

# Roswell Recreation & Parks Department Registration Form

Please print all information clearly. If you have moved, please ask for a household update form.

Name of Parent/Guardian: \_\_\_\_\_ Phone Number \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip \_\_\_\_\_

Emergency Phone Number \_\_\_\_\_

Email Address \_\_\_\_\_

Participants Name: \_\_\_\_\_

Participants Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ M F

Date of Birth: \_\_\_\_\_ M F

Activity #	Activity Name

Activity #	Activity Name

If participant has any medical conditions we need to be aware of, please ask registrar for a medical form

## Waiver of Liability/Concussion Awareness

### PLEASE READ AND SIGN THE STATEMENTS BELOW

I, the undersigned, understand and acknowledge that participation in a recreation activity can be hazardous and I realize that no one should enter into a recreation activity unless the participant is medically able. I/We assume all risk associated with this activity including, but not limited to: falls, contact with other participants or equipment, effects of weather, equipment failure, and condition of playing area. I fully understand that it is my responsibility to ascertain if this specific activity contains other elements of risk that could prove to be harmful to a participant.

Having read this waiver and in consideration of acceptance of entry into the program, I and anyone entitled to act on my behalf waive and release the City of Roswell, the Roswell Recreation, Parks, Historic & Cultural Affairs Department, it's cosponsors, their representatives and successors from all claims and liabilities of any kind arising out of my participation or my child's participation in this activity.

## PARTICIPANT/PARENT CONCUSSION AWARENESS

### DANGERS OF CONCUSSION

Concussions at all levels of sports have received a great deal of attention and a state law has been passed to address this issue. Adolescent athletes are particularly vulnerable to the effects of concussion. Once considered little more than a minor "ding" to the head, it is now understood that a concussion has the potential to result in death, or changes in brain function (either short-term or long-term). A concussion is a brain injury that results in a temporary disruption of normal brain function. A concussion occurs when the brain is violently rocked back and forth or twisted inside the skull as a result of a blow to the head or body. Continued participation in any sport following a concussion can lead to worsening concussion symptoms, as well as increased risk for further injury to the brain, and even death.

Player and parental education in this area is crucial – that is the reason for this document. Refer to it regularly. This form must be signed by a parent or guardian of each student who wishes to participate in City of Roswell athletic programs.

### COMMON SIGNS AND SYMPTOMS OF CONCUSSION

- Headache, dizziness, poor balance, moves clumsily, reduced energy level/tiredness Nausea or vomiting
- Blurred vision, sensitivity to light and sounds
- Fogginess of memory, difficulty concentrating, slowed thought processes, confused about surroundings or game assignments
- Unexplained changes in behavior and personality
- Loss of consciousness (NOTE: This does not occur in all concussion episodes.)

FOR MORE INFORMATION PLEASE VISIT: <http://www.cdcfoundation.org/headsup>

### MEDIA RELEASE FORM

I hereby grant the City of Roswell, Georgia, permission to use the participant's likeness in any publication or publicity materials—including, but not limited to, photographs, videos, newsletters, press releases, Web sites, and social media sites in perpetuity. I will make no monetary or other claim against the City of Roswell for the use of the participant's likeness.

If you do not wish for yourself or your child's/children's image to be used by the City of Roswell, please contact [rpd@roswellgov.com](mailto:rpd@roswellgov.com)

By checking this box and typing my name below, I am electronically signing my application.

Signature: \_\_\_\_\_

Participant or Parent/Guardian (type your name to electronically sign this form)

Date \_\_\_\_\_

**REFUND INFORMATION:** A \$10 fee will be charged for each refund regardless of the date requested. A fee of \$25 or 25% (whichever is less) if requested less than 5 business days before the starting date. A fee of 50% will be charged if requested before the 2nd meeting date. No refunds will be processed thereafter. Tryouts are considered the starting date for athletic programs. The first practice is considered the 2nd meeting for athletic programs.

Refund requests can be submitted online at [www.roswellgov.com/refund](http://www.roswellgov.com/refund) or at any Recreation Centers during building hours. Phone-in requests are not accepted.