

2020
Savannah Department of Parks & Recreation
Youth Football Cheerleader
Grades 1st thru 6th

Registration fee is \$30.00, and Deadline is Friday, September 11th.

ARE YOU WILLING TO COACH A TEAM? _____

Name _____

Address _____

School Attending: _____ Phone # _____

Age _____ Birth Date _____ Grade _____

T-shirt size _____ (indicate adult or youth size/ shirts run small- they are a ladies cut)

Name of Responsible Adult(s) _____ Relationship _____

RELEASE AND INDEMNITY

I/We, the undersigned, acknowledge that we are the parent (s) or court appointed legal guardian(s) of _____, the entrant, who is a minor, and that said entrant will be participating in the youth sports programs of the City of Savannah's Parks and Recreation Department, during the calendar year 2020 and will do so at his/her own risk.

The undersigned, as parent(s) and/or court appointed legal guardian(s) of said minor entrant does/do hereby release and discharge the City of Savannah, its elected officials, its agents, Hardin County Youth Football, Hardin County High School, Hardin County Board of Education, its servants and employees, and all volunteer personnel obtained or used by said City in all said youth sports programs, from any and all liabilities for damages, injury, COVID exposure or illness to the entrant or his/her property during his/her participation during the calendar year 2020.

Further, the undersigned, as parent(s) or court appointed legal guardian(s) of said minor entrant do hereby agree to indemnify and hold harmless the City of Savannah, its elected officials, its agents, its servants and employees, and all volunteer personnel from all liabilities in all events related to these youth sports programs, which shall include indemnification for all damages awarded as well as all expenses incurred in the defense of any claim or action, including reasonable attorney's fees, litigation costs and court costs.

Date: _____

(Signature of Parents and/or Legal Guardian)

*** PLEASE COMPLETE FRONT & BACK OF BOTH PAGES OF THIS APPLICATION ***

Student-athlete & Parent/Legal Guardian Concussion Statement

Must be signed and returned to school or community youth athletic activity prior to participation in practice or play.

Student-Athlete Name: _____

Parent/Legal Guardian Name(s): _____

After reading the information sheet, I am aware of the following information:

Student-Athlete Initials		Parent/Legal Guardian Initials
	A concussion is a brain injury which should be reported to my parents, my coach(es) or a medical professional if one is available.	
	A concussion cannot be "seen." Some symptoms might be present right away. Other symptoms can show up hours or days after an injury.	
	I will tell my parents, my coach and/or a medical professional about my injuries and illnesses.	N/A
	I will not return to play in a game or practice if a hit to my head or body causes any concussion-related symptoms.	N/A
	I will/my child will need written permission from a <i>health care provider</i> * to return to play or practice after a concussion.	
	Most concussions take days or weeks to get better. A more serious concussion can last for months or longer.	
	After a bump, blow or jolt to the head or body an athlete should receive immediate medical attention if there are any danger signs such as loss of consciousness, repeated vomiting or a headache that gets worse.	
	After a concussion, the brain needs time to heal. I understand that I am/my child is much more likely to have another concussion or more serious brain injury if return to play or practice occurs before the concussion symptoms go away.	
	Sometimes repeat concussion can cause serious and long-lasting problems and even death.	
	I have read the concussion symptoms on the Concussion Information Sheet.	

* *Health care provider* means a Tennessee licensed medical doctor, osteopathic physician or a clinical neuropsychologist with concussion training

Signature of Student-Athlete

Date

Signature of Parent/Legal guardian

Date

Sudden Cardiac Arrest Education and Information

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.

If not treated within minutes, SCA results in death. The normal rhythm of the heart can only be restored with defibrillation, an electrical shock that is safely delivered to the chest by an automated external defibrillator (AED).

How common is sudden cardiac arrest?

The Centers for Disease Control and Prevention estimate that every year there are about 300,000 cardiac arrests outside hospitals. 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; and
- 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. Symptoms are the body's way of indicating that something might be wrong. Athletes who experience one or more symptoms should get checked out.

What is the best way to treat Sudden Cardiac Arrest?

- Early Recognition of SCA
- Early 9-1-1 access
- Early CPR
- Early Defibrillation
- Early Advance Care

Public Chapter 325 – the Sudden Cardiac Arrest Prevention Act

The Act is intended to keep youth athletes safe while practicing or playing in an athletic activity. The Act requires:

- Require that, on a yearly basis, a sudden cardiac arrest information sheet be signed and returned by each coach and athletic director
- The immediate removal of any youth athlete who passes out or faints while participating in an athletic activity, or who exhibits any of the following symptoms:
 - (i) Unexplained shortness of breath;
 - (ii) Chest pains;
 - (iii) Dizziness
 - (iv) Racing heart rate; or
 - (v) Extreme fatigue; and
- Establish as policy that a youth athlete who has been removed from play shall not return to the practice or competition during which the youth athlete experienced symptoms consistent with sudden cardiac arrest.
- Before returning to practice or play in an athletic activity, the athlete must be evaluated by a Tennessee licensed medical doctor or an osteopathic physician. Clearance to return to full or graduated practice or play must be in writing.

I acknowledge that I have reviewed and understand the symptoms and warning signs of SCA.

Signature

Date