ALBANY POLICE ACTIVITIES LEAGUE

1000 San Pablo Ave.
Albany CA 94706
(510) 525 – 7300

Reg. Form_______________
Program__________________
Waiver__________________
Membership Fee $__________
Program Fee $______________

T shirt size Adult Child
S, M, L, XL

REGISTRATION INFORMATION

(Please print in ink or type)

________________________	_________________________	____________
Last Name	First Name	Middle Initial

_____________	_______	____________________	__________
Date of Birth	Sex (m or f)	parent's email address	Grade

Person(s) Participant Lives With (Address #1)

___________________	_______________	___________
Last Name(s)	First Name(s)	Middle Initial
____		___________
Street Address #1		Apartment #
____________	______________	__________
City	State	Zip
_____________	______________	___________
Home Phone	Work Phone	Cell Phone

Other Custodial Adult (Address #2)

___________________	_______________	___________
Last Name	First Name	Middle Initial
____		____________
Street Address #2		Apartment #
_____________	______________	__________
City	State	Zip
_____________	______________	___________
Home Phone	Work Phone	Cell Phone

____

Guardian Relationship (Circle one)

Paternal Parent Maternal Parent Step Parent Sibling Aunt Uncle Grandparent Other

Ethnicity (Circle One)

African American Asian Hispanic Caucasian Pan Pacific Islander Native American Other

PLEASE TURN OVER

Emergency Contact ***Person to be notified in case of emergency if <u>parent/guardian is not available</u>***

_______________________ Last Name	__________________ First Name	_____________ Middle Initial
____ Street Address		______________ Apartment #
_______________ City	________________ State	___________ Zip
_______________ Home Phone	________________ Work Phone	____________ Cell Phone

MEDICAL INFORMATION

Allergies (food, medicine, plants, etc.)____

Does participant take medications? Yes( ) No ( )

Name of medicine____

Dosage_________________________________ Medical condition___________________________

Date of last tetanus shot___________________ Glasses? Yes( ) No ( )
If yes, participant must bring glasses with retention strap.

Any important medical information or special instructions:
____
____

Asthma? Yes( ) No ( ) If yes, bring two (2) inhalers

Medical Insurance Yes( ) No ( )

Insurance carrier_______________________________________ Policy Number_______________

Primary care Physician:__________________________________ Phone Number_______________

MEDICAL HISTORY

Circle *Y* next to the corresponding body part if participant has had any previous injuries, has pre-existing condition, or special conditions (i.e. recent fracture or surgery). Otherwise circle *N*. **<u>All information will remain confidential.</u>**

1. Eyes	Y N	6. Hands	Y N	11. Pelvis	Y N	16. Knees	Y N
2. Ears	Y N	7. Lungs	Y N	12. Upper leg	Y N	17. Other	Y N
3. Head	Y N	8. Heart	Y N	13. Lower leg	Y N		
4. Neck	Y N	9. Back	Y N	14. Ankle	Y N		
5. Arms	Y N	10. Groin	Y N	15. Foot	Y N		

Explain any *yes* answers here:
____
____
____
____

VIDEO-PHOTO RELEASE

I understand that during the Albany Police Activities League program and/or activity, my photograph and /or the photograph of my child may be taken by the Albany Police Activities League, producers, sponsors, organizers and/or assigns. I agree that my photograph and/or the photograph of my child, including video photography, film photography, or other reproduction of my likeness or the likeness of my child, may be used without charge by the Albany Police Activities League, producers, sponsors, organizers, and/or it's assigns for such purposed as they deem appropriate.

AUTHORIZATION TO TREAT A MINOR

I, the parent or legal guardian, of the child listed on this registration form, do hereby authorize and consent to any X-ray examination, anesthetic, medical, or surgical treatment rendered under the general or special supervision of any member of the medical staff and emergency room staff licensed under the provisions of the Medical Practice Act or a Dentist licensed under the provisions of the Dental Practice Act and on the staff of any acute general hospital or emergency care facility holding a current license to operate a hospital or emergency care facility form the State of California Department of Public Health. I understand that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required, but is given to provide authority and power to render care which the aforementioned physician, in the exercise of his/her best judgment, may deem advisable for my child. Further, I understand my child will be participating in inherently dangerous activities and agree to pay for my child's medical expenses,. I understand that all effort shall be made to contact me prior to rendering treatment to my child, but any of the above treatment will not be withheld if I can not be reached.

RELEASE FROM LIABILITY

In consideration of the acceptance of the application of my child, as a participant in any programs and/or activities of the Albany Police Activities League, I and my child herby agree to assume all risks attendant upon myself and my child while participating in and Albany Police Activities League programs and/or activities. I and my child hereby waive, release, and discharge any and all claims for damages for death, personal injury, or property damage which I or my child may have, or which may hereafter accrue to me or my child, as a result of my child's participation in the Albany Police Activities League program or activity. I agree to indemnify and hold harmless from liability the Albany Police Activities League and/or any of their agents, servants, or employees by reason of any accident, death, injury, or damages, to persons or property which I or my child may suffer while participating in the Albany Police Activities League program and/or activity. This release is intended to discharge in advance the Albany Police Activities League and/or any of their agents, servants, or employees by reason of any accident, death injury or damages to persons or property which I or my child may suffer, from and against any and all liability arising out of or connected in any way with my or my child's participation in the Albany Police Activities League program and/or activity, even though that liability may arise out of negligence or carelessness on the part of the persons or entities mentioned above.

It is further understood and agreed that this waiver, release and assumption of risk is to be binding on my heirs and assigns, and the heirs and assigns of my child. I agree to assume all responsibility for any property damage or injury to any person caused by me or my child while participating in the Albany Police Activities League program and/or activity.

I have read, understand and approve the AUTHORIZATION TO TREAT A MINOR (with any restrictions I may have listed above), RELEASE FROM LIABILITY and the VIDEO-PHOTO RELEASE.

I WAS PROVIDED AND UNDERSTAND THE APAL CONCUSSION POLICY (attached).

____

PRINT NAME OF CHILD SIGNATURE OF PARTICIPANT

____

SIGNATURE OF PARENT OR LEGAL GUARDIAN DATE

Albany Police Activities League
Concussion Information

A concussion is a brain injury 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. 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
- Fatigue or low energy
- Sadness
- Nervousness or anxiety
- Irritability
- More emotional
- Confusion
- Concentration or memory problems
- 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 incoordination
- Answers questions slowly
- Amnesia
- "Don't feel right"
- 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

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, including concussions.

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.

Return to play concussion guidelines

- An 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 for the remainder of the day.
- An athlete who has been removed may not return to play until the athlete is evaluated by a licensed heath care provider trained in the evaluation and management of concussion and received written clearance to return to play from that health care provider
- If a licensed health care provider determines that an athlete sustained a concussion or a head injury, the athlete must complete a graduated return to play protocol of no less than seven days in duration under the supervision of a licensed health care provider. Due to the age of APAL athletes it is recommended he or she wait 7 days before even beginning the return to play protocol

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. When in doubt, the athlete sits out.

References and for current information please see:

Center for Disease Control information on concussions in youth sports, http://www.cdc.gov/ConcussionInYouthSports/

Youth Sports Concussion Safety Laws, CA specifically AB 2127 (July 2014) http://www.momsteam.com/california/youth-sports-concussion-safety-laws-california

Albany High School "Concussion Information Sheet" https://e16491e0-a-fcccaf37-s-sites.googlegroups.com/a/ausdk12.org/albany-high/athletics/Athletic-Clearance-formsInformation/ConcussionParent_Athlete.pdf

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