



NORTHWEST INDIANA CYO REGISTRATION

(This form is valid for twelve (12) months from date.)

NAME _____ MALE _____ FEMALE _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

DATE OF BIRTH _____ AGE _____ PHONE _____ SCHOOL ATTENDING _____

GRADE _____ SCHOOL PLAYING FOR _____ GRADE _____ CHURCH/RELIGION _____

RELIGIOUS EDUCATION/FAITH FORMATION ATTENDING IF DIFFERENT FROM SCHOOL PLAYING FOR _____

In order to satisfy required statistical information for grant approval, please indicate *ethnicity*.
African/American _____ Multi-Racial _____ Caucasian _____ Hispanic/Latino _____ Other _____

SPORTS PLAYING (please circle all involved in) Cross Country Soccer Volleyball Basketball Cheerleading Track

This form must be filled out, signed by parent/guardian and returned to child's coach or Athletic Director, who is then responsible for the return of this form to the CYO office. *Your child is not allowed to participate in practices or games until this form is on file at the CYO office.* Only one registration form is required for each school year. A copy of a current year Camp Lawrence physical is valid for the current year CYO sports season.

RELEASE AND WAIVER OF RESPONSIBILITY

Individuals participating in public school sports may not participate in comparable CYO sports. Therefore, if an athlete makes their public school team, they are not eligible for the CYO team at any time during the season. Failure to abide by this policy may result in removal of my child from the team and the team's forfeiture of the season.

I, hereby, (for myself, my heirs, executors and administrators) waive and release any and all rights and claims for all loss and/or damages I may have against the CYO, the above named church/school, the Diocese of Gary, the school, city or town in which an event is contested, their representatives, successors and assigns, for any and all injuries suffered by me in said event. I also give my permission for the free use of my child's name and/or picture in any broadcast, telecast, or other account of CYO events.

I give permission for my child's school to send a copy of my child's physical to the Diocese of Gary CYO Office if requested.

Printed name _____ Signature _____ Date _____
(Parent/Guardian) (Parent/Guardian)

CYO PHYSICAL EXAMINATION VOUCHER

(Valid for twelve (12) months from physician's date)

Name _____ School child is playing for: _____
(Last) (First) (M)

Height _____ Weight _____ BP _____ / _____ Pulse _____ Date of Last Tetanus Shot _____

	NORMAL	ABNORMAL FINDINGS
HEART		
LUNGS		
SKIN		
HERNIA		
URINE		

I hereby certify that this athlete was examined by me. At this time, no physical condition was detected which would reasonably be anticipated to render this athlete physically unfit to engage in any sport, except: _____
(If none, please state 'NONE'.)

Physician _____ Date of exam _____
(Signature or stamp) (Must have current date to be valid)

CYO SPORTS OR FUNCTION
UNSPORTSMANLIKE CONDUCT GUIDELINES

Any unsportsmanlike conduct by a spectator will be reported in writing to the CYO office within a reasonable amount of time from the date of the incident. The Athletic Director, Field/Gym Supervisor and/or official of a game shall file a written "Unsportsmanlike Conduct" report immediately following the game for any unsportsmanlike technical or conduct shown by a coach, assistant coach, scorekeeper or player.

The Executive Director of the CYO will review any report, make a decision regarding consequences stemming from the report, then contact the parties involved and inform them of his decision. His decision will be based on the following guidelines:

A Coach, Assistant Coach, Scorekeeper, Player
or Spectator SHALL NOT:

- Disrespectfully address, bait or contact an official, or gesture in such a manner as to indicate resentment;
- Disrespectfully address, bait or contact a player, or gesture in such a manner as to indicate resentment;
- Attempt to influence an official's decision in any manner;
- Incite undesirable crowd reactions;
- Use profane or inappropriate language or obscene gestures;
- Object to an official's decision by rising from the bench or using gestures;
- Show disgust with an official's decision(s) in any manner;
- Display any other unchristian like behavior before, during, or after a game or function.
- Use any type of artificial noisemaker during the game.

Coach, Assistant Coach, Scorekeeper, Player Technical Fouls
Suspension Determinants for any CYO Sport

1st infraction/technical (coach, assistant coach, scorekeeper or player): The offender is required to remain on the bench during the rest of the game. This will result in a **two game suspension.**; *If the infraction(s) occur(s) during the last game of regular season play, the penalty shall apply to tournament play; if the infraction(s) occur(s) during tournament play, the penalty shall apply in the next sports season excluding cross country and track.*

2nd infraction/technical (coach, assistant coach, scorekeeper or player): Whether the 2nd infraction/technical is in the same game or over two different game periods, it will result in a **permanent suspension for the year.** *If the infraction occurs during the last game of regular season play, the penalty shall apply to tournament play; if the infraction occurs during tournament play, the penalty shall apply in the next sports season excluding cross country and track. The Executive Director may, at his discretion, ban from any further or future participation in CYO activities anyone he deems not in keeping with the CYO Code of Ethics.*

I have read in its entirety the 'CYO Unsportsmanlike Conduct', the 'Adult/Child Code of Conduct' guidelines on the reverse side, and the "General Guidelines" and fully understand that should I ever choose to disregard any of these guidelines before, during or after a game or function, I will accept the consequences imposed upon me by the CYO and/or its representatives.

_____	_____	_____	_____
(Player's signature)	(School)	(Grade)	(Date)
_____			_____
(Parent's signature)			(Date)
_____			_____
(Coach's signature)			(Date)

HEADS+UP

CONCUSSION IN HIGH SCHOOL SPORTS

A FACT SHEET FOR **PARENTS**

What is a concussion?

A concussion is a type of traumatic brain injury. Concussions are caused by a bump or blow to the head. Even a “ding,” “getting your bell rung,” or what seems to be a mild bump or blow to the head can be serious.

You can't see a 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 your child reports any symptoms of concussion, or if you notice the symptoms yourself, seek medical attention right away.

What are the signs and symptoms of a concussion?

If your child has experienced a bump or blow to the head during a game or practice, look for any of the following signs of a concussion:

SYMPTOMS REPORTED BY ATHLETE	SIGNS OBSERVED BY PARENTS/GUARDIANS
<ul style="list-style-type: none"> • 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” 	<ul style="list-style-type: none"> • 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

How can you help your child prevent a concussion or other serious brain injury?

- Ensure that they follow their coach's rules for safety and the rules of the sport.
- Encourage them to practice good sportsmanship at all times.
- Make sure they wear the right protective equipment for their activity. Protective equipment should fit properly and be well maintained.
- Wearing a helmet is a must to reduce the risk of a serious brain injury or skull fracture.
 - However, helmets are not designed to prevent concussions. There is no “concussion-proof” helmet. So, even with a helmet, it is important for kids and teens to avoid hits to the head.

What should you do if you think your child has a concussion?

SEEK MEDICAL ATTENTION RIGHT AWAY. A health care professional will be able to decide how serious the concussion is and when it is safe for your child to return to regular activities, including sports.

KEEP YOUR CHILD OUT OF PLAY. Concussions take time to heal. Don't let your child return to play the day of the injury and until a health care professional says it's OK. Children who return to play too soon—while the brain is still healing—risk a greater chance of having a repeat concussion. Repeat or later concussions can be very serious. They can cause permanent brain damage, affecting your child for a lifetime.

TELL YOUR CHILD'S COACH ABOUT ANY PREVIOUS CONCUSSION. Coaches should know if your child had a previous concussion. Your child's coach may not know about a concussion your child received in another sport or activity unless you tell the coach.

If you think your teen has a concussion:

Don't assess it yourself. Take him/her out of play. Seek the advice of a health care professional.

It's better to miss one game than the whole season.

For more information, visit www.cdc.gov/Concussion.



HEADS+UP

CONCUSSION IN HIGH SCHOOL SPORTS

A FACT SHEET FOR **ATHLETES**

Concussion facts:

- A concussion is a brain injury that affects how your brain works.
- A concussion is caused by a bump, blow, or jolt to the head or body.
- A concussion can happen even if you haven't been knocked out.
- If you think you have a concussion, you should not return to play on the day of the injury and not until a health care professional says you are OK to return to play.

What are the symptoms of a concussion?

Concussion symptoms differ with each person and with each injury, and they may not be noticeable for hours or days. Common symptoms include:

- Headache
- Confusion
- Difficulty remembering or paying attention
- Balance problems or dizziness
- Feeling sluggish, hazy, foggy, or groggy
- Feeling irritable, more emotional, or "down"
- Nausea or vomiting
- Bothered by light or noise
- Double or blurry vision
- Slowed reaction time
- Sleep problems
- Loss of consciousness

During recovery, 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.

What should I do if I think I have a concussion?

DON'T HIDE IT. REPORT IT. Ignoring your symptoms and trying to "tough it out" often makes symptoms worse. Tell your coach, parent, and athletic trainer if you think you or one of your teammates may have a concussion. Don't let anyone pressure you into continuing to practice or play with a concussion.

GET CHECKED OUT. Only a health care professional can tell if you have a concussion and when it's OK to return to play. Sports have injury timeouts and player substitutions so that you can get checked out and the team can perform at its best. The sooner you get checked out, the sooner you may be able to safely return to play.

TAKE CARE OF YOUR BRAIN. A concussion can affect your ability to do schoolwork and other activities. Most athletes with a concussion get better and return to sports, but it is important to rest and give your brain time to heal. A repeat concussion that occurs while your brain is still healing can cause long-term problems that may change your life forever.

How can I help prevent a concussion?

Every sport is different, but there are steps you can take to protect yourself.

- Follow your coach's rules for safety and the rules of the sport.
- Practice good sportsmanship at all times.

If you think you have a concussion:

Don't hide it. Report it. Take time to recover.

It's better to miss one game than the whole season.

For more information, visit www.cdc.gov/Concussion.



CONCUSSION AND SUDDEN CARDIAC ARREST
ACKNOWLEDGEMENT AND SIGNATURE FORM
FOR PARENTS AND STUDENT ATHLETES

Student Athlete's Name (Please Print): _____

Sport Participating in (if known) _____ Date: _____

School Participating with: _____ Grade: _____

IC 20-34-7 and IC 20-34-8 require schools to distribute information sheets to inform and educate student athletes and their parents on the nature and risk of concussion, head injury and sudden cardiac arrest to student athletes, including the risks of continuing to play after concussion or head injury. These laws require that each year, before beginning practice for an interscholastic or intramural sport, a student athlete and the student athlete's parents must be given an information sheet, and both must sign and return a form acknowledging receipt of the information to the student athlete's coach.

IC 20-34-7 states that a high school athlete who is suspected of sustaining a concussion or head injury in a practice or game, shall be removed from play at the time of injury and may not return to play until the student athlete has received a written clearance from a licensed health care provider trained in the evaluation and management of concussions and head injuries.

IC 20-34-8 states that a student athlete who is suspected of experiencing symptoms of sudden cardiac arrest shall be removed from play and may not return to play until the coach has received verbal permission from a parent or legal guardian of the student athlete to return to play. Within twenty-four hours, this verbal permission must be replaced by a written statement from the parent or guardian.

Parent/Guardian – please read the attached fact sheets regarding concussion and sudden cardiac arrest and ensure that your student athlete has also received and read these fact sheets. After reading these fact sheets, please ensure that you and your student athlete sign this form, and have your student athlete return this form to his/her coach.

As a student athlete, I have received and read both of the fact sheets regarding concussion and sudden cardiac arrest. I understand the nature and risk of concussion and head injury to student athletes, including the risks of continuing to play after concussion or head injury, and the symptoms of sudden cardiac arrest.

(Signature of Student Athlete)

(Date)

I, as the parent or legal guardian of the above named student, have received and read both of the fact sheets regarding concussion and sudden cardiac arrest. I understand the nature and risk of concussion and head injury to student athletes, including the risks of continuing pay after concussion or head injury, and the symptoms of sudden cardiac arrest.

(Signature of Parent or Guardian)

(Date)