem, illness or injury since your last exam? |
| 3 | <input type="checkbox"/> | <input type="checkbox"/> | Do you have any chronic or recurrent illnesses? |
| 4 | <input type="checkbox"/> | <input type="checkbox"/> | Have you ever had any illness lasting more than 3 weeks? |
| 5 | <input type="checkbox"/> | <input type="checkbox"/> | Have you ever been hospitalized overnight? |
| 6 | <input type="checkbox"/> | <input type="checkbox"/> | Have you had any surgery other than tonsillectomy? |
| 7 | <input type="checkbox"/> | <input type="checkbox"/> | Have you ever had any injuries requiring treatment by a physician? |
| 8 | <input type="checkbox"/> | <input type="checkbox"/> | Do you have any organ missing other than tonsils (appendix, eye, kidney, etc.)? |
| 9 | <input type="checkbox"/> | <input type="checkbox"/> | Are you presently taking ANY medications? |
| 10 | <input type="checkbox"/> | <input type="checkbox"/> | Do you have ANY allergies (medicines, bees, foods, or other factors)? |
| 11 | <input type="checkbox"/> | <input type="checkbox"/> | Have you ever had chest pain, dizziness, fainting, passing out during or after exercise? |
| 12 | <input type="checkbox"/> | <input type="checkbox"/> | Do you tire more easily or quickly than your friends during exercise? |
| 13 | <input type="checkbox"/> | <input type="checkbox"/> | Have you ever had any problem with your blood pressure or your heart? |
| 14 | <input type="checkbox"/> | <input type="checkbox"/> | Have any close relatives had heart problems, heart attack, or sudden death before they were age 50? |
| 15 | <input type="checkbox"/> | <input type="checkbox"/> | Do you have any skin problems (acne, itching rashes, etc.)? |
| 16 | <input type="checkbox"/> | <input type="checkbox"/> | Have you ever had fainting, convulsions, seizures, or severe dizziness? |
| 17 | <input type="checkbox"/> | <input type="checkbox"/> | Do you have frequent headaches? |
| 18 | <input type="checkbox"/> | <input type="checkbox"/> | Have you ever had a "stinger" or "burner" or "pinched nerve"? |
| 19 | <input type="checkbox"/> | <input type="checkbox"/> | Have you ever been "knocked out" or "passed out"? |
| 20 | <input type="checkbox"/> | <input type="checkbox"/> | Have you ever had a neck or head injury? |
| 21 | <input type="checkbox"/> | <input type="checkbox"/> | Have you ever had heat exhaustion, heat stroke, heat cramps, or similar heat-related problems? |
| 22 | <input type="checkbox"/> | <input type="checkbox"/> | Have you ever had asthma, or trouble breathing, or cough during or after exercise? |
| 23 | <input type="checkbox"/> | <input type="checkbox"/> | Do you wear eyeglasses, contact lenses, or protective eye wear? |
| 24 | <input type="checkbox"/> | <input type="checkbox"/> | Do you wear any dental appliance such as braces, bridge plate, and retainer? |
| 25 | <input type="checkbox"/> | <input type="checkbox"/> | Have you ever had a knee injury? |
| 26 | <input type="checkbox"/> | <input type="checkbox"/> | Have you ever had an ankle injury? |
| 27 | <input type="checkbox"/> | <input type="checkbox"/> | Have you ever had an ankle injury? |
| 28 | <input type="checkbox"/> | <input type="checkbox"/> | Have you ever injured any other joint (shoulder, wrist, fingers, etc.)? |
| 29 | <input type="checkbox"/> | <input type="checkbox"/> | Have you ever had a broken bone (fracture)? |
| 30 | <input type="checkbox"/> | <input type="checkbox"/> | Have you ever had a cast, splint, or had to use crutches? |
| 31 | <input type="checkbox"/> | <input type="checkbox"/> | Must you use special equipment for competition (pads, braces, neck roll, etc.)? |
| 32 | <input type="checkbox"/> | <input type="checkbox"/> | Has it been more than 5 years since your last tetanus booster shot? |
| 33 | <input type="checkbox"/> | <input type="checkbox"/> | Are you worried about your weight? |
| 34 | <input type="checkbox"/> | <input type="checkbox"/> | Female: Have you any menstrual problem? |
| 35 | <input type="checkbox"/> | <input type="checkbox"/> | Have you had any medical concerns about participating in your sport? |

Yes Answers _____

Assessment

Full Participation
 Limited Participation (describe limitations/restrictions)

Participation contraindicated (list reasons)

Recommendations (equipment/taping/rehabilitation, etc.)

Will this physical be acceptable for High School Sports? Yes No

Examiner's Printed Name _____ Date _____
 Examiner's Signature _____ Phone _____