NEW RETURN	NING [Division	
FOOTBALL NAM	IAIMO 2014 REGIS	STRATION &	MEMBERSHIP AP	PLICATION
Players Information				
Players Name: LAST	FIRST		Birthdate:	YR/MO/DAY
Address:	2 2210 2		Postal Code:	
Phone #				
Primary Email		Secondary E	mail	
Parents Information				
Mothers Name:Address if different then above:			ALT phone:	
Fathers Name			ALT phone:	
Address if different then above:	HIGT DE DIGITIDE) 444D ;		1.0 , 1 , 44.
Registration Checklist – ALL M	UST BE INCLUDED	_	•	ocessed if not complete**
Registration Form Medical Form			cate (New Players ONLY) New Players ONLY)	
Concussion Form			Fee Payment (Cash or Che	eque)
Volunteer Deposit \$200 Dated: Jul	y 1 Spring: Dec 1 Fall		t \$300 Dated: July 1 Spri	1 /
PHOTO RELEASE Yes, I grant permission for my and/or local Newspaper No, I do not grant permission Media site and/ or local Newspap	for my child's photo			•
Date		Legal Guardian	n Signature	
CONSENT My child and I are aware that participat this sport. Including, but not limited to conditions associated with the sport. Su indicated to me and I agree to its conditions governing bodies.	falls, contact with other pack risks to my child are u	participants, the ef inderstood by me. d. I agree to abide	fects of the weather, traffi I understand the informat by the rules and regulatio	c, and other reasonable risk ion that this consent form has
Player Signature		Pa	rent Signature	
Please let us know how you heard abou	nt Football Nanaimo:			
Refund Policy- Full refund up to, and including, the Ex Equipment Deposit will be returned wh PAYMENT ENCLOSED Division		t issued to you is r	eturned to Football Nanair	
Division		Fee (see attached	1 Schedule)	—————I
OFFICE USE ONLY	CASH	Cheque #	 Amt Paid\$	Date:
	C.1011	oneque "	Anne i uiuy	2000

PLAYER MEDICAL INFORMATION SHEET

DATE YR/M/D SPRING FALL SPRING
Name: Birthate:YR/M/D Height Ft. In. Weight Lbs Address:
Postal Code: Care Card Number:
Doctor's Name: Doctor's Number:
Parent/Guardian Name & Phone # 1
Parent/Guardian Name & Phone # 2 Emergency Contact:(this person will be contacted if both parents are not available)
Name: Relationship: Contact number:
Please mark the appropriate responses that pertain to your player: Previous history of concussion? Fainting episodes/trouble breathing during exercise? Epileptic? Wears glasses/ contact lenses? Hearing problems? Asthma? Heart Conditions? Diabetic? Medication? Allergies? Has had surgery/ hospitalized in the last year? Has had injuries requiring medical attention is last yr. Has a health concern which would interfere with participation in football? PLEASE GIVE DETAILS IF YOU ANSWERED "YES" TO ANY OF THE ABOVE QUESTIONS
Any life saving medication required by the player must be provided by the Parent/Guardian It must be supplied to the Teams 1st Aid Attendant to carry in their 1st Aid Kit for the entire Football Season. Example: Epi Pen/ Inhaler Any information not covered above:
I give my consent for my child to be attended by the First Aid Staff present, should it be required at a practice or games.
I also give my permission for treatment, at a hospital if necessary should I be unable to be reached, to obtain my consent.
Date: YR/M/D
Parent/Guardian Signature:

^{*} Any medical concern or injury problem should be checked by your physician before participating in a football program.





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

- Amnesi
- "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 lack of coordination
- Answers questions slowly
- Slurred speech
- Shows behaviour or personality changes
- Can't recall events prior to hit
- Can't recall events after hit
- Seizures or convulsions
- Any changes in typical behaviour or personality
- Loses consciousness





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

Athletes with the signs ands 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 adolescents or teenage athletes will often under report symptoms of injuries and concussions are no different. As a result, education of administrators, coaches, parents and students if 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 Football BC policy now requires the consistent and uniform implementation of long and well-established return to play concussion guidelines. The complete Football BC can be downloaded at playfootball.bc.ca/pdfs/FBCConcussionPolicyJune2010.pdf.

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, sit them out.

PARENT-ATHLETE CONSENT FORM					
Athlete Name Printed	Athlete Signature	Date			
Parent or Legal Guardian Printed	Parent or Legal Guardian Signature	Date			
, , , ,	ge they have read the Football BC concussion polic ciated with playing a contact sport. The signees also Football BC concussion policy.	•			

Coaches: Please send all signed forms from your team to Football BC at the mailing address listed below.