



# La Salle High School

## Winter Basketball Camp 2019 Registration

3000 Lightning Way, Union Gap, WA 98903-2213. (509) 225-2900

\_\_\_\_\_ Male \_\_\_\_\_ Female  
**Student's Name** \_\_\_\_\_ **Grade** \_\_\_\_\_ **Gender**

**Parent Information**

\_\_\_\_\_

Last Name First Name

\_\_\_\_\_

Last Name First Name

\_\_\_\_\_

Address City Zip

\_\_\_\_\_

Phone Number #1 Phone Number #2 Email

Signature below gives absolute right and **permission for La Salle High School to use my child's name and/or photo in its electronic media.** I understand that the name and photograph(s) may be used in electronic media such as video, Internet, or World Wide Web. I release La Salle High School, the photographer, their offices, employees, agents, and designees from liability for any violation to any personal or propriety right I may have in connection with such use.

\_\_\_\_\_

Parent/Guardian Date

**Consent for Medical Care and Treatment**

In an emergency, if we cannot be reached, and our family physician is not available, I, \_\_\_\_\_ (Parent/Legal Guardian) give La Salle High School permission to use the closest available medical facility and I authorize all medical, surgical, diagnostic and hospital procedures as may be performed or presented by a physician for \_\_\_\_\_ (Child's Name).

**Emergency Information:**

\_\_\_\_\_

Emergency Contact Name Relationship Best Phone Number

Insurance Carrier: \_\_\_\_\_ Policy#/Group#: \_\_\_\_\_  
 Preferred Hospital: \_\_\_\_\_ Family Physician/Phone \_\_\_\_\_

**Student's Medical Information:**

Allergies: \_\_\_\_\_  
 Known Medical conditions (e.g. asthma): \_\_\_\_\_  
 Medications: \_\_\_\_\_

**Amateur Athletic Minor Waiver & Release of Liability**

I hereby acknowledge and fully understand that each participant will be engaging in activities that could cause injury and hereby waive and release La Salle and its employees from any liability from injuries and illness incurred by the above participation.

\_\_\_\_\_

Parent/Guardian (Print Name) Signature Date

## LA SALLE HIGH SCHOOL CONCUSSION INFORMATION SHEET

A concussion is a brain injury and all brain injuries are serious. They are caused by a bump, blow, or jolt to the head, or by a blow to another part of the body with the force transmitted to the head. They can range from mild to severe and can disrupt the way the brain normally works. Even though most concussions are mild, **all concussions are potentially serious and may result in complications including prolonged brain damage and death if not recognized and managed properly.** In other words, even a “ding” or a bump on the head can be serious. You can’t see a concussion and most sports 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. If your child reports any symptoms of concussion, or if you notice the symptoms or signs of concussion yourself, seek medical attention right away.

### Symptoms may include one or more of the following:

- Headaches
- “Pressure in head”
- Nausea or vomiting
- Neck pain
- Balance problems or dizziness
- Blurred, double, or fuzzy vision
- Sensitivity to light or noise
- Feeling sluggish or slowed down
- Feeling foggy or groggy
- Drowsiness
- Change in sleep patterns
- Amnesia
- “Don’t feel right”
- Fatigue or low energy
- Sadness
- Nervousness or anxiety
- Irritability
- More emotional
- Confusion
- Concentration or memory problems (forgetting game plays)
- Repeating the same question/comment

### Signs observed by teammates, parents and coaches include:

- Appears dazed
- Vacant facial expression
- Confused about assignment
- Forgets plays
- Is unsure of game, score, or opponent
- Moves clumsily or displays in coordination
- Answers questions slowly· Slurred speech
- Shows behavior or personality changes
- Can’t recall events prior to hit
- Can’t recall events after hit
- Seizures or convulsions
- Any change in typical behavior or personality
- Loses consciousness

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

Athletes with the signs and symptoms of concussion should be removed from play immediately. Continuing to play with the signs and symptoms of a concussion leaves the young athlete especially vulnerable to greater injury. There is an increased risk of significant damage from a concussion for a period of time after that concussion occurs, particularly if the athlete suffers another concussion before completely recovering from the first one. This can lead to prolonged recovery, or even to severe brain swelling (second impact syndrome) with devastating and even fatal consequences. It is well known that

adolescent or teenage athlete will often under report symptoms of injuries. And concussions are no different. As a result, education of administrators, coaches, parents and students is the key for student-athlete's safety.

If you think your child has suffered a concussion

Any athlete even suspected of suffering a concussion should be removed from the game or practice 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 medical clearance. Close observation of the athlete should continue for several hours. The new "Zackery Lystedt Law" in Washington now requires the consistent and uniform implementation of long and well-established return to play concussion guidelines that have been recommended for several years:

"a youth athlete who is suspected of sustaining a concussion or head injury in a practice or game shall be removed from competition at that time"

and

"...may not return to play until the athlete is evaluated by a licensed health care provider trained in the evaluation and management of concussion and received written clearance to return to play from that health care provider."

You should also inform your child's coach if you think that your child may have a concussion. Remember, it's better to miss one game than miss the whole season. And when in doubt, the athlete sits out.

For current and up-to-date information on concussions, you can go to:  
<http://www.cdc.gov/ConcussionInYouthSports/>

\_\_\_\_\_  
Student-athlete Name Printed

\_\_\_\_\_  
Student-athlete Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent or Legal Guardian Printed

\_\_\_\_\_  
Parent or Legal Guardian Signature

\_\_\_\_\_  
Date

Adapted from the CDC and the 3rd International Conference on Concussion in Sport Document created 6/15/2009