



BASKETBALL REGISTRATION

PreK through 5th Grade - Cost: \$60/Athlete

Registration Deadline: December 8, 2023

Season begins the week of Jan 22nd

Games are on Saturday's Feb 3rd - Mar 16th

Participant's Name: _____ Gender: _____ Grade: _____

Birthdate: _____ (Must be 4 years old by February 3, 2024, to participate)

Parent/Guardian #1 _____ Phone Number _____

Parent/Guardian #2 _____ Phone Number _____

Emergency Contact (if different) _____ Phone Number _____

Primary Address: _____
(House #/Street Name/Apt #) (City) (Zip Code)

Participants Shirt Size: ___YXS ___YS ___YM ___YL ___YXL ___AS ___AM ___AL

Are there any weeknights you **CANNOT** practice? ___Mon ___Tue ___Wed ___Thu

Is there a certain single player or coach you would like to pair with your child? (Only pairings with siblings and/or parent coach are guaranteed) _____

May we contact you about coaching your child's team? ___ Yes ___ No ___ Assistant Coach Only

List any medical concerns we need to be aware of _____

Paid with: Cash / Check
Circle One

Check #: _____
Payable to: DCS

Amount Paid _____

Authorization and Release of Liability

I understand that the Dayspring Community Sports programs are a nonprofit Christian sports ministry for youth and that my child's participation is voluntary. I understand that the Dayspring Community Sports programs are conducted by Dayspring Wesleyan Church and its volunteers and staff. I understand and agree that my child's participation in athletic and other activities of the Dayspring Community Sports programs necessarily involves the risk of injury and even death from various causes, including but not limited to accidents, falls, strenuous and prolonged physical activities, dehydration, illness, collision or dispute with other participants, weather related injuries, playing area and equipment defects and negligence of coaches and referees. On behalf of my child, me, and my family, I assume these risks. In consideration of the privilege of my child's participation in the Dayspring Community Sports programs and on behalf of my child and me as a parent/guardian, I hereby release, discharge, hold harmless and indemnify, and covenant not to sue Dayspring Wesleyan Church, its volunteers and staff, or any other person associated with Dayspring Community Sports as to any and all claims of my child, me, and other family members for personal injuries suffered by my child, property damage, medical expenses, and economic loss arising directly or indirectly out of my child's participation in the Dayspring Community Sports programs, and any first aid, medical care or treatment provided to my child in the event my child is injured or becomes ill while participating in the Dayspring Community Sports program activities, and expecting claims that may not be released under applicable law. This release of liability shall be as broadly construed as allowed by law to include all claims and rights that the child, that I as parent/guardian, and that other family members may have. I am a legally responsible parent or guardian of my child. If any provision of this Release of Liability is deemed invalid, the remaining provisions shall remain in full force and effect. This Release of Liability shall be binding on me, my family, heirs, next of kin, legal representatives, beneficiaries, successors and assigns. I give permission for free use of my child's name and pictures in photos, broadcasts, telecasts, or written accounts for any participation in a Dayspring Community Sports sponsored event.

Medical Conditions

I understand that participation in the program may involve strenuous and prolonged physical activity. I agree that my child is healthy and able to participate in the Dayspring Community Sports activities. I understand that Dayspring Wesleyan Church or its representatives may request health information concerning my child and/or ask my child to undergo a medical exam. If Dayspring determines that my child does have a physical or mental condition that may affect his/her ability to safely and appropriately participate in activities, Dayspring may determine that my child cannot be permitted to participate. I understand and agree that, while Dayspring desires that all children will be able to participate, such decisions may have to be made out of concern for the best interest of my child and other participants.

Consent to Medical Treatment

In the event my child is injured or becomes ill in the Dayspring Community Sports activities, and if I, the parent or guardian of the above named child, am not present to make medical decisions, I hereby authorize Dayspring, its staff, or volunteers, to arrange for and consent on my behalf to emergency medical and dental care treatment, Including test and radiological exams, and surgery, and hospital care and treatment, and to consent to medications for pain, and other conditions as prescribed by medical personnel attending my child. I am responsible for payment of any medical charges or expenses not covered by my insurance or the insurances applicable to my child (if any).

My signature below indicates that all information I have provided is true and accurate, and that I fully agree to all statements made on this form, including but not limited to the Authorizations and Release of Liability, Medical Conditions, and Consent to Medical Treatment.

Participants 'Name _____

Parent/Legal Guardian Signature _____

Printed Name _____ Date _____

Sudden Cardiac Arrest and Lindsay's Law Parent/Athlete Signature Form



What is Lindsay's Law? Lindsay's Law is about Sudden Cardiac Arrest (SCA) in youth athletes. It covers all athletes 19 years or younger who practice for or compete in athletic activities. Activities may be organized by a school or youth sports organization.

Which youth athletic activities are included in Lindsay's law?

- Athletics at all schools in Ohio (public and non-public)
- Any athletic contest or competition sponsored by or associated with a school
- All interscholastic athletics, including all practices, interschool practices and scrimmages
- All youth sports organizations
- All cheerleading and club sports, including noncompetitive cheerleading

What is SCA? SCA is when the heart stops beating suddenly and unexpectedly. This cuts off blood flow to the brain and other vital organs. People with SCA will die if not treated immediately. SCA can be caused by 1) a structural issue with the heart, OR 2) an heart electrical problem which controls the heartbeat, OR 3) a situation such as a person who is hit in the chest or a gets a heart infection.

What is a warning sign for SCA? If a family member died suddenly before age 50, or a family member has cardiomyopathy, long QT syndrome, Marfan syndrome or other rhythm problems of the heart.

What symptoms are a warning sign of SCA? A young athlete may have these things with exercise:

- Chest pain/discomfort
- Unexplained fainting/near fainting or dizziness
- Unexplained tiredness, shortness of breath or difficulty breathing
- Unusually fast or racing heart beats

What happens if an athlete experiences syncope or fainting before, during or after a practice, scrimmage, or competitive play? The coach MUST remove the youth athlete from activity immediately. The youth athlete MUST be seen and cleared by a health care provider before returning to activity. This written clearance must be shared with a school or sports official.

What happens if an athlete experiences any other warning signs of SCA? The youth athlete should be seen by a health care professional.

Who can evaluate and clear youth athletes? A physician (MD or DO), a certified nurse practitioner, a clinical nurse specialist, certified nurse midwife. For school athletes, a physician assistant or licensed athletic trainer may also clear a student. That person may refer the youth to another health care provider for further evaluation.

What is needed for the youth athlete to return to the activity? There must be clearance from the health care provider in writing. This must be given to the coach and school or sports official before return to activity.

All youth athletes and their parents/guardians must review information about Sudden Cardiac Arrest, then sign and return this form.

Parent/Guardian Signature

Student Signature

Parent/Guardian Name (Print)

Student Name (Print)

Date

Date