SPARTAN
SWIMMING

2017-2018 Swimmer Registration Packet

Sulphur Parks And Recreation (SPAR)

WELCOME TO SPARTAN SWIMMING !

REGISTRATION

The attached registration packet contains a lot of information and several forms. You probably already completed and submitted Form G, Form H, and Form I (the *Try-Out Packet*). If not, the *Try-Out Packet* must be submitted to Spartan Swimming before your first practice.

When you are ready to join Spartan Swimming, complete and sign the remaining forms.

AND THEN

Submit Form A, Form B, Form C, Transfer Form (if necessary), your first month's coaching fee, and the $100.00 registration fee (plus $37 Transfer Fee if applicable) to Spartan Swimming

AND

Submit Form E, Form F, and SPAR membership fees to SPAR.

After your initial payment, you will be invoiced each month for the next month's fees. Invoices are e-mailed on the 1st of each month. Form B contains more information on the financial side of Spartan Swimming.

SPARTAN SWIMMING AND SPAR

Antonetz Aquatics, LLC (doing business as Spartan Swimming) is not a Sulphur Park and Recreation program. In order to enjoy the use of this great facility, all of our swimmers must become members of SPAR. SPAR membership options are included is this packet. Please understand that leaving the Spartan program will not relieve you of your contractual obligations to SPAR.

SPAR RECREATION AND AQUATIC CENTER / 933 West Parish Road, Sulphur, LA 70663

* I-10 Exit 20 - Ruth Street
* North on Ruth to Parish Road
* Left (West) on Parish
* SPAR will be on the left, just past the third 4-Way Stop.

CONTACT INFORMATION

Coach Andy Antonetz
337-488-9496
AtoZswim@gmail.com

Coach Allan Andersen
337-513-8213
allan.andersen54@gmail.com

REGISTRATION PACKET
PART #1
INTERNAL SPARTAN SWIMMING DOCUMENTS

FORM A **Athlete Information Sheet**

Please print clearly … your information is important and must be recorded accurately. Be sure to sign and date the bottom of this form.

This information will be used by Spartan Swimming and will be used to register your swimmer with USA Swim. USA Swim registration provides supplemental insurance coverage, a subscription to *Splash Magazine*, and establishes a competitive swimmer I.D. number for your child.

Spartan Swimming will hold your registration fee for two weeks to make certain that your child is ready for the program. At that point their information will be submitted to USA Swim and the $100 registration fee cannot be refunded.

Once registered with USA Swim, your swimmer will receive a Spartan Swimming T-shirt and swim cap.

FORM B **Spartan Swimming Financial Obligations and Policies**

Please sign and date this form to indicate that you have read and understand the policies and procedures listed on Form B.

Written notification is required when leaving the program. Without this notification you will continue to be billed for the program.

FORM C **Spartan Swimming Code of conduct**

Please sit down with your child and read through this document before it is signed and dated. Swimmers will be held accountable for their actions !

TRANSFER **Louisiana Swimming, Inc. Transfer Form**

If you have EVER been registered with another USA Swimming team, this form MUST accompany your application; and the $37 transfer fee must be included with your Spartan registration packet.

Spartan Swimming - Membership Information

A

Section #1 Account Information

Guardian #1 [ ] Mom [ ] Dad [ ] Other	Guardian #2 [ ] Mom [ ] Dad [ ] Other
Name:	Name:
Street Address:	Street Address:
City:	City:
State/Zip:	State/Zip:
Primary E-Mail:	Primary E-Mail:
Home Phone:	Home Phone:
Work Phone:	Work Phone:
Cell Phone:	Cell Phone:

Section #2 Athlete Information

Full Legal Name Required

Last: First: Middle:

Date of Birth: Preferred Name:

Have You Ever Been Registered With Another USA Team ? [ ] No **[ ] Yes - Transfer Required**

Athlete's E-mail

Athlete's Cell Phone:

T-shirt Size:

Practice Group: [ ] Novice [ ] Age Group [ ] Senior

Section #3 Emergency Contact

Name:	Physician:
Relationship:	Phone:
Home Phone:	
Work Phone:	Dentist:
Cell Phone:	Phone:

Section #4 Consent and Release

I, the undersigned, as a parent or legal guadian of the athlete listed on this application, intend to be legally bound, hereby certify that the above athlete applicant is physicallyfit and has not been otherwise informed by a physician. I acknowledge that I am aware of risk inherent in a USA SWIMMING, INC. program such as SPARTAN SWIMMING (training and competition) including possible permanent disability or death, and agree to assume all of those risks. I hereby waive any and all rights to claims for loss or damage arising out of the applicant's participation in the SPARTAN SWIMMING program or any activities incident thereto against SPARTAN SWIMMING, it's coaches, officiers, agents, and Sulphur Parks and Recreation, it's employees, officers, or agents.

I have read, understood, and agree to the terms and conditions of this application as it relates to the above athlete applicant.

Print Name: Signature: Date:

SPARTAN SWIMMING
Financial Obligations and Policies

On the 1st of the month Spartan Swimming will e-mail an invoice to each member. This invoice will include new charges, unpaid balances, late fees (if applicable), and *insufficient fund* assessment (if applicable). If you do not have an e-mail address, a hard copy will be mailed to your home.

- **Payments are due by the 5th of each month.**
- Unless arrangements have been made with the team, balances are due in full. Please see Coach Andy Antonetz or Coach Allan Andersen if extenuating circumstances will affect your ability to pay on time.
- **A late fee of $15 will be assessed for payments received after the 20th of each month.**
- A $25 fee will be assessed for returned checks.

ANNUAL REGISTRATION FEE

New Members	$100	Due With Registration Packet (includes inactive members not currently registered with USA Swimming)
Renewals	$75	Due November 20 (this will be part of the November 1 Invoice)

MONTHLY TRAINING FEES (*does not include SPAR membership fees*)

Novice	$50	1 Hour per Day / Three-Four Days per Week
Age Group	$70	1.5 Hours per Day / Four-Six Days per Week
Senior	$90	Up to 4 Hours per Day / Six Days per Week

MEET ENTRY FEES
Meet entry fees will be posted on-line and will be withdrawn automatically on the 1st of the month along with your regular monthly fees. If you do not use an automatic payment options, these fees are due by the 1st of the next month.

PAYMENTS
It is recommended that you choose an automatic payment option on the Spartan Swimming website. Instructions will be e-mailed once you are registered. Payments, including meet entry fees and USA registration fees, may also be hand delivered to your coach, or mailed to: **Spartan Swimming, P.O. Box 980, Sulphur, LA 70664.** Checks and money orders should be made payable to ***Antonetz Aquatics, LLC***

CHANGE IN STATUS
- If you expect to be gone for a full month (or more), or if you are leaving the program, the team must be notified **in writing/via e-mail** to avoid additional fees being charged to your account.
- Inactivity due to illness or injury will be addressed on an individual basis.
- Leaving the program does NOT relieve you of your contractual obligations to SPAR.

I _____ the parent/legal guardian of _____, who is an athlete member of **Spartan Swimming,** have read, understand, and agree to the billing policies of **Spartan Swimming**, and further understand that I may be held legally responsible for unpaid balances incurred while my child participates in the **Spartan Swimming** program.

_____ _____/_____/_____
Signature (Parent / Legal Guardian) Date

SPARTAN SWIMMING
Athlete Code of Conduct

As a participant in the Spartan Swimming program I understand and will conform to this Code of Conduct when representing Spartan Swimming (i.e. practice, team socials, team travel, swim meets).

GENERAL RULES OF CONDUCT

- I will show respect to all adults and/or those in authority.
- The possession or use of alcohol, tobacco, or controlled substances is prohibited. Being present and witness to the possession or use of alcohol, tobacco, or controlled substances by another is prohibited.
- I will refrain from illegal and inappropriate behavior.
- I will respect the property of others. Theft and/or vandalism will not be tolerated.
- I will treat my teammates with respect.
- When traveling with the team, I will use the buddy system … staying with two or more teammates when roaming in public areas.
- I will represent Spartan Swimming in a way that will bring honor and respect to the team.
- I will use appropriate language at all times.
- I will not intentionally embarrass my team, teammates, or coaches.
- I will strive to live my life with integrity and fight negative peer pressure.

SPECIFIC RULES FOR TEAM TRIPS

- I will be in my room by the established curfew … no excuses.
- There will be NO phone calls, TV, games, or conversation after *lights out*.
- I understand that the coaches/chaperones will decide roommate.
- I will not be in a hotel room with a member of the opposite sex (even if invited) except in the presence of a coach or chaperone.
- My hotel room will be left in good order. I understand that I am responsible for any damage to my hotel room.
- I understand that post-meet fatigue is not an excuse for missing school the day after an away meet.
- I will be on time and ready for all departures, meetings, and events.
- I understand that my cell phone will be collected at curfew and returned the next morning.

TEAM TRAVEL VIOLATIONS

1st Violation	May be barred from the next travel meet unless the swimmer is accompanied by their parent.
2nd Violation	May be barred from all team travel for 12 months.
3rd Violation	May result in dismissal from the team.

A violation must be reported by a reliable source (i.e. police, hotel manager, coach, chaperone, and/or two or more swimmers). Before a penalty is imposed, a meeting will be held with the swimmer and their parents. If the swimmers and/or their parents refuse a meeting, the penalty will be imposed.

I understand that if I violate any of the items listed above, penalties will be imposed and my standing with Spartan Swimming will be put in jeopardy.

Swimmer's Signature _____ Date _____

Parent's Signature _____ Date _____

2018 USA SWIMMING
LOUISIANA SWIMMING
TRANSFER REQUEST FORM

CURRENT REGISTRATION INFORMATION:

Last Name _____ **First Name** _____ **Middle Name** _____

Address _____

City _____ **State** _____ **Zip** _____ - _____

Home Phone _____

USA Swimming ID Number: _____

Date of Birth ___/___/_____ (MO / DAY / YR) **Sex** ____ (M/F) **Age** _____ **Preferred Name** _____ (Billy, Bob, Beth, Liz)

Previous Club: LSC Code: ___ **Club Code:** _____ **Club Name:** _____

Last date of competition representing this club: _____

Name of meet _____ **City** _____ **State** _____

New Club: LSC Code: _____ **Club Code:** _____ **Club Name:** _____

This will confirm that the above information is correct. I understand that the above athlete will remain Unattached for 120 consecutive days from the date of last open sanctioned competition in accordance with USA Swimming Rules and Regulations 203.3.

_____ _____

Signature of Athlete, Parent, Guardian or Coach **Date**

Louisiana Swimming Transfer Fee: $37.00
Transfer check should be a club check and made out to LA Swimming.

The athlete's former club will be notified that a transfer has occurred. It is the responsibility of the athlete's former club to notify the LSC Registrar if the club has obtained a court judgment which would cause the swimmer to be unattached pursuant to Article 203.6.

Article 203.6 If a member club of an LSC has secured a court judgment against an athlete member (or his/her parents or custodians) for non-payment of club membership dues and fees which entitle the athlete to compete attached to the club that athlete shall be ineligible to represent any USA Swimming member club until the judgment is paid.

Updated 12/2/2015

REGISTRATION PACKET
PART #2
SULPHUR PARKS AND RECREATION (SPAR) DOCUMENTS

FORM D **SPAR Membership Information and Options**
It doesn't matter which SPAR membership option you select, but to practice at SPAR swimmers must be SPAR members or pay the SPAR Daily Use Fee. If you are already a SPAR member you may disregard Forms E and F. Forms G, H and I are still required.

Your SPAR membership is independent of your Spartan Swimming membership. Leaving the team will not end your contractual obligations with SPAR.

FORM E **SPAR Membership Application**

FORM F **SPAR Information, Waiver, and Code of Conduct**
This form includes some specific information regarding the swim team.

TRY-OUT PACKET

If you completed, and submitted, these forms during your try-out period, we do not need these forms again. However, if there was a lapse between your try-out and your registration, please check to be sure these forms are still on file ! These forms must be submitted to **Spartan Swimming** before a child can participate in any Spartan practice. Spartan will submit these forms to SPAR separately.

FORM G **SPAR Participant Registration**

FORM H **SPAR Lifeguarding Statement**
This is a waiver that must be signed regarding on-deck supervision during practice. SPAR will not provide a lifeguard to watch the swim practices. However, your Spartan Swimming staff is safety trained and certified by the American Red Cross.

FORM I **Louisiana Youth Concussion Act: Parent & Athlete Information**
The Louisiana legislature, in Act 314 (2011,) required that all parents & athletes be made aware of the dangers of concussions.

SPAR AQUATIC CENTER
Membership Options and Facility Procedures

The SPAR Recreation & Aquatic Center Staff would like to welcome you ! Please read through the following information. If you have a question, we have the answer … or will find it. If you are a current SPAR member you will not have to purchase another pass, but you must keep your membership active while a member of Spartan Swimming**. All swimmers must complete, sign, and submit, the *Spartan Try-Out Packet* (Forms G, H, and I of the Registration Packet) before they participate in any practice.**

SPECTATOR OPTIONS
Parents that are not personally SPAR members are welcome to enjoy the FREE areas that SPAR provides while waiting for their child (see kiosk for details). However, any other areas that you visit (i.e. the pool area) require a fee. Sulphur High School parents (during the high school season) may enter to watch practice for $1.00. All other non-members must pay the Daily Use Fee (see below) to enter the pool area.

MEMBERSHIPS
All swimmers entering the facility must possess a current active Membership, or pay the Daily Use Fee.

SWIM TEAM PACKAGES AVAILABLE (includes taxes)

	In District	Out of District
Annual Swim Team Membership	$225.93	$358.83
*Automatic Monthly Bank Draft Available */***	$18.83	$29.90
Six Month Membership	$129.58	$255.83
Annual Family Membership (limit of five family members)	$358.83	$677.79
*Automatic Monthly Bank Draft Available ***	$29.90	$56.48
Daily Use Fee (child/adult)	$3.00/$4.00	$4.00/$5.00

* Swim Team Membership Monthly Draft Option must be renewed annually
** This is NOT a month-to-month membership. If you choose this option you are obligated for the entire year.

Swimmers are able to purchase any SPAR membership package available based on the swimmer's residency (in-district or out-of-district) No one under the age of eighteen (18) is permitted to purchase a single membership unless they are participating with a swim team group. If you are a swim team participant you MUST have your parents complete and sign the application; and also have the swim team coach sign the application prior to pass/membership purchase.

CANCELLATION POLICIES
Swim Team packages are special rates and are non-refundable, non-transferable, and no changes are allowed once purchased. Other SPAR membership packages also carry restrictions on cancellation and are contracts for the full length of the Membership Term Agreement.

DAILY CHECK-IN / SCAN PROCEDURE
ALL swimmers must scan their membership ID cards at the front kiosk upon entering the building. Lost cards must be replaced ($5.00).

BEHAVIOR / FOOD-DRINK POLICIES
No food, gum, or beverages (excluding water and sport drinks) may be brought into the pool area for practice or competitions. All swimmers are guests of SPAR and any horse-play, vandalism, or inappropriate behavior of any kind will not be tolerated. All swimmers should report directly to the pool area upon arriving at the facility. Loitering in the hallways or other areas of the SPAR Aquatic Center is not permitted.

SPAR AQUATIC CENTER
Membership Application

SULPHUR PARKS & RECREATION 933 W Parish Rd. Sulphur, LA 70663 337-721-3040

ATHLETE'S NAME Last _____ First _____ MI _____

Date of Birth _____/_____/_____ Age _____ Gender [ ] M [ ] F Cell Phone _____

ATHLETE'S PARENT Last _____ First _____ MI _____

Physical Address _____
Street *Apt #* *City* *State* *Zip*

Mailing Address _____
Street *Apt #* *City* *State* *Zip*

Home Phone _____ Work Phone _____ Cell Phone _____

E-Mail _____

EMERGENCY CONTACT INFORMATION

Name _____ Relationship _____

Home Phone _____ Cell Phone _____

Note: Swimmers are able to purchase any SPAR membership package available. The high school season pass is based on the location of the school. All other packages are based on the swimmer's residency. *In-District* residents must live within *Ward 4, District Two Recreation District* and/or *Sulphur High School Zone*; or be a property owner within said area. Anyone residing outside this area is considered *Out-of-District*. Swimmers MUST have their parents complete and sign application; and also have the swim team coach sign the application prior to pass/membership purchase. No one under the age of eighteen is permitted to purchase a single membership unless they are participating on a swim team.

ANNUAL SWIM TEAM PACKAGE (*monthly bank draft available*)

In-District	[ ]	$225.93 (full pay)	[ ]	$18.83 (monthly draft)
Out-of-District	[ ]	$358.83 (full pay)	[ ]	$29.90 (monthly draft)

SIX MONTH SWIM TEAM PACKAGE

In-District	[ ]	$129.58
Out-of-District	[ ]	$255.83

FAMILY MEMBERSHIP PACKAGES (*monthly bank draft available*)

In-District	[ ]	$358.83 (full pay)	[ ]	$29.90 (monthly draft)
Out-of-District	[ ]	$677.79 (full pay)	[ ]	$56.48 (monthly draft)

PAYMENT METHOD: [ ] CASH [ ] CHECK [ ] CREDIT CARD [ ] BANK DRAFT
Note: If you wish to pay by Credit Card or Bank Draft, parent MUST come in to complete the necessary paperwork.

!!! PLEASE CHOOSE PACKAGE CAREFULLY ! ONCE PURCHASED, IT CANNOT BE CHANGED !!!

COACH VERIFICATION: This swimmer has been accepted as a participant in the Spartan Swimming Program. _____

I understand and agree to the cancellation policies as follows: Swim Team packages are special rates and are non-refundable, non-transferable, and no changes are allowed once purchased.

PARENT SIGNATURE _____ DATE _____/_____/_____

OFFICE USE ONLY
[ ] In-District [ ] Out-of-District Proof of Residency: 1. _____ 2. _____ (must have two forms of residency ID)

SPAR Aquatic Center
Information, Waiver, and Code of Conduct

Annual packages are valid for one year from the date of purchase and do not auto-renew.
Athletes must scan-in at the kiosk daily.
Lost cards must be replaced ($5.00).

SPECTATOR OPTIONS DURING PRACTICE
Parents are welcome to enjoy the FREE areas that SPAR provides (see kiosk for details) while you wait for your child. However, any other area that you visit, such as the pool, requires a fee. Sulphur High School parents, *during the high school season*, may enter to watch practice for $1.00. All other parents and visitors must pay a daily use fee, or have an active membership. Family membership packages are available. See the SPAR kiosk for details and pricing.

LOCKER USAGE
Swim team members may use lockers at their own risk, provided they use their own lock. Locks MUST be removed daily. Any lock left on overnight will be cut off. Swimmers may not leave belongings unattended in the locker room. SPAR is NOT responsible for lost or stolen property.

HOLD HARMLESS CLAUSE
I agree and indemnify and hold SPAR and its employees, instructors, and/or volunteers harmless from liability, loss, cost, or expense (including attorney's fees, medical, and ambulance costs) that may occur to those listed on this membership while participating in workshops, activities, and/or programs at SPAR. I further understand SPAR does not provide insurance coverage for accidents and/or injuries that occur as a result of participating in, or use of its facilities.

HEALTH / FITNESS LIABILITY
I acknowledge and accept the risks inherit in the use of health and fitness workshops, programs, and/or services. I understand SPAR requests all participants to consult their physician before becoming physically active and/or before a fitness appraisal. SPAR also encourages you to review the *Physical Activity Readiness Questionnaire* which may prove helpful prior to beginning any physical activities in our facility.

CODE OF CONDUCT
I understand that failure to display appropriate behavior may result in dismissal from SPAR and revocation of membership or participation in programs. Inappropriate behavior and conduct includes, but is not limited to profanity, abusive language, inappropriate attire, smoking, and use of alcohol or drugs, the removal of SPAR property, and criminal conduct of any type. Loitering in the hallways or other areas of the SPAR Aquatic Center is not permitted.

These statements apply to any minors I allow to participate at the SPAR facility and/or any activities conducted by SPAR. My signature acknowledges that I understand and agree to the above conditions.

ATHLETES PARENT	ATHLETES	SPAR CUSTOMER SERVICE
_____	_____	_____
Print Full Name	*Print Full Name*	*Print Full Name*
_____	_____	_____
Signature	*Signature*	*Signature*
_____/_____/_____	_____/_____/_____	_____/_____/_____
Today's Date	*Today's Date*	*Today's Date*

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 rimes year round

X **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. Sulpur Louisiana 70663 * Tel: (337) 721-3040 * 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.

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	SYMPTOMS REPORTED BY ATHLETES
Appears dazed or stunned	Headache or "pressure" in head
Is confused about assignment or position	Nausea or vomiting
Forgets an instruction	Balance problems or dizziness
Is unsure of game, score, or opponent	Double or blurry vision
Moves clumsily	Sensitivity to light
Answers questions slowly	Sensitivity to noise
Loses consciousness (even briefly)	Feeling sluggish, hazy, foggy, or groggy
Shows mood, behavior, or personality changes	Concentration or memory problems
Can't recall events prior to hit or fall	Confusion
Can't recall events after hit or fall	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**