



PACE ATHLETIC & RECREATION ASSOCIATION (PARA) 2017 SPRING BASEBALL WAIVER PACKET

PARA USE ONLY		
DATE RECEIVED	TIME RECEIVED	PARA REP.

PLEASE USE EXACT NAME THAT IS ON THE CHILD'S BIRTH CERTIFICATE

CHILD	FIRST NAME	MIDDLE NAME	LAST NAME			JR, SR, etc.	
	GENDER <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	DATE OF BIRTH	MONTH	DAY	YEAR	PARA RETURNER? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF FROZEN TO A TEAM, COACH'S NAME
	BASEBALL LEAGUE (AGE ON 4/30/2017)	PRE-T AGES 3 & 4 <input type="checkbox"/>	T-BALL AGES 5 & 6 <input type="checkbox"/>	COACH PITCH AGES 7 & 8 <input type="checkbox"/>	MINORS AGES 9 & 10 <input type="checkbox"/>	MAJORS AGES 11 & 12 <input type="checkbox"/>	TEENER AGES 13,14&15 <input type="checkbox"/>

PLEASE READ THE FOLLOWING CAREFULLY AND SIGN AND INITIAL ACCORDINGLY INDICATING YOUR ACCEPTANCE OF THESE REGISTRATION RULES.

PARENT AND/OR LEGAL GUARDIAN RESPONSIBILITIES

I hereby acknowledge that my child's participation in Pace Athletic and Recreation Association, Inc. (hereinafter "PARA") obligates me to the rules and responsibilities listed below and that these rules are not all inclusive. I also understand and acknowledge that this registration is not valid unless there is are completed **PARA ACCIDENT WAIVER & RELEASE OF LIABILITY & MEDICAL TREATMENT AUTHORIZATION** and **PARA CONSENT AND RELEASE FROM LIABILITY CERTIFICATE FOR CONCUSSION AND HEAT-RELATED ILLNESS** forms attached with this form.

- If your team does not raise the \$600.00 required in sponsorships and program advertisements, the parents and legal guardians of the team players will be responsible for paying the unpaid balance.
- I agree to participate in park workdays as scheduled by PARA or my child's team, including scheduled work days for my child's team during PARA Home Games.
- I agree to participate in all PARA fundraisers and Team Fundraisers. I understand that participation is mandatory and there are no exceptions to this requirement.
- I am responsible for all children (minors) under my care at all times when on PARA property. I understand that any damage that any children (minors) under my care do to the park will be considered vandalism and treated according to the laws of the State of Florida and the ordinances of Santa Rosa County.
- There will be no COOLERS, FAST FOODS or OTHER SUCH FOODS allowed in or on PARA property one (1) hour before and during scheduled game times. I understand that if I bring such items in or on to PARA property I will be asked to leave. I understand that PARA concession sales are a major source of funding for the parks and without them the parks would not be able to operate.
- I understand and agree that failure to abide by the above rules and responsibilities and any unlisted PARA rules will be according to PARA by-laws. I understand that I can request a copy of all PARA rules and by-laws by contacting the PARA Board. I understand the PARA Board contact information is listed on www.parayouthsports.com.

SIGNATURE OF PARENT OR LEGAL GUARDIAN
NOTE: MUST BE A PARENT OR LEGAL GUARDIAN LISTED ABOVE ON THIS FORM

DATE OF SIGNATURE MM/DD/YYYY

Accident Waiver, Release of Liability and Medical Treatment Authorization

This form must be completed and turned in with every registration form to participate in sports at the Pace Athletic & Recreation Association.

PLEASE PRINT "CHILD" NAME (FIRST MIDDLE LAST)

"CHILD" DATE OF BIRTH MM/DD/YYYY

I acknowledge that the PARA athletic events ("EVENTS") are an extreme test of a person's physical and mental limits and carries with it the potential for death, serious injury and property loss. The risks include, but are not limited to, those caused by terrain, facilities, temperature, weather, condition of athletes, equipment, vehicular traffic, actions of other people including, but not limited to, participants, volunteers, spectators, coaches, EVENTS officials and EVENTS monitors, and/or producers of the EVENTS, and lack of hydration. These risks are not only inherent to athletics, but are also present for volunteers. I hereby assume all of the risks of the above listed child, of whom I am the parent or guardian of ("CHILD") participating and/or volunteering in EVENTS. I realize that liability may arise from negligence or carelessness on the part of the persons or entities being released, from dangerous or defective equipment or property owned, maintained or controlled by them or because of their possible liability without fault.

I certify that the CHILD is physically fit, have sufficiently trained for participation in the EVENTS and have not been advised otherwise by a qualified medical person.

I acknowledge that this Accident Waiver and Release of Liability form will be used by the EVENTS holders, sponsors and organizers, in which the CHILD may participate and that it will govern my actions and responsibilities at said EVENTS.

In consideration of my application and permitting the CHILD to participate in the EVENTS, I hereby take action for myself, the CHILD, my executors, administrators, heirs, next of kin, successors, and assigns as follows: (A) Waive, Release and Discharge from any and all liability for my death, disability, personal injury, property damage, property theft or actions of any kind which may hereafter accrue to me including my traveling to and from EVENTS. THE FOLLOWING ENTITIES OR PERSONS: Individual sponsoring companies, the Pace Athletic & Recreation Association ("PARA"), their directors, officers, employees, volunteers, representatives, and agents, the EVENTS holders, EVENTS sponsors, EVENTS directors, EVENTS volunteers; (B) Indemnify and Hold Harmless the entities or persons mentioned in this paragraph from any and all liabilities or claims made as a result of participation in EVENTS, whether caused by the negligence of releasees or otherwise.

I hereby consent for the CHILD to receive medical treatment which may be deemed advisable in the event of injury, accident and or illness while participating in EVENTS.

I understand that at EVENTS or related activities, the CHILD may be photographed. I agree to allow the CHILD's photo, video or film likeness to be used for any legitimate purpose by the EVENTS holders, EVENTS producers, EVENTS sponsors, EVENTS organizers and or assigns.

The Accident Waiver and Release of Liability shall be construed broadly to provide a release and waiver to the maximum extent permissible under applicable law.

I hereby acknowledge that I have been informed and fully understand that PARA does not provide or make available medical insurance for my children who are participating in sports activities at PARA facilities. The PARA is covered by a liability policy for the PARA premises only. I understand that PARA will not be responsible for medical coverage for injuries due to a sports activity or any other injury on PARA property.

I hereby certify that I have read this document and I understand its content.

PLEASE PRINT PARENT OR GUARDIAN NAME (FIRST MIDDLE LAST)

Father Mother Legal Guardian

SIGNATURE OF PARENT OR LEGAL GUARDIAN

DATE OF SIGNATURE MM/DD/YYYY

Consent and Release from Liability Certificate for Concussion and Heat-Related Illness (Part 1 of 2)

This form must be completed and turned in with every registration form to participate in sports at the Pace Athletic & Recreation Association.

Concussion Information

What is a concussion?

Concussion is a brain injury. Concussions, as well as all other head injuries, are serious. They can be caused by a bump, a twist of the head, sudden deceleration or acceleration, a blow or jolt to the head, or by a blow to another part of the body with force transmitted to the head. You can't see a concussion, and more than 90% of all concussions occur without loss of consciousness. Signs and symptoms of concussion may show up right after the injury or can take hours or days to fully appear. All concussions are potentially serious and, if not managed properly, may result in complications including brain damage and, in rare cases, even death. Even a "ding" or a bump on the head can be serious. If your child reports any symptoms of concussion, or if you notice the symptoms or signs of concussion yourself, your child should be immediately removed from play, evaluated by a medical professional and cleared by a medical doctor.

What are the signs and symptoms of concussion?

Concussion symptoms may appear immediately after the injury or can take several days to appear. Studies have shown that it takes on average 10-14 days or longer for symptoms to resolve and, in rare cases or if the athlete has sustained multiple concussions, the symptoms can be prolonged. Signs and symptoms of concussion can include: (not all-inclusive)

- Vacant stare or seeing stars
- Lack of awareness of surroundings
- Emotions out of proportion to circumstances (inappropriate crying or anger)
- Headache or persistent headache, nausea, vomiting
- Altered vision
- Sensitivity to light or noise
- Delayed verbal and motor responses
- Disorientation, slurred or incoherent speech
- Dizziness, including light-headedness, vertigo (spinning) or loss of equilibrium (being off balance or swimming sensation)
- Decreased coordination, reaction time
- Confusion and inability to focus attention
- Memory loss
- Sudden change in academic performance or drop in grades
- Irritability, depression, anxiety, sleep disturbances, easy fatigability
- In rare cases, loss of consciousness

What can happen if my child keeps on playing with a concussion or returns too soon?

Athletes with signs and symptoms of concussion should be removed from activity (play or practice) immediately. Continuing to play with the signs and symptoms of a concussion leaves the young athlete especially vulnerable to sustaining another concussion. Athletes who sustain a second concussion before the symptoms of the first concussion have resolved and the brain has had a chance to heal are at risk for prolonged concussion symptoms, permanent disability and even death (called "Second Impact Syndrome" where the brain swells uncontrollably). There is also evidence that multiple concussions can lead to long-term symptoms, including early dementia.

What do I do if I suspect my child has suffered a concussion?

Any athlete suspected of suffering a concussion should be removed from the activity immediately. No athlete may return to activity after an apparent head injury or concussion, regardless of how mild it seems or how quickly symptoms clear, without written medical clearance from an appropriate health-care professional (AHCP). In Florida, an appropriate health-care professional (AHCP) is defined as either a licensed physician (MD, as per Chapter 458, Florida Statutes), a licensed osteopathic physician (DO, as per Chapter 459, Florida Statutes), or a licensed physician's assistant under the direct supervision of a MD/DO (as per Chapters 458 and 459, Florida Statutes). Close observation of the athlete should continue for several hours. You should also seek medical care and inform your child's coach if you think that your child may have a concussion. Remember, it's better to miss one game than to have your life changed forever. When in doubt, sit them out.

When can my child return to play or practice?

Following physician evaluation, the **return to activity process** requires the athlete to be completely symptom free, after which time they would complete a step-wise protocol under the supervision of a licensed athletic trainer, coach or medical professional and then, receive written medical clearance of an AHCP.

For current and up-to-date information on concussions, visit <http://www.cdc.gov/concussioninyouthsports/> or <http://www.seeingstarsfoundation.org>

Statement of Student Athlete Responsibility

I accept responsibility for reporting all injuries and illnesses to my parents, team doctor, athletic trainer, or coaches associated with my sport including any signs and symptoms of CONCUSSION. I have read and understand the above information on concussion. I will inform the supervising coach, athletic trainer or team physician immediately if I experience any of these symptoms or witness a teammate with these symptoms. Furthermore, I have been advised of the dangers of participation for myself and that of my child/ward.

PLEASE PRINT "CHILD" NAME (FIRST MIDDLE LAST)

"CHILD" DATE OF BIRTH MM/DD/YYYY

PLEASE PRINT PARENT OR GUARDIAN NAME (FIRST MIDDLE LAST)

Father Mother Legal Guardian

SIGNATURE OF PARENT OR LEGAL GUARDIAN

DATE OF SIGNATURE MM/DD/YYYY

Consent and Release from Liability Certificate for Concussion and Heat-Related Illness (Part 2 of 2)

This form must be completed and turned in with every registration form to participate in sports at the Pace Athletic & Recreation Association.

FHSAA Heat-Related Illnesses Information

People suffer heat-related illness when their bodies cannot properly cool themselves by sweating. Sweating is the body's natural air conditioning, but when a person's body temperature rises rapidly, sweating just isn't enough. Heat-related illnesses can be serious and life threatening. Very high body temperatures may damage the brain or other vital organs, and can cause disability and even death. Heat-related illnesses and deaths are preventable.

Heat Stroke is the most serious heat-related illness. It happens when the body's temperature rises quickly and the body cannot cool down. Heat Stroke can cause permanent disability and death.

Heat Exhaustion is a milder type of heat-related illness. It usually develops after a number of days in high temperature weather and not drinking enough fluids.

Heat Cramps usually affect people who sweat a lot during demanding activity. Sweating reduces the body's salt and moisture and can cause painful cramps, usually in the abdomen, arms, or legs. Heat cramps may also be a symptom of heat exhaustion.

Who's at Risk?

Those at highest risk include the elderly, the very young, people with mental illness and people with chronic diseases. However, even young and healthy individuals can succumb to heat if they participate in demanding physical activities during hot weather. Other conditions that can increase your risk for heat-related illness include obesity, fever, dehydration, poor circulation, sunburn, and prescription drug or alcohol use.

By signing this agreement, the undersigned acknowledges that the information on page 1 and page 2 have been read and understood.

PLEASE PRINT "CHILD" NAME (FIRST MIDDLE LAST)

"CHILD" DATE OF BIRTH MM/DD/YYYY

PLEASE PRINT PARENT OR GUARDIAN NAME (FIRST MIDDLE LAST)

Father Mother Legal Guardian

SIGNATURE OF PARENT OR LEGAL GUARDIAN

DATE OF SIGNATURE MM/DD/YYYY