



## Swimmer Try-Out Packet

Forms G, H, and I (included) must be completed and returned to a Spartan coach before participating in any Spartan practice. These forms allow a child to try-out; they are not registration forms for the team. While Spartan Swimming does not charge for try-outs, individuals that are not SPAR members must pay the facility Day Fee (\$3 resident/\$4 non-resident) when trying out for the team. Parents that wish to observe the try-outs will also pay the Day Fee (\$4/\$5).

To join Spartan Swimming, the Registration Packet (available at [www.spartanswimming.com](http://www.spartanswimming.com)) must be completed and submitted along with the registration fee and first month's coaching fee.

Questions ? Call 337-488-9496 or 337-513-8213



# SPAR

SULPHUR PARKS & RECREATION

933 W Parish Rd. Sulphur, LA 70663

337-721-3040

## PARTICIPANT REGISTRATION FORM – Form G

### Check ONLY ONE activity:

#### Basketball

Boys & Girls 8-18, Adults 19 & up  
Played January-February

#### Adult Softball-Spring/Fall

Men & Women 19 & up  
Played March-April/August-October

#### Baseball

Boys 5-18\* New age cutoff-May 1  
Played April-July

#### Softball

Girls 5-18\* Age cutoff is Jan 1  
Played May-July

#### Slow pitch Softball

Girls 8-18  
Played July-August

#### Soccer

Boys & Girls 5-15  
Played September-November

#### Football-Flag & Contact

Boys 8-9, & 10-12  
Played September-November

#### Youth Volleyball

Girls 10-18  
Played September-November

#### Adult Volleyball

Men & Women 19 & up  
Played September-November

#### Tennis

All ages, male & female  
Various times year round

#### Other (Includes

participants of any and all  
other sports and/or  
activities not listed above)

PLEASE SPECIFY SPORT OR  
ACTIVITY BELOW

**SWIM TEAM**

### THIS SECTION MUST BE COMPLETED IN FULL

Please check this box, if this is the first time this person has registered and/or participated in a Sulphur Parks & Recreation sports program or other activities conducted at SPAR facilities.

What is the participant's current age? \_\_\_\_\_ Today's date \_\_\_\_\_

Participant's full name \_\_\_\_\_

Participant's School, Club, or Team \_\_\_\_\_

Participant's Birth date \_\_\_\_\_ Participant's sex (M or F) \_\_\_\_\_

Street address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work phone: \_\_\_\_\_

Playing Age is determined by the age of the Child on July 31 (except where noted) of the year in which the sport is played. (For Youth Softball the cutoff date is January 1, and the **Youth Baseball cutoff is May 1**, of the year in which the sport is played)

I do hereby certify that all information on this form is correct and that Sulphur Parks and Recreation (SPAR) and its paid and volunteer workers will not be held responsible for any injury to the participant while participating in any of the recreation program and/or activities at any SPAR facilities and/or during transportation to & from said facilities. Participants are responsible for arranging their own transportation to & from all activities and assume all liabilities related to said transportation. I further understand that SPAR does not provide health and liability insurance coverage for accidents or injuries that occur as a result of participation in or use of SPAR facilities. I fully understand that there are serious risks from participating in recreation and/or other physical activities. All persons participating in SPAR sponsored activities and/or using SPAR properties/facilities agree to conduct themselves according to SPAR standards for behavior and abide by any and all disciplinary actions imposed by SPAR. This release is valid for all SPAR sponsored programs and activities until revoked in writing.

The registering party verifies that the participant health and fitness is now and at all future time periods will be acceptable to participate in SPAR programs and/or activities. I understand SPAR requests that all participants consult their physician before becoming physically active.

Participant's signature (if 18 yrs. or older) or  
Parent/Guardian's signature (if participant under 18 yrs)

Sign \_\_\_\_\_ Date \_\_\_\_\_



***SPAR***  
***Sulphur Parks & Recreation***

933 W. Parish Rd. Sulphur Louisiana 70663

Tel: (337) 721-3040

[www.sulphurparks.com](http://www.sulphurparks.com)

To: The Parents & Guardians and/or Responsible Party for All Swim Team Members

From: Sulphur Parks & Recreation

Subject: No Lifeguard Services Provided by SPAR to Swim Team Participants

The Sulphur Parks & Recreation (SPAR) & Aquatic Center is honored to have your children participating on an independent swim team that uses our facility. The dedication and commitment required to excel in the sport of swimming is remarkable, and SPAR is privileged to provide an avenue for their individual pursuit of excellence. However; during swim team practices and associated activities and because of the number of swimmers in the pool and the amount of activity in the water we will not provide lifeguard services to the competitive swimmers. The large number of swimmers and constant activity create situations where it is almost impossible for our lifeguards to provide effective lifeguard services to both the competitive and recreational swimmers. It is the responsibility of each team and each team's coaching staff to properly supervise and provide any needed lifeguard services to their participants. The parents of each swim team participant should satisfy themselves that they feel adequate safety practices are being followed to ensure their child's safety. Parents should meet with their coaches to verify the coach's safety methods and certifications that are used during training.

Even though SPAR lifeguards will not be safeguarding swim team members they will be in the building to be called on in case of an emergency. If you have any questions concerning this matter, please do not hesitate to contact us.

I have read and understand the lifeguard policy stated above and indicate such by my signature below. The names of my child or children if appropriate appear below:

\_\_\_\_\_  
Child's Name

\_\_\_\_\_  
Child's Name

\_\_\_\_\_  
Child's Name

\_\_\_\_\_  
Child's Name

\_\_\_\_\_  
My Signature

\_\_\_\_\_  
Date



**SULPHUR PARKS & RECREATION**

933 W Parish Rd. Sulphur, LA 70663

337-721-3040

### **Louisiana Youth Concussion Act (Act 314)**

In June 2011 the Louisiana legislature passed, and the governor signed, Act 314, "Louisiana Youth Concussion Act." Act 314 has three major components. Each public and nonpublic elementary school, middle school, junior high school, and high school; and each private club, public recreation facility, and athletic league which sponsors youth athletic activities shall be in compliance with the new state law. To view the law in its entirety, go to: [www.legis.state.la.us/billdata/streamdocument.asp?did=760519](http://www.legis.state.la.us/billdata/streamdocument.asp?did=760519).

#### **Components**

1. Prior to the beginning of each athletic season all coaches, officials, volunteers, youth athletes, and their parents or legal guardians, shall be provided pertinent information regarding the nature and risk of concussion, including the risks associated with continuing to play after a concussion, and proper method and statutory requirements which must be satisfied in order for a youth athlete to return to the athletic activity.
2. Each coach and official, whether employed or a volunteer, that works with athletes ages 7-19 is required to complete an annual concussion recognition course.
3. As a condition of participation in any athletic activity, each youth athlete and youth athlete's parent or legal guardian, must sign a concussion and head injury information sheet which includes, but is not limited to, adequate notice of the statutory requirements which must be satisfied in order for an athlete who has, or is suspected to have, sustained a concussion or head injury, in order to return to the athletic activity.

#### **Statutory Requirements For A Return To Athletic Activity**

If a youth athlete is removed from play after showing signs and symptoms that cannot be readily explained by a condition other than concussion, the coach shall notify the athlete's parent or legal guardian and shall not permit the youth athlete to return to play or participate in any supervised team activities involving physical exertion, including games, competitions, or practices until the youth athlete is evaluated by a health care provider and receives written clearance from the health care provider for a full or graduated return to play.

I have read the information above and the ***Heads Up / Concussion in Youth Sports Concussion Information Sheet*** (backside of this sheet).

\_\_\_\_\_  
Youth Athlete (Print)

\_\_\_\_\_  
Youth Athlete (Signature)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent or Legal Guardian (Print)

\_\_\_\_\_  
Parent or Legal Guardian (Signature)

\_\_\_\_\_  
Date

This form is intended to satisfy 1299.183.B (1) of Act 314, Louisiana Youth Concussion Act for those involved in athletic activities sponsored by, or conducted at, Sulphur Park & Recreation and is not intended to supersede or replace any form or information provided, or required by any other entity.

## Heads Up: Concussion in Youth Sports - Parent/Athlete Concussion Information Sheet

A concussion is a type of traumatic brain injury that changes the way the brain normally works. A concussion is caused by bump, blow, or jolt to the head or body that causes the head and brain to move rapidly back and forth. Even a “ding,” “getting your bell rung,” or what seems to be a mild bump or blow to the head can be serious.

### WHAT ARE THE SIGNS AND SYMPTOMS OF CONCUSSION?

Signs and symptoms of concussion can show up right after the injury or may not appear or be noticed until days or weeks after the injury. If an athlete reports **one or more** symptoms of concussion listed below after a bump, blow, or

jolt to the head or body, s/he should be kept out of play the day of the injury and until a health care professional, experienced in evaluating for concussion, says s/he is symptom-free and it's OK to return to play.

### Did You Know?

- Most concussions occur without loss of consciousness.
- Athletes who have, at any point in their lives, had a concussion have an increased risk for another concussion.
- Young children and teens are more likely to get a concussion and take longer to recover than adults.

#### SIGNS OBSERVED BY COACHING STAFF

Appears dazed or stunned  
Is confused about assignment or position  
Forgets an instruction  
Is unsure of 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 hit or fall  
Can't recall events after hit or fall

#### SYMPTOMS REPORTED BY ATHLETES

Headache or “pressure” in head  
Nausea or vomiting  
Balance problems or dizziness  
Double or blurry vision  
Sensitivity to light  
Sensitivity to noise  
Feeling sluggish, hazy, foggy, or groggy  
Concentration or memory problems  
Confusion  
Just not “feeling right” or “feeling down”

### CONCUSSION DANGER SIGNS

In rare cases, a dangerous blood clot may form on the brain in a person with a concussion and crowd the brain against the skull. An athlete should receive immediate medical attention if after a bump, blow, or jolt to the head or body s/he exhibits any of the following danger signs:

- One pupil larger than the other
- Is drowsy or cannot be awakened
- A headache that not only does not diminish, but gets worse
- Weakness, numbness, or decreased coordination
- Repeated vomiting or nausea
- Slurred speech
- Convulsions or seizures
- Cannot recognize people or places
- Becomes increasingly confused, restless, or agitated
- Has unusual behavior
- Loses consciousness (even a brief loss of consciousness should be taken seriously)

### WHY SHOULD AN ATHLETE REPORT THEIR SYMPTOMS?

If an athlete has a concussion, his/her brain needs time to heal. While an athlete's brain is still healing, s/he is much more likely to have another concussion. Repeat concussions can increase the time it takes to recover. In rare cases, repeat concussions in young athletes can

result in brain swelling or permanent damage to their brain. They can even be fatal.

### WHAT SHOULD YOU DO IF YOU THINK YOUR ATHLETE HAS A CONCUSSION?

If you suspect that an athlete has a concussion, remove the athlete from play and seek medical attention. Do not try to judge the severity of the injury yourself. Keep the athlete out of play the day of the injury and until a health care professional, experienced in evaluating for concussion, says s/he is symptom-free and it's OK to return to play.

Rest is key to helping an athlete recover from a concussion. Exercising or activities that involve a lot of concentration, such as studying, working on the computer, or playing video games, may cause concussion symptoms to reappear or get worse. After a concussion, returning to sports and school is a gradual process that should be carefully managed and monitored by a health care professional.

### Remember

Concussions affect people differently. While most athletes with a concussion recover quickly and fully, some will have symptoms that last for days, or even weeks. A more serious concussion can last for months or longer.

For more information on concussions, visit: [www.cdc.gov/Concussion](http://www.cdc.gov/Concussion)