



LEXINGTON YOUTH BASKETBALL REGISTRATION
FEE \$75.00 or \$50(Ages 4-6)

Name of Child: _____

Father: _____ Mother: _____

Address: _____ Zip: _____
Street City State

Phone Number:(home) _____ (work) _____ Cell _____

Email: _____

Jersey Size: Youth: _____ Adult: _____
 ___ Small ___ Small ___X-large
 ___ Medium ___ Medium
 ___ Large ___ Large

Age Group: BOYS GIRLS
4-6___(Co-Ed) 4-6___(Co-Ed)
7-8___ 13-15___ 7-8___ 13-15___
9-10___
11-12___

Estimated skill level of child: Beginner Average Skilled

Age: _____ Date of Birth: _____ - _____ - _____

Birth Cert. Verified by: _____

Height: _____ Weight: _____

If played last year.....Team

Name: _____

Coach: _____

*****If you are interested in coaching a team, please print your name & phone number and the age group you would like to coach.

Name: _____

Phone #: _____ Boys age group: _____

Girls age group: _____

Requests for particular practice nights or game times cannot be

Palmetto Health USC
ORTHOPEDIC CENTER



Athlete's Name: _____

Home Address: _____

Father's Name: _____

Home Address: _____

Home Phone: _____ Cell Phone: _____ Email: _____

Mother's Name: _____

Home Address: _____

Home Phone: _____ Cell Phone: _____ Email: _____

Family Medical Insurance Information:

Carrier: _____ Group: _____

Policy Number: _____ Group Number: _____

ID Number: _____

Family Physician: _____ Phone: _____

Address: _____

Allergies: _____

Other Medical Conditions: _____

We hereby grant consent to any & all health care providers designated by LCRAC to provide my child any necessary medical care as a result of any injury/illness. This consent includes First Aid and Transportation to/from health care providers.

Parent/Guardian Signature: _____ Date: _____

Waiver and Release (Please Read Carefully)

In signing up and participating in the Lexington County Recreation & Aging Commission programs, I/my child are expressly assuming the risk and legal liability and waiving and releasing all claims for injuries, damages or losses which I/my child might sustain as a result of participating in any and all activities, including transportation services, where provided.

I/my child acknowledge that there are certain risks of physical injury to participants in this program and I/my child voluntarily agree to assume the full risk of any and all injuries, damages, or loss, regardless of severity, that I/my child may sustain as a result of participation. I/my child further agree to waive and relinquish all claims against the Lexington County Recreation & Aging Commission, its officials, agents, volunteers, sponsors and employees that I /my child may have as a result of participating in this program.

I/my child understand that photographs of my child's participation in this program may be used by the Lexington County Recreation & Aging Commission to promote its events and facilities. I/my child understand these photos may be taken without my receiving compensation and without my granting additional approval.

Parent. Guardian Signature: _____ Date: _____



Lexington County Recreation & Aging Commission

WAIVER/RELEASE FOR COMMUNICABLE DISEASES INCLUDING COVID-19

ASSUMPTION OF RISK / WAIVER OF LIABILITY / INDEMNIFICATION AGREEMENT

In consideration of being allowed to participate on behalf of Lexington County Recreation & Aging Commission and related events and activities, the undersigned acknowledges, appreciates, and agrees that:

1. Participation includes possible exposure to and illness from infectious diseases including but not limited to MRSA, influenza, and COVID-19. While particular rules and personal discipline may reduce this risk, the risk of serious illness and death does exist; and,
2. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others, and assume full responsibility for my participation; and,
3. I willingly agree to comply with the stated and customary terms and conditions for participation as regards protection against infectious diseases. If, however, I observe and any unusual or significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the nearest official immediately; and,
4. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE AND HOLD HARMLESS Lexington County Recreation & Aging Commission, their officers, officials, agents, and/or employees, other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and lessors of premises used to conduct the event ("RELEASEES"), WITH RESPECT TO ANY AND ALL ILLNESS, DISABILITY, DEATH, or loss or damage to person or property, WHETHER ARISING FROM THE NEGLIGENCE OF RELEASEES OR OTHERWISE, to the fullest extent permitted by law.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IF FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

Name of participant: _____

Participant signature: _____

Date signed: _____

FOR PARTICIPANTS OF MINORITY AGE (UNDER AGE 18 AT THE TIME OF REGISTRATION)

This is to certify that I, as parent/guardian, with legal responsibility for this participant, have read and explained the provisions in this waiver/release to my child/ward including the risks of presence and participation and his/her personal responsibilities for adhering to the rules and regulations for protection against communicable diseases. Furthermore, my child/ward understands and accepts these risks and responsibilities.

I for myself, my spouse, and child/ward do consent and agree to his/her release provided above for all the Releasees and myself, my spouse, and child/ward do release and agree to indemnify and hold harmless the Releasees for any and all liabilities incident to my minor child's/ward's presence or participation in these activities as provided above, EVEN IF ARISING FROM THEIR NEGLIGENCE, to the fullest extent provided by law.

Name of parent/guardian: _____

Parent guardian/signature: _____

Date signed: _____

Lexington County Recreation & Aging Commission

Athlete & Parent/Legal Guardian Concussion Statement

**If there is anything on this sheet that you do not understand, please ask a staff member to explain it to you.*

**This form must be completed for each athlete, even if there are multiple athletes in each household.*

Athlete's Name: _____

Parent/Legal Guardian Name(s): _____

We have read the Athlete & Parent/Legal Guardian Concussion Information Sheet.
If true, please check box.

After reading the information sheet, I am aware of the following information:

Athlete's Initials		Parent/Legal Guardian's Initials
	A concussion is a brain injury, which should be reported to my parents, my coach(es), athletic trainer, or a medical professional if one is available.	
	A concussion can affect the ability to perform everyday activities such as the ability to think, balance, and classroom performance.	
	A concussion cannot be "seen." Some symptoms might be present right away. Other symptoms can show up hours or days after an injury.	
	I will tell my parents, my coach, athletic trainer, and/or a medical professional about my injuries and illnesses.	N/A
	If I think a teammate has a concussion, I should tell my coach(es), parents, athletic trainer or medical professional about the concussion.	N/A
	I will not return to play in a game or practice if a hit to my head or body causes any concussion-related symptoms.	N/A
	I will/my child will need written permission from a physician to return to play or practice after a concussion.	
	Based on the latest data, most concussions take days or weeks to get better. A concussion may not go away right away. I realize that resolution from this injury is a process and may require more than one medical evaluation.	
	I realize that ER/Urgent Care physicians will not provide clearance for return to play from this injury on the day they are injured.	
	After a concussion, the brain needs time to heal. I understand that I am/my child is much more likely to have another concussion or more serious brain injury if return to play or practice occurs before concussion symptoms go away.	
	Sometimes, repeat concussions can cause serious and long-lasting problems.	
	I understand that I will have to complete a graduated return to play and have written permission from a physician before I will be able to return to my sport per the Lexington County Recreation Commission's concussion management policy.	
	I have read and received the concussion symptoms on the Concussion Information Sheet.	

Signature of Athlete

Date

Signature of Parent/Legal Guardian

Date

Please return this completed form to the Lexington County Recreation & Aging Commission, Athletic Department, 563 S. Lake Drive, Lexington, S.C. 29072

WHAT ARE SOME MORE SERIOUS DANGER SIGNS TO LOOK OUT FOR?

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In rare cases, a dangerous collection of blood (hematoma) may form on the brain after a bump, blow, or jolt to the head or body and can squeeze the brain against the skull. Call 9-1-1 or take your child or teen to the emergency department right away if, after a bump, blow, or jolt to the head or body, he or she has one or more of these danger signs:

- One pupil larger than the other.
- Drowsiness or inability to wake up.
- A headache that gets worse and does not go away.
- Slurred speech, weakness, numbness, or decreased coordination.
- Repeated vomiting or nausea, convulsions or seizures (shaking or twitching).
- Unusual behavior, increased confusion, restlessness, or agitation.
- Loss of consciousness (passed out/knocked out). Even a brief loss of consciousness should be taken seriously.

WHAT SHOULD I DO IF MY CHILD OR TEEN HAS A POSSIBLE CONCUSSION?

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As a parent, if you think your child or teen may have a concussion, you should:

1. Remove your child or teen from play.
2. Keep your child or teen out of play the day of the injury. Your child or teen should be seen by a health care provider and only return to play with permission from a health care provider who is experienced in evaluating for concussion.
3. Ask your child's or teen's health care provider for written instructions on helping your child or teen return to school. You can give the instructions to your child's or teen's school nurse and teacher(s) and return-to-play instructions to the coach and/or athletic trainer.

Do not try to judge the severity of the injury yourself. Only a health care provider should assess a child or teen for a possible concussion. Concussion signs and symptoms often show up soon after the injury. But you may not know how serious the concussion is at first, and some symptoms may not show up for hours or days.

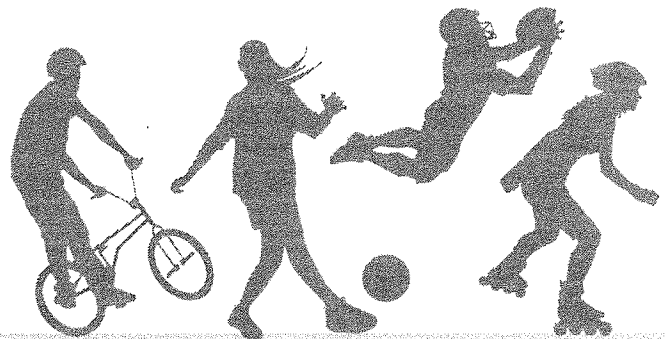
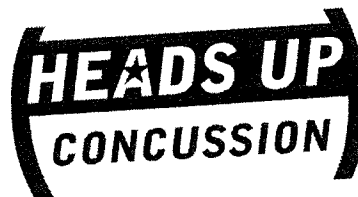
The brain needs time to heal after a concussion. A child's or teen's return to school and sports should be a gradual process that is carefully managed and monitored by a health care provider.

HOW CAN I HELP KEEP MY CHILDREN OR TEENS SAFE?

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Sports are a great way for children and teens to stay healthy and can help them do well in school. To help lower your children's or teens' chances of getting a concussion or other serious brain injury, you should:

- Help create a culture of safety for the team.
 - » Work with their coach to teach ways to lower the chances of getting a concussion.
 - » Talk with your children or teens about concussion and ask if they have concerns about reporting a concussion. Talk with them about their concerns; emphasize the importance of reporting concussions and taking time to recover from one.
 - » Ensure that they follow their coach's rules for safety and the rules of the sport.
 - » Tell your children or teens that you expect them to practice good sportsmanship at all times.
- When appropriate for the sport or activity, teach your children or teens that they must wear a helmet to lower the chances of the most serious types of brain or head injury. However, there is no "concussion-proof" helmet. So, even with a helmet, it is important for children and teens to avoid hits to the head.



TO LEARN MORE GO TO www.cdc.gov/HEADSUP

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Content Source: CDC's HEADS UP campaign. Customizable HEADS UP fact sheets were made possible through a grant to the CDC Foundation from the National Operating Committee on Standards for Athletic Equipment (NOCSAE).

CONCUSSION INFORMATION SHEET



**HEADS UP
CONCUSSION**

This sheet has information to help protect your children or teens from concussion or other serious brain injury. Use this information at your children's or teens' games and practices to learn how to spot a concussion and what to do if a concussion occurs.

WHAT IS A CONCUSSION?

A concussion is a type of traumatic brain injury—or TBI—caused by a bump, blow, or jolt to the head or by a hit to the body that causes the head and brain to move quickly back and forth. This fast movement can cause the brain to bounce around or twist in the skull, creating chemical changes in the brain and sometimes stretching and damaging the brain cells.

Lexington County
Recreation
& Aging
Commission
Athletics



HOW CAN I SPOT A POSSIBLE CONCUSSION?

Children and teens who show or report one or more of the signs and symptoms listed below—or simply say they just “don’t feel right” after a bump, blow, or jolt to the head or body—may have a concussion or other serious brain injury.

SIGNS OBSERVED BY PARENTS OR COACHES

- Appears dazed or stunned.
- Forgets an instruction, is confused about an assignment or position, or is unsure of the 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 or after a hit or fall.

SYMPTOMS REPORTED BY CHILDREN AND TEENS

- Headache or “pressure” in head.
- Nausea or vomiting.
- Balance problems or dizziness, or double or blurry vision.
- Bothered by light or noise.
- Feeling sluggish, hazy, foggy, or groggy.
- Confusion, or concentration or memory problems.
- Just not “feeling right,” or “feeling down.”