



Central Youth Athletic Association Football Registration



Team: _____

Player Name: _____ **Date of Birth:** _____

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

School: _____ **Upcoming Grade:** _____

Coach Requested (If Multiple Teams in Age Group): _____

Parent/Guardian Contact Name: _____ **Phone:**(_____) _____ - _____

E-Mail: _____

*Parent/Guardian Listed above will be considered primary "In Case of Emergency" Contact.

Emergency Contact 2 Name: _____ **Phone:**(_____) _____ - _____

Does player have health insurance coverage? Yes: _____ **No:** _____

Insurance Provider: _____ **Policy Number:** _____

Primary Care Physician: _____ **Phone Number:**(_____) _____ - _____

*I acknowledge that Central Youth Athletic Association provides limited, secondary medical insurance to serve as a supplement to my primary medical insurance and will serve as primary coverage only in the event that I have no medical insurance.

Section to be completed by CYAA Representative

Player Providing Own Equipment: _____ **Yes** _____ **No**

Helmet Size: _____

Shoulder Pad Size: _____

Jersey Size: _____

Jersey Number Requested: _____

Liability/Legal Acknowledgments

In Consideration of: _____ (player name) my child/ward, is allowed and has my written permission to participate in Central Youth Athletic Association (CYAA) Football Local/Regional/National Leagues, Tournaments and Championships and/or other approved and sanctioned events. CYAA is a legally distinct organization not operated or controlled by any of the organizations or leagues it participates in or partners with. These include, but are not limited to the YAC, MAC, Knox Metro, City of Knoxville Parks and Recreation, Knox County Schools, Alcoa City Schools, etc. CYAA is not legally responsible for the actions, policies, procedures or rules regarding participation, cancellations, ejections or any action deemed necessary to conduct business and provide safety for all players and participants in our organization. I also give permission for my child/ward to participate in all CYAA practices, events, games and community outreach projects. **I understand the risks of various injuries and illness related to participation in football related activities. I understand the potential risk of injury and illness leading to permanent disability and death exist despite the safety equipment, rules related to player safety and advancements in sports medicine technology. I knowingly and freely assume all such risks, both known and unknown, even if arising from the negligence of the releases or others, and assume full responsibility for my child/ward's participation. I willingly agree to comply with CYAA stated and customary terms and conditions for participation. If i observe any unusual significant concern in my child's readiness for participation and/or in the program, I will remove my child from the participation and bring such attention to the nearest official immediately. I or anyone I assign as a personal representative hereby release and hold harmless the Central Youth Athletic Association; it's directors, officers, board members, agents, employees, volunteers, or other participants, sponsoring agencies, sponsors, donors, advertisers, and if applicable, owners and lessers of premises used to conduct the event(Releasees). With respect to any and all injury, illness, disability, death or loss or damage to person or property incident to my child/ward's involvement or participation in these programs, whether arising from the negligence of the releasees or otherwise, to the fullest extent permitted by law I, or anyone appointed as a personal representative of me, hereby indemnify and hold harmless all of the above releasees from any and all liabilities incident to my or my child/ward's participation in these programs, even if arising from their negligence, to the fullest extent permitted by law. I have explained to my child/ward the risks of the activity, his/her responsibilities for adhering to the rules and regulations, and that my child/ward understands this agreement.**

Parent/Guardian Printed Name: _____

Parent/Guardian Signature: _____ Date: _____

Aspen Portal

Participation/Registration forms are required to be filled out by parents/legal guardians, kept on file with the CYAA Board of Director's, and the individual "Team Moms." Every participant must have a print out of their player's Knox County Aspen Portal "Demographics Page." This page displays the player's Name, Date of Birth, Address, Current School and Current Grade. The Youth Athletic Conference and Middle School Age Conference, which CYAA participates in, requires this Aspen information to be considered eligible to play in the league. By registering to play with CYAA you are acknowledging that you are giving this information voluntarily. If your student does not attend a Knox County Public School or a school that utilizes Aspen Portal, a birth certificate will suffice for age verification.

Requirements to Participate

All rostered participants must complete the forms and information within this packet to be allowed to participate in any event sponsored or attended by CYAA. No team is to compete in any competition without the express consent of the CYAA. No player can be forced to participate in any event not sponsored by the CYAA or it's affiliate leagues (YAC and MAC).

Attached are standard registration forms as well as other information about potential health risks and injuries related to participation in youth football. The information includes, but is not limited to concussions, heat related illness and sudden cardiac arrest. Prior to participation in football activities with CYAA, all players must have an up to date physical releasing them for football activities. In the event of a "lost time" injury, no player can return to play without a written release form from an authorized medical professional.

Media Release

By signing this document you are granting CYAA unrestricted right and permission, free from approval or review, to copyright and/or use your child/ward's likeness in all social media now or hereafter known, including but not limited to, pictures, videos and any other media of my child/ward which he/she may be included intact or in part for promotion or other commercial use.

I have read this release of liability and assumption of risk agreement, fully understand it's terms, understand that I have given up substantial rights by signing the agreement and sign it freely and voluntarily without any inducement. I understand and accept the seriousness of the risks involved in participating in this program, my personal responsibilities for adhering to rules, regulations and requirements for my child/ward to be allowed to participate. By signing this agreement, I acknowledge that I have read or will read the policies and procedures and have given consent to concussion protocols, medical release forms, social media release forms, by me, my child/ward, and other parents/legal guardians.

(MAC Specific) By signing this agreement I understand that participation in CYAA MAC program is contingent on being either (A) - Zoned to attend Central High School (B) - Being a current student of Gresham Middle School (C) - I or my spouse is an employee of Knox County Schools (D) - If none of the above apply your child must be granted one of the LIMITED out of zone waivers. If none of these requirements are satisfied, your child will not and can not be a member of the CYAA MAC program.

Parent Name: _____ Parent Signature: _____ Date: _____

Player Health Declaration

In the event of an emergency, it is vital that we have multiple potential emergency contacts for your son/daughter to be treated quickly and accurately. In addition to the two emergency contacts already provided, please provide any additional player specific information needed. We adhere to HIPAA laws and require our commissioners, coaches and team managers to keep this information private. Only provide information you deem necessary for your child's safety/participation. Also, as a reminder, your child will be required to have an up to date physical before he/she is allowed to participate.

Player Name: _____

Questionnaire

Are there any disabilities or special needs we need to be aware of?

Current medications

Any ongoing/reoccurring medical conditions such as asthma or allergies that require special consideration/medication?

Special dietary needs

*Any medication should be given to the team's head coach or team mom to be supplied when needed in the event that the parent/guardian can't be there to administer said medication. If the medication is required to be carried on the person of the player, the coach/team mom must agree to the terms with the parent/guardian. CYAA can not be held responsible for any information not declared above. In the event that parent/guardian is not present when medication needs to be administered, I hereby give permission to the team mom or equivalent coach/manager to administer the medicine as needed.

Parent Name Printed _____

Parent Signature _____ Date _____

Section to be Completed by CYAA Rep

Payment Received: \$ _____ **Payment Method** _____

If not paid in full, was agreement arranged?

CYAA Rep who received/reviewed and approved packet (Print Name) _____

CYAA Rep Signature _____ **Date** _____

Athlete/Parent/Guardian Sudden Cardiac Arrest Symptoms and Warning Signs Information Sheet and Acknowledgement of Receipt and Review Form

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 doesn't just happen to adults; it takes the lives of students, too. However, the causes of sudden cardiac arrest in students and adults can be different. A youth athlete's SCA will likely result from an inherited condition, while an adult's SCA may be caused by either inherited or lifestyle issues. 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.

How common is sudden cardiac arrest in the United States?

SCA is the #1 cause of death for adults in this country. There are about 300,000 cardiac arrests outside hospitals each year. About 2,000 patients under 25 die of SCA each year. It is the #1 cause of death for student athletes.

Are there warning signs?

Although SCA happens unexpectedly, some people may have signs or symptoms, such as:

- fainting or seizures during exercise;
- unexplained shortness of breath;
- dizziness;
- extreme fatigue;
- chest pains; or
- racing heart.

These symptoms can be unclear in athletes, since people often 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 experience SCA die from it.

Public Chapter 325 – the Sudden Cardiac Arrest Prevention Act

The act is intended to keep youth athletes safe while practicing or playing. The requirements of the act are:

- All youth athletes and their parents or guardians must read and sign this form. It must be returned to the school before participation in any athletic activity. A new form must be signed and returned each school year.

- 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 full or graduated return to practice or play must be in writing.

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

Signature of Student-Athlete

Print Student-Athlete's Name Date

Signature of Parent/Guardian

Print Parent/Guardian's Name Date

CONCUSSION

INFORMATION AND SIGNATURE FORM FOR STUDENT-ATHLETES & PARENTS/LEGAL GUARDIANS

(Adapted from CDC “Heads Up Concussion in Youth Sports”)

Public Chapter 148, effective January 1, 2014, requires that school and community organizations sponsoring youth athletic activities establish guidelines to inform and educate coaches, youth athletes and other adults involved in youth athletics about the nature, risk and symptoms of concussion/head injury.

Read and keep this page.
Sign and return the signature page.

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 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.

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.

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 the head or body, s/he should be kept out of play the day of the injury and until a health care provider* 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, even briefly | 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” |

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

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 after a bump, blow or jolt to the head or body if 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 HIS OR HER 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 brains. *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 provider* 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.

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

Youth athlete & Parent/Legal Guardian Concussion Statement

Must be **signed** and **returned** to your Coach/Team Mom/CYAA Board member 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:

| | Parent/Legal Guardian Initials |
|---|--------------------------------|
| A concussion is a brain injury which should be reported to parents, 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. | |
| Youth athletes will tell parents, coach(es) and/or a medical professional about injuries and illnesses | |
| Youth athletes will not return to play in a game or practice if a hit to the head or body cause any concussion-related symptoms. | |
| 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 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 Parent/Legal guardian