



PARKS AND RECREATION DEPARTMENT REGISTRATION FORM

MAIL IN REGISTRATION:

Parks & Recreation Office
 3801B S. Pine Island Road, 33328
 954-797-1145 Mon—Fri 8:30am—5:00pm

WALK IN REGISTRATION:

Pine Island Multipurpose Center
 3801 South Pine Island Road
 954-327-3941 Mon-Fri 8:30am-5:00PM Sat & Sun 8:30am-5pm

WALK IN REGISTRATION:

Pine Island Fitness & Aquatics Center
 3800 SW 92nd Avenue
 954-327-3926 Mon-Fri 5am-8:45pm Sat & Sun 8am-5:45pm

PARTICIPANT INFORMATION

Last Name: _____
 First Name: _____
 Age: _____ Date of Birth: _____ Male Female
 Activity: _____ Fee: _____

Please specify age group that applies to your child

(Age 3-4) (Ages 5-6) (Ages 7-8) (Ages 9-10)
 (Ages 11-12) (Ages 13-14) (Age 15 *Winter Soccer/Baseball Only*)

Please Specify Uniform Size for Participant
Please check one shirt size and one pant size

Shirt Size:	Youth S	Youth M	Youth L			
	Adult S	Adult M	Adult L	Adult XL	Adult XXL	
Pant Size:	Youth S	Youth M	Youth L			
	Adult S	Adult M	Adult L	Adult XL	Adult XXL	

Sport	Resident Rate	Non-Resident Rate	Late Registration Fee
Flag Cheerleading	\$85	\$100	\$10
Flag Football	\$105/\$130	\$155	\$10
Girls Softball	\$105/\$130	\$155	\$10
Summer Soccer	\$105/\$130	\$155	\$10
Winter Soccer	\$105/\$130	\$155	\$10
Basketball	\$105/\$130	\$155	\$10
Baseball	\$105/\$130	\$155	\$10
Smart Start	\$75	\$100	\$10

FOR OFFICE USE ONLY

Registration Fee Paid: _____ Date: _____
 Method of Payment: _____
 Received By: _____
 Proof of Residency: _____
 Division Name: _____

PLEASE SIGN PARENT CODE OF CONDUCT ON PAGE 2

PARENT/GUARDIAN INFORMATION

Last Name: _____ First Name: _____
 Home Phone _____ Cell Phone _____
 Address: _____
 City _____ State _____ Zip Code _____
 Email Address _____
Email Address will only be used for the purposes of providing activity information from the Town of Davie
Emergency Contact Name: _____
Phone Number: _____ **Relationship:** _____

NOTICE TO THE MINOR CHILD'S NATURAL GUARDIAN

Read this form completely and carefully. You are agreeing to let your minor child engage in a potentially dangerous activity. You are agreeing that, even if the Town of Davie uses reasonable care in providing this activity, there is a chance your child may be seriously injured or killed by participating in this activity because there are certain dangers inherent in the activity which cannot be avoided or eliminated. By signing this form you are giving up your child's right and your right to recover from the Town of Davie in a lawsuit for any personal injury, including death, to your child or any property damage that results from the risks that are a natural part of the activity. You have the right to refuse to sign this form, and the Town of Davie has the right to refuse to let your child participate if you do not sign this form.

**THIS AGREEMENT WAIVES LEGAL RIGHTS,
 PLEASE CONSULT AN ATTORNEY IF YOU HAVE ANY QUESTIONS**

The UNDERSIGNED PARTICIPANT and/or his guardian, in consideration for the Town of Davie through its Recreation Division for providing facilities, instruction and supervision while attending any event, scheduled or planned by the Town of Davie does hereby:

- 1) Assume all risk of possible damage or injury involved through participation in any activity planned by the Town or coordinated by the Town with any other person or entity.
- 2) Request permission to participate in the activity with full knowledge that said activity could result in permanent damage or injury to me.
- 3) Agree to release, indemnify and hold harmless the Town of Davie and/or its departments or agents, officers, officials and employees from liability resulting from my participation in said activity, including the Town of Davie's negligence.
- 4) Specifically agree and acknowledge that any photos, images or videos of my child taken during said activity shall be the sole property of the Town of Davie and as such, the Town shall utilize any and all photos, images or videos taken of my child for any purposes deemed appropriate by the Town of Davie, including, but not limited to, brochures, documents, leaflets, posters, Town Website, Davie TV and any and all approved Town media. No other person or entity shall have the right to utilize said photos or images for private and/or public uses without the expressed consent of the Town.

Parent/Guardian Signature: _____
 Parent/Guardian Print: _____ Date: _____

INCOMPLETE REGISTRATION FORMS WILL NOT BE PROCESSED.

- Proof of residency is required each time you register for an activity/sport.
- Utility Bill dated within the past 2 months.
- A copy of the child's birth certificate is required if registering for the first time with the Town of Davie.
- All Fees subject to change without notice
- All refunds are subject to a \$20 Administrative Fee.

The Davie Parks and Recreation Department reserves the right to dismiss or expel any person from our programs or facilities for behavior that is detrimental to the programs and facilities. This includes, but is not limited to conduct that constitutes safety hazards, physical abuse, mental abuse and failure to comply with Town rules and regulations. Smoking is limited to parking areas when in Town parks conducting sports programs/events. Thank you for your cooperation. (Town Ordinance #2003-13)

Participant Name: _____
 Last Name _____
 First Name _____
 MI _____
 Household ID # _____



Sports Parent Code of Conduct

The Town of Davie Youth Sports Division has implemented the following sports parent code of conduct for the important message it holds about the proper role of parents in supporting their child in sports. Parents must read, understand and sign this form prior to their child participating in our league. Any parent guilty of improper conduct at any game or practice will be asked to leave the sports facility and be suspended from the following game. Repeat violations may cause a multiple game suspension, or the season forfeiture of the privilege of attending all games.

I therefore agree:

- 1) I will not force my child to participate in sports
- 2) I will remember that children participate to have fun and that the game is for youth, not adults
- 3) I will inform the coach of any physical disability or ailment that may affect the safety of my child or the safety of others.
- 4) I will learn the rules of the game and the policies of the league
- 5) I (and my guests) will be a positive role model for my child and encourage sportsmanship by showing respect and courtesy, and by demonstrative positive support for all players, coaches, officials and spectators at every game, practice or other sporting event.
- 6) I (and my guests) will not engage in any kind of unsportsmanlike conduct with any official, coach, player, or parent such as booing and taunting, refusing to shake hands, or using profane language
- 7) I will not encourage any behaviors or practices that would endanger the health and well being of the athletes
- 8) I will teach my child to play by the rules and to resolve conflicts without resorting to hostility.
- 9) I will demand that my child treat other players, coaches, officials, and spectators with respect regardless of race, creed, color, sex or ability.
- 10) I will teach my child that doing one's best is more important than whining, so that my child will never feel defeated by the outcome of a game or his/her performance.
- 11) I will praise my child for competing fairly and trying hard, and make my child feel like a winner.
- 12) I will never ridicule or yell at my child or other participants for making a mistake or losing a competition.
- 13) I will emphasize skill development and practices and how they benefit my child over winning. I will also de-emphasize games and competition in the lower age groups.
- 14) I will promote the emotional and physical wellbeing of the athletes ahead of any personal desire I may have for my child to win.
- 15) I will respect the officials and their authority during games and will never question, discuss, or confront coaches at the game field, and will take time to speak with coaches at an agreed upon time and place.
- 16) I will demand a sports environment for my child that is free from drugs, tobacco, and alcohol and I will refrain from their use at all sporting events.
- 17) I will refrain from coaching my child or other players during games and practices unless I am on of the official coaches of the team.

Parent/Guardian (Print): _____

Parent/Guardian (Signature): _____

Date: _____

PARENT & ATHLETE CONCUSSION INFORMATION SHEET



WHAT IS A CONCUSSION?

A concussion is a type of traumatic brain injury that changes the way the brain normally works. A concussion is caused by a bump, blow, or jolt to the head or body that causes the head and brain to move quickly 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 after a bump, blow, or jolt to the head or body, s/he should be kept out of play the day of the injury. The athlete should only return to play with permission from a health care professional experienced in evaluating for concussion.

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.

SYMPTOMS REPORTED BY ATHLETE:

- Headache or “pressure” in head
- Nausea or vomiting
- Balance problems or dizziness
- Double or blurry vision
- Sensitivity to light
- Sensitivity to noise
- Feeling sluggish, hazy, foggy, or groggy
- Concentration or memory problems
- Confusion
- Just not “feeling right” or is “feeling down”

SIGNS OBSERVED BY COACHING STAFF:

- Appears dazed or stunned
- Is confused about assignment or position
- Forgets an instruction
- Is unsure of game, score, or opponent
- Moves clumsily
- Answers questions slowly
- Loses consciousness (even briefly)
- Shows mood, behavior, or personality changes
- Can’t recall events prior to hit or fall
- Can’t recall events after hit or fall



“IT’S BETTER TO MISS ONE GAME THAN THE WHOLE SEASON”

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 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)

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

1. 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.
2. 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, and 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.
3. 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.

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.

STUDENT-ATHLETE NAME PRINTED

STUDENT-ATHLETE NAME SIGNED

DATE

PARENT OR GUARDIAN NAME PRINTED

PARENT OR GUARDIAN NAME SIGNED

DATE

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HEADS UP

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