Troy Recreation Registration Form

Registration continues until courses are filled or closed unless otherwise noted

HOUSEHOLD/PRIMARY ADULT CONTACT:

Last Name: ____________________________ First Name: ____________________________

Street (no P.O. boxes): ____________________________ City: ____________________________ Zip: ____________________________

Current Home Phone: ____________________________ Business Phone: ____________________________

Emergency Phone: ____________________________ *Email Address: ____________________________

*By providing an email address, I agree to allow the TRD to use it to send my receipt and to contact me about my program and other departmental programs and events. I understand that this information is not shared with outside entities.

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<th>Participant Last Name</th>
<th>First Name</th>
<th>Birth Date</th>
<th>M/F</th>
<th>Grade</th>
<th>Class Title</th>
<th>Act #</th>
<th>Section Letter</th>
<th>Alt Act #</th>
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<th>Fee</th>
<th>Total Fees</th>
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Roster Notes: ____________________________ Total Fees $ ____________________________

For Youth Leagues ONLY: Please indicate the school your child attends by circling the appropriate letter.

A. Barnard  E. Hill  I. Schroeder  M. Wattles  Q. Boulan  U. Troy High
B. Bemis  F. Leonard  J. Warren  N. Avondale Schools  R. Larson  W. Private School
C. Costello  G. Martell  K. Troy Union  O. Bham/Blimfld Schools  S. Smith
D. Hamilton  H. Morse  L. Wass  P. Baker  T. Athens High

Refund Policies:
- Refunds are issued to head of household of the person registered for the class.
- Refunds will be returned in the form of the original payment. Credit card refunds are processed in 3–5 business days. Cash or check refunds take three to four weeks to process and will be sent to the address on file.
- We do not process refunds if the amount due after the administrative fee and prorated amount is less than $10.

I hereby voluntarily release and hold harmless the City of Troy, City of Troy Contractors/Independent Contractors and the Troy School District from all liability for all types of damages or injuries, whether foreseeable or not, sustained by myself, my child and other family members while participating, watching and traveling to or from this activity. I/we also hereby authorize the City to reproduce, copy, exhibit, publish, broadcast or distribute my image or my child's image in any and all videotapes and photographs taken while participating, watching and traveling to or from the activity for promotional purposes.

Signature Required: ____________________________ Date: ____________________________

☐ Check here if you need an accommodation and you will be contacted by the ADA Coordinator
CONCUSSION INFORMATION:  
“IT’S BETTER TO MISS ONE GAME THAN THE WHOLE SEASON” 
Please read the following factsheet on concussions. Your signature means you have read and understood the dangers and symptoms of concussions. To learn more go to www.cdc.gov/concussion.

WHAT IS A CONCUSSION?
A concussion is a type of traumatic brain injury that changes the way the brain normally works. A concussion is caused by a bump, blow, or jolt to the head or body that causes the head and brain to move quickly 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 after a bump, blow, or jolt to the head or body, s/he should be kept out of play the day of the injury. The athlete should only return to play with permission from a health care professional experienced in evaluating for concussion.

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.

SYMPTOMS REPORTED BY ATHLETE:
• 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 is “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 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)

WHAT SHOULD YOU DO IF YOU THINK YOUR ATHLETE HAS A CONCUSSION?
1. 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.
2. 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, and 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.
3. 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.

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.

If activity participant is not present, parent/guardian will provide this concussion information with the child(ren) enrolled in the activity.

_______________________________ ___________________________ ___________
Parent/Guardian Name Printed   Student/Athlete Name Printed   Date

_______________________________ ____________________________ ___________
Parent/Guardian Name Signed     Student/Athlete Name Signed   Date

Staff Initials______