

Snohomish Panther Volleyball

Youth Summer Skills Camps 2019

Information

Snohomish Volleyball Boosters are excited to present our annual summer volleyball skills camps! **SPACE is limited so reserve you spot TODAY!**

July 8-10
Grades 3-5th 5-7 p.m. \$100.00
Grades 6-8th 5-8 p.m. \$125.00

In effort to have registration run as smoothly as possible, and to guarantee your preferred T-shirt size, please abide by to the following guidelines:

- Registration paperwork deadline is **June 21, 2019.**
- **ALL** paperwork and payments, must be completed and received before participation is allowed:
 - Registration Form
 - Permission Slip
 - Concussion Information Sheet
- Make checks payable to Snohomish Volleyball Boosters and mail-to: Snohomish Volleyball Boosters c/o Jamie Whyte, 1000-20th St., Snohomish, WA 98290
- *Scholarships available upon financial need.*

Youth Skills Camp

Come learn volleyball taught by SHS coaches and outstanding SHS Volleyball players! Instruction will be individualized, dynamic, and designed to emphasize the important fundamentals!

LATE REGISTRATIONS WILL BE ACCEPTED THE DAY OF BUT WITHOUT GUARANTEE OF A T-SHIRT.

*The Snohomish School District has approved this information for distribution through its schools. The district does not, however, assume sponsorship of/ or responsibility for the actual content of any of the activities offered.

Snohomish Panther Volleyball Youth Summer Skills Camps 2019

Snohomish Panther Volleyball Registration Form

Youth Summer Skills Clinic for 3rd through 8th Graders

July 8 -10

3rd-5th grades 5-7 p.m.(\$100.00)

6th-8th grades 5-8 p.m. (\$125.00)

Registration/Paperwork/Payments Due June 21, 2019

Please send your completed registration form and payment in an envelope to Snohomish Volleyball Boosters c/o Jamie Whyte, 1000-20th St., Snohomish, WA 98290. Please make checks payable to Snohomish Volleyball Boosters. (Scholarships available upon financial need.)

Youth Summer Skills Volleyball Registration

Name

Grade

Parent's/ Guardian's Name

School

() -

() -

() -

Adult S M L XL XXL

Home Phone

Work Phone

Cell Phone

T-Shirt Size

Address

Family email:

City, ST ZIP Code

Student email:

() -

Emergency Contact

Phone

Comments:

Medical Information

Hospital/ Clinic Preference

Physician's Name

() -

Phone Number

Insurance Company

Policy Number

Allergies/Special Health Considerations

I authorize all medical and surgical treatment, X-ray, laboratory , anesthesia, and other medical and/or hospital procedures as may be performed or prescribed by the attending physician and/or paramedics for my child and waive my right to informed consent of treatment. This waiver applies only in the event that neither parent/guardian can be reached in the case of an emergency.

Parent's/Guardian's Signature

Date

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Permission Slip

Participant Name:

IN CONSIDERATION of the right to attend and participate in: 2018 Youth and High School Skills Camps, SHS Volleyball Boosters, SHS High School coaching staff, and student volunteers; the Parent/Guardian of the above identified youth hereby:

1. Authorizes and give the participant permission to participate in the event;
2. Understands that the event will include: Snohomish HS coaching staff and student volunteers (for Youth Camp).
3. Understands that the event will include: College coaching staff (for SHS High School Camp).
4. Acknowledges that there is an element of risk involved in any activity involving basic volleyball skills and competitive play and parent assumes all risk of and financial responsibility for any loss or injury to the participant or others that may occur as a result of the participants negligence or misconduct, and indemnifies and holds the Snohomish Volleyball Booster Club harmless from and against any and all costs, claims, demands, charges, liabilities, obligations, judgments, executions, costs of suit and actual attorney's fees incurred or suffered by the Snohomish Volleyball Booster Club as a result of, or arising out of, the participants negligence or misconduct.
5. Authorizes the Snohomish Volleyball Booster Club to obtain or authorize any reasonable incidental and/or emergency medical treatment for the participant in the event the participant's parent(s)/guardian(s) are not readily located and participant becomes ill, injured, or incapacitated: parent(s)/guardian(s) hereby accept the responsibility to pay for such treatment.

The informed consent and acknowledgment of Risk may not be amended, supplemented, or abrogated without the written consent of the Snohomish Volleyball Boosters.

The parent(s)/guardian(s) signing below on behalf of the participant acknowledge that they have read this consent and understand it's contents.

Name of Parent(s)/Guardian(s) - Printed

Date

Signature of Parent(s)/Guardian(s)

Best Daytime Contact #

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Concussion Form

Participant Name:

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 incoordination
- 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

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

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Concussion Form (Continued)

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 athletes will often fail to report symptoms of injuries. Concussions are no different. As a result, education of administrators, coaches, parents and students is the key to 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.

RETURN TO PARTICIPATION PROTOCOL

If your child has been diagnosed with a concussion they **MUST** follow a progressive return to participation protocol (under the supervision of an approved health care provider) before full participation is authorized.

The return to play protocol may not begin until the participant is no longer showing signs or symptoms of concussion. Once symptom free, the athlete may begin a progressive return to play. This progression begins with light aerobic exercise only to increase the heart rate (5-10 minutes of light jog or exercise bike) and progresses each day as long as the child remains symptom free. If at any time symptoms return, the athlete is removed from participation.

Name of Student Athlete -Printed

Signature

Date

Name of Parent/Guardian - Printed

Signature

Date

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

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